

Breathe Pre-Program Survey

Please take a moment to fill out the pre-program survey for *Breathe: A Stress Resilience Program by Masterpiece Living*. We would greatly appreciate your honest opinion of what best describes you for the questions below.

QUESTION	RESPONSE (PLEASE CIRCLE BEST OPTION)				
How would you rate your current level of stress?	Very High 1	High 2	Neither high nor low 3	Low 4	Very Low 5
I feel confident in my ability to manage stress.	Strongly Disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly Agree 5
During the past four weeks, how would you rate your sleep quality overall?	Very Bad 1	Fairly Bad 2	Neither Good nor Bad 3	Fairly Good 4	Very Good 5
During the past six months, I have been able to shut off distracting thoughts and be fully aware of what I am doing.	Almost Never 1	Not Very often 2	Sometimes 3	Quite often 4	Very Often 5
Thinking about your life these days, how satisfied are you with it?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very Satisfied 5
How would you rate the amount of control you have over your life these days?	Almost None 1	Not Very Much 2	Some 3	Quite A Lot 4	Almost Complete 5
During the past four weeks, how much have you been bothered by personal or emotional problems (such as feeling nervous, anxious, irritable or depressed)?	Extremely 1	Quite A Lot 2	Moderately 3	Slightly 4	Not At All 5
Select the statement that best describes your plans for improving your ability to cope with stress.	Very concerned/worried 1	Somewhat concerned/worried 2	Very little concern/worry 3	Almost No concern/worry 4	No concern/worry 5
How would you rate your level of concern or worry about the <u>state of the world</u>?	Very concerned/worried 1	Somewhat concerned/worried 2	Very little concern/worry 3	Almost No concern/worry 4	No concern/worry 5



How would you rate your level of concern or worry about <u>financial matters</u>?	Very concerned/ worried 1	Somewhat concerned/ worried 2	Very little concern/ worry 3	Almost No concern/ worry 4	No concern/ worry 5
How would you rate your level of concern or worry about your <u>children/grandchildren</u>?	Very concerned/ worried 1	Somewhat concerned/ worried 2	Very little concern/ worry 3	Almost No concern/ worry 4	No concern/ worry 5
How would you rate your level of concern or worry about your <u>health/disability</u>?	Very concerned/ worried 1	Somewhat concerned/ worried 2	Very little concern/ worry 3	Almost No concern/ worry 4	No concern/ worry 5
How would you rate your level of concern or worry about your <u>spouse/loved one</u>?	Very concerned/ worried 1	Somewhat concerned/ worried 2	Very little concern/ worry 3	Almost No concern/ worry 4	No concern/ worry 5
How would you rate your level of concern or worry about <u>memory loss</u>?	Very concerned/ worried 1	Somewhat concerned/ worried 2	Very little concern/ worry 3	Almost No concern/ worry 4	No concern/ worry 5
How would you rate your level of concern or worry about <u>falling</u>?	Very concerned/ worried 1	Somewhat concerned/ worried 2	Very little concern/ worry 3	Almost No concern/ worry 4	No concern/ worry 5

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