

# Pre Intervention Questionnaire



1. How important to you is your mental health and wellbeing?

|               |                |         |           |                |
|---------------|----------------|---------|-----------|----------------|
| Not Important | Low Importance | Neutral | Important | Very Important |
| 1             | 2              | 3       | 4         | 5              |

2. How would you rate your own mental health and wellbeing on a scale of 1 to 5?

|      |      |      |           |           |
|------|------|------|-----------|-----------|
| Poor | Fair | Good | Very Good | Excellent |
| 1    | 2    | 3    | 4         | 5         |

3. What are you currently doing to support your mental health and wellbeing?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

4. How interested are you in improving your mental health and wellbeing?

|             |              |         |            |                 |
|-------------|--------------|---------|------------|-----------------|
| No Interest | Low Interest | Neutral | Interested | Very Interested |
| 1           | 2            | 3       | 4          | 5               |

5. How often do you do each of the following:

|                             |       |        |           |       |            |
|-----------------------------|-------|--------|-----------|-------|------------|
|                             | Never | Rarely | Sometimes | Often | Very Often |
| Notice things around me     | 1     | 2      | 3         | 4     | 5          |
| Connect with others         | 1     | 2      | 3         | 4     | 5          |
| Live an active lifestyle    | 1     | 2      | 3         | 4     | 5          |
| Help or give back to others | 1     | 2      | 3         | 4     | 5          |
| Try and learn new things    | 1     | 2      | 3         | 4     | 5          |

# Post Intervention Questionnaire



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|               |                |         |           |                |
|---------------|----------------|---------|-----------|----------------|
| Not Important | Low Importance | Neutral | Important | Very Important |
| 1             | 2              | 3       | 4         | 5              |

2. How would you rate your own mental health and wellbeing on a scale of 1 to 5?

|      |      |      |           |           |
|------|------|------|-----------|-----------|
| Poor | Fair | Good | Very Good | Excellent |
| 1    | 2    | 3    | 4         | 5         |

3. Have you made any changes to the way you support your mental health and wellbeing in the previous \_\_\_\_ weeks?

|     |    |
|-----|----|
| Yes | No |
|-----|----|

4. If yes, what changes have you made?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

5. In the previous \_\_\_\_ weeks, how often have you:

|                               |       |        |           |       |            |
|-------------------------------|-------|--------|-----------|-------|------------|
|                               | Never | Rarely | Sometimes | Often | Very Often |
| Noticed things around you     | 1     | 2      | 3         | 4     | 5          |
| Connected with others         | 1     | 2      | 3         | 4     | 5          |
| Been active                   | 1     | 2      | 3         | 4     | 5          |
| Helped or gave back to others | 1     | 2      | 3         | 4     | 5          |
| Tried or learned a new thing  | 1     | 2      | 3         | 4     | 5          |