

## **Survey Questionnaire:**

### **Part 1: About Me**

1. Full Name: \_\_\_\_\_
2. Gender: ☐ Male ☐ Female ☐ Others ☐ Prefer not to say
3. Age: \_\_\_\_\_

### **Part 2: Lifestyle**

1. Do you usually get 6–8 hours of sleep daily? ☐ Yes ☐ No
2. Do you often skip meals? ☐ Yes ☐ No
3. Average daily social media usage (in hours): \_\_\_\_\_
4. On a scale of 0–5, how much financial stress do you experience? (0 = None, 5 = Very High)
5. On a scale of 0–5, do you engage in smoking/drinking habits? (0 = Never, 5 = Very Frequently)
6. Are you generally happy with your life? ☐ Yes ☐ No ☐ Maybe

### **Part 3: Mood Check**

1. On a scale of 0–5, how easily do you get angry? (0 = Never, 5 = Very Easily)
2. On a scale of 0–5, how often do you overthink? (0 = Never, 5 = Very Frequently)
3. Do you face trouble concentrating? ☐ Yes ☐ No
4. On a scale of 0–5, how lonely do you feel? (0 = Not at all, 5 = Very Lonely)
5. On a scale of 0–5, how severe are your health issues? (0 = None, 5 = Very Severe)
6. On a scale of 0–5, how much does your environment (home/school/work) cause stress? (0 = Not at all, 5 = Very Much)

### **Part 4: Your Story**

**Choose a topic you would like to talk about: (Academics / Parents / Friends)**

#### **A. Parents**

1. When was the last time you had a meaningful conversation with your mom or dad?
2. What is one of your best memories with them?
3. Have there been times when they did not understand you? (Yes/No) Please explain if yes.
4. Would you describe them as strict, friendly, or somewhere in between?
5. Do they usually support you, discourage you, or does it depend on the situation?
6. Do they allow you to make your own decisions, or do they prefer deciding for you?

#### **B. Academics**

1. Do you enjoy academics? ☐ Yes ☐ No
2. What is your favorite sport or physical activity?
3. How do you usually spend your free time?
4. Do you consider yourself a fast learner? ☐ Yes ☐ No
5. On average, how many hours do you study during exams? \_\_\_\_\_
6. How do you feel about academic competitions? ☐ Love them ☐ Hate them ☐ Neutral

#### **C. Friends**

1. How long have you known your closest friend? (in years/months)
2. Have your friends ever bullied you? ☐ Yes ☐ No

3. With your friends, can you be yourself or do you often make compromises?
4. Do you fully trust your friends? ☐ Yes ☐ No
5. Have you ever faced money-related issues with your friends? ☐ Yes ☐ No
6. Do your friends Value Your Intentions? ☐ Yes ☐ No

**Part 5: Different You**

1. Is there anything else you would like to share about yourself? (Optional)