Pre - Program Questionnaire

Circle the number that matches your feelings about each of the statements below. E.g. if you strongly disagree with a statement, circle "1". If you are unsure circle "3", and if you strongly agree, circle "5", etc. There are no wrong answers.

Most of the time I feel good about my life	1	2	3	4	5
Sometimes I feel nobody really likes me	1	2	3	4	5
I feel different from other people	1	2	3	4	5
I'm happy with my life	1	2	3	4	5
Often I feel unwell	1	2	3	4	5
My physical health is good	1	2	3	4	5
I have strong, supportive relationships	1	2	3	4	5
I don't have anyone I can count on in times of trouble	1	2	3	4	5
I would call myself 'popular'	1	2	3	4	5
I cant remember the last time I went out with friends	1	2	3	4	5
I enjoy physical exercise	1	2	3	4	5
I like being outside	1	2	3	4	5
I spend a lot of time alone, in my room	1	2	3	4	5
I spend more than four hours a day playing computer games	1	2	3	4	5
I get anxious easily	1	2	3	4	5
I'm pretty easy going and relaxed	1	2	3	4	5
I find I run into trouble a lot	1	2	3	4	5
I don't find it easy to get on with other people	1	2	3	4	5
I use drugs and alcohol to make me feel better	1	2	3	4	5
I'd rather be by myself than with other people	1	2	3	4	5
I get angry easily	1	2	3	4	5
I have trouble concentrating on things	1	2	3	4	5
I often feel sad	1	2	3	4	5
I am hopeful for my future	1	2	3	4	5

Name_____Date_____

This questionnaire is formulated to give an idea of how an individual fares on a range of issues that may be prevalent at the onset of a R2R intervention. It is not a validated scale.