Ease the stress  
Pre-Program Questionnaire

Please take a moment to fill out the pre-program questionnaire for **Ease the Stress***.*

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

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| --- | --- | --- | --- |
| 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 is one thing you would like to learn in the **Ease the Stress** program?

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