

Program: _____

Admin Date: _____

NEOS®

This questionnaire helps us evaluate our programs. It is *not* a test - there are no right or wrong answers. Your answers will be kept strictly confidential and will not be identified by name.

Participant Initials (First, Middle, Last): _____

Organization: _____

Birthday: (MM/DD/YYYY): _____



The statements below describe different ways to deal with life's ups and downs. The columns on the right describe different situations in your lives. For each statement, please rate **as of right now, how confident you are in your ability to do what's described in the statement.** For each situation listed,

Rate your degree of confidence by recording a number from 0 to 10 using this scale

0 1 2 3 4 5 6 7 8 9 10
 No way I can Maybe I can Definitely sure I can

Confidence (0-10) Confidence (0-10) Confidence (0-10)

In College

I have confidence in my ability to



In this situation



	At Home	At Work	My Team
1. Stay motivated when things seem impossible.			
2. Trust in the goodness of others.			
1. Bounce back quickly when I am stressed out.			
4. Accept my failures as a necessary part of problem-solving.			
5. Stay focused on my goals when things keep getting in my way.			
6. Ask others for help when I need it.			
7. Find more than one way to solve a problem.			
8. Understand <i>both</i> my strengths and weaknesses.			
9. Finish what I start even if I don't want to.			

P.
G
P
Q
R
R
O
R
P