

# STRENGTH

SIGNIFICANCE. RESILIENCE. PURPOSE.

## PRE-COURSE PARTICIPATION SURVEY






Date \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Name of School / Venue \_\_\_\_\_

NO WAY      NO      MAYBE,  
SOMETIMES      YES      TOTALLY

My life has a purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am important and I have value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel happy about myself and accept who I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have dreams and goals for the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My behaviour right now will help me achieve my goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have the skills and can make decisions to help change my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what emotions I am feeling and the emotions of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>