

Default Question Block

**Starr Hill Pathways**

Student Wellness Check-In Survey 2

Your Name (First & Last)

How are you feeling today?

I feel terrible

I feel okay

I feel good

I feel great!

What emotion are you feeling most today?

Excited

Loved

Sad

Happy

Angry

Worried

During the past week at Starr Hill Pathways, how often did you feel **WORRIED**

Almost Never

Once in a while

Sometimes

Frequently

Almost Always

During the past week at Starr Hill Pathways, how often did you feel **SAFE**?

Almost Never

Once in a while

Sometimes

Frequently

Almost Always

What was the best part of the past week at Starr Hill Pathways for you?

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