



SURVEY No.1

DATE: _____

PLACE: _____

WHAT YEAR ARE YOU IN SCHOOL? (Circle Your Answers Below)

6TH 7TH 8TH 9TH 10TH 11TH 12TH

ON A SCALE FROM 1-4 HOW WELL DO YOU DEAL WITH STRESS OR PROBLEMS ON YOUR OWN?

1 (not well at all) 2 (I'm OK at it) 3 (Pretty Well) 4 (Really Well)

ON A SCALE FROM 1-4 HOW CAPABLE ARE YOU AT KEEPING CALM WHEN YOU FEEL UPSET?

1 (not well at all) 2 (I'm OK at it) 3 (Pretty Well) 4 (Really Well)

ON A SCALE FROM 1-4 HOW OFTEN DO YOU FEEL HOPEFUL ON A DAY-TO-DAY BASIS?

1 (not at all) 2 (A little bit) 3 (Most of the time) 4 (All of the time)

ON A SCALE FROM 1-4 HOW OFTEN DO YOU FEEL MOTIVATED ON A DAY-TO-DAY BASIS?

1 (not at all) 2 (A little bit) 3 (Most of the time) 4 (All of the time)

ON A SCALE FROM 1-4 HOW EASY IS IT FOR YOU TO RECOGNIZE THE FEELINGS YOU FEEL ON A DAY-TO-DAY BASIS?

1 (not at all) 2 (A little bit) 3 (Most of the time) 4 (All of the time)

ON A SCALE FROM 1-4 HOW MUCH SUPPORT DO YOU FEEL YOU HAVE FROM OTHERS IN YOUR LIFE TO HELP YOU SUCCEED?

1 (none at all) 2 (A little bit) 3 (Most of the time) 4 (All of the time)

NAME ONE THING THAT'S STRESSING YOU OUT TODAY: _____
