

Toronto Mindfulness Scale (TMS)

Name:

Date:

We are interested in your day-to-day experiences. Below is a list of things that people sometimes experience. Please read each statement. Please indicate the extent to which you agree with each statement. In other words, how well does the statement describe your experience. There are no “right” or “wrong” answers, so please answer in a way that reflects your own experience.

	Not at all	A little	Moderately	Quite a bit	Very much
1. I experience myself as separate from my changing thoughts and feelings					
2. I am more concerned with being open to my experiences than controlling or changing them					
3. I am curious about what I might learn about myself by taking notice of how I react to certain thoughts, feelings, or sensations					
4. I experience my thoughts more as events in my mind than as a necessarily accurate reflection of the way things “really” are					
5. I am curious to see what my mind is up to from moment to moment					
6. I am curious about each of my thoughts and feelings as they occur					
7. I am receptive to observing unpleasant thoughts and feelings without interfering with them					
8. I am more invested in just watching my experiences as they arise, than in figuring out what they could mean					
9. I approach each experience by trying to accept it, no matter whether it is pleasant or unpleasant					
10. I remain curious about the nature of each experience as it arises					
11. I am aware of my thoughts and feelings without over-identifying with them					
12. I am curious about my reactions to things					
13. I am curious about what I might learn about myself by just taking notices of what my attention gets drawn to					