

Health and wellness survey

Answer for yourself and for the past few weeks. Leave your name off, and skip anything you would rather not answer.

Group or program _____

Date _____

For each statement, tick one box from 1 (strongly disagree) to 5 (strongly agree).

1 How would you rate your health overall right now?

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

STATEMENT	STRONGLY DISAGREE				STRONGLY AGREE
2 My body has enough energy for a normal day.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3 Hard feelings rarely take over my whole day.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4 If things went wrong, I know who I would call.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5 Something I am learning keeps my mind curious.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6 My work, studies or volunteering feel worthwhile.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
7 Money worries rarely keep me up at night.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
8 I feel safe in the places where I live and work.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
9 I know what matters most to me in life.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
10 In the past 30 days, on how many days was your mental health not good (stress, low mood or worry)?					
	☐ None	☐ 1 to 4	☐ 5 to 13	☐ 14 or more	

11 Which area would you most like to feel better about?

☐ Body and energy ☐ Feelings and stress ☐ Friends and family ☐ Learning ☐ Work or studies
☐ Money ☐ Home and safety ☐ Meaning and purpose

12 What one change would make the biggest difference to how you feel day to day?

Thank you. Your answers are anonymous.

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Optional questions (1 of 2)

Add any of these to the core questions. Keep the numbering running on from page one.

Body and energy

13 In the past 30 days, on how many days was your physical health not good (illness or injury)?

☐ None ☐ 1 to 4 ☐ 5 to 13 ☐ 14 or more

STATEMENT	STRONGLY DISAGREE					STRONGLY AGREE				
14 I can do the physical things my day asks of me.	1	2	3	4	5					
15 Aches or pain rarely stop me doing what I want.	1	2	3	4	5					
16 When did you last have a routine check-up?										
☐ Under a year ago ☐ 1 to 2 years ago ☐ Over 2 years ago ☐ Not sure										

Mind and mood

17 In the past two weeks, how often have you felt stressed?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

STATEMENT	STRONGLY DISAGREE					STRONGLY AGREE				
18 I bounce back fairly quickly after a bad day.	1	2	3	4	5					
19 I notice early when stress starts to build.	1	2	3	4	5					
20 How often do you do something just for fun?										
☐ Most days ☐ A few times a week ☐ About once a week ☐ Less often										

After a wellness program (participants answer)

21 Which parts of the program did you use? (tick all that apply)

☐ Talks ☐ Challenges ☐ Coaching ☐ Health checks ☐ Online tools ☐ None

STATEMENT	STRONGLY DISAGREE					STRONGLY AGREE				
22 The program fitted around my week.	1	2	3	4	5					
23 I changed at least one habit because of it.	1	2	3	4	5					
24 How likely are you to recommend this program to a friend or colleague?										
Not at all likely 0 1 2 3 4 5 6 7 8 9 10 Extremely likely										

Optional questions (2 of 2)

Add any of these to the core questions. Keep the numbering running on from page one.

After a wellness program (participants answer) (continued)

25 What should the program offer next time?

Work, money and home

STATEMENT	STRONGLY DISAGREE		STRONGLY AGREE		
26 My workload leaves me energy for life outside it.	☐	☐	☐	☐	☐
27 I could pay an unexpected bill this month.	☐	☐	☐	☐	☐
28 I feel in control of my money.	☐	☐	☐	☐	☐
29 I can get outside or to green space when I want.	☐	☐	☐	☐	☐
30 My home is a good place to rest.	☐	☐	☐	☐	☐

People and purpose

31 How often do you feel lonely?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

STATEMENT	STRONGLY DISAGREE		STRONGLY AGREE		
32 Most weeks I see people I care about.	☐	☐	☐	☐	☐
33 There is a club, team or group where I feel at home.	☐	☐	☐	☐	☐
34 My days connect to something I believe in.	☐	☐	☐	☐	☐

About you (optional)

35 What is your age?

☐ 18 to 29 ☐ 30 to 44 ☐ 45 to 64 ☐ 65 or over ☐ Prefer not to say

36 How do you spend most of your week?

☐ Working ☐ Studying ☐ Caring for family ☐ Retired ☐ Something else

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