Ease the Stress  
Post-Program Questionnaire

Please take a moment to fill out the post-program questionnaire for **Ease the Stress***.* We greatly appreciate your thoughts about your experience.

**QUESTION RESPONSE (PLEASE CIRCLE BEST OPTION)**

|  |  |  |  |
| --- | --- | --- | --- |
| I feel confident in my ability to manage my stress. | Rarely | Sometimes | Most of the time |
| I am aware of the connection between chronic stress and chronic conditions. | Not sure | Somewhat | Very sure |
| I can effectively identify stressors in my life. | Rarely | Sometimes | Most of the time |
| I am mindful of how my stressful thoughts impact my wellbeing. | Not sure | Somewhat | Very sure |
| I use healthy coping strategies to handle the stress in my life. | Rarely | Sometimes | Most of the time |

What did you like most about the **Ease the Stress** program?

|  |
| --- |
|  |
|  |
|  |
|  |

What changes or additions would you recommend for the **Ease the Stress** program?

|  |
| --- |
|  |
|  |
|  |
|  |