

# Mind Body Boost Pre Survey

Please answer these questions to the best of your knowledge.

\* Required

1. Dear student, You are invited to take part in the Mind Body Boost Programme being conducted by NUI Galway as part of an international study. This survey will be used to determine the experience and impact of the MBB programme and the information gathered will be used to inform the research team whether the programme produces any impacts on participants health and wellbeing. Participation in this study is voluntary and participants will need to indicate their consent to continue. Your feedback from this short survey is important, and it should take approximately 5 minutes to complete. Firstly, please carefully read the below information. form and you can agree to participate by clicking 'YES to continue' at the bottom of this page. If you do not wish to participate you can click 'NO, I do not wish to continue' located below. I understand the information provided by the researchers and have had enough time to consider it and ask questions. I understand that all the information collected in this survey will remain strictly confidential and anonymous. I understand that my participation in the survey is completely voluntary and that I am free to withdraw at any time. I understand there is an element of physical activity in this programme and that I am medically cleared to participate in low to moderate intensity physical activity.

\*

*Mark only one oval.*

YES, I wish to continue      *Skip to question 2*

NO, I do not wish to continue      *Skip to section 6 (Participation declined)*

Personal Details

To begin we will ask for some personal details .

2. Please provide your student number. \*

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3. Please provide you student email, in order to receive reminders of the programme details. \*
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4. Age

*Mark only one oval.*

- Under 18     *Skip to section 5 (Parent/Guradian Consent to Participate)*
- 18-24
- 25-34
- 35-44
- 45-54
- 55+

5. Gender

*Mark only one oval.*

- Female
- Male
- Other
- Prefer not to say

6. Please elaborate
-

## 7. 1. How did you hear/learn about the programme?

Mark only one oval.

- A friend
- Student Union
- Social Media (if yes, please specify)
- Traditional Media
- Campus media
- Counselling Services
- Other: \_\_\_\_\_

## 8. Please elaborate

Body Boost!

Now we will ask some questions about your activity levels.

9. In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate. This can include sport, exercise and brisk walking or cycling for recreation or to go to and from places, BUT, should not include housework or physical activity that may be part of your job. \*

Mark only one oval.

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

10. Reply to the following using the numbered scale: 1= Never, 2= Rarely, 3= Sometimes, 4= Often, 5 = Always \*

Mark only one oval per row.

	1 - Never	2 - Rarely	3 - Sometimes	4 - Often	5 - Always
I enjoy myself when I exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I exercise with a group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I walk in nature, in parks and countryside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I exercise as a way of meeting people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I set exercise goals for myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I perform Strength Training exercises	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I practice body balance exercise (Yoga/Pilates)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Mind Boost!

Some questions about your wellbeing

11. Answer using the following scale; 0-Never, 1-At least a few times per year, 2-At least once a month, 3-Several times a month, 4-Once a week, 5-Several times a week, 6-Everyday \*

Mark only one oval per row.

	0 - Never	1 - At least a few times per year	2 - At least twice per month	3 - Several times a month	4 - Once a week	5 - Several times a week	6 - Everyday
I am not able to solve problems associated with my studies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel frustrated in university	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't feel like I can confidently handle my degree requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am very relaxed when dealing with emotional problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel burned out at the end of my day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I deal with other people's problems succesfully	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel as if I'm at my wits' end	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. In the last week.....

Mark only one oval per row.

	Everyday	Often	Sometimes	Rarely	Never
I practice self compassion, or treat myself kindly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I watch for sensations in my body to help me understand what I am feeling emotionally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel full of energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Slept for 7+ hours each night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have felt overwhelmed by my daily workload	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. I feel I have enough resilience to deal with the stress levels of my daily life?

Mark only one oval.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

14. What are your expectations for the MBB programme? \*

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Parent/Guradian Consent to Participate

Participation  
declined

You have elected not to participate in the survey, please click submit or close your browser. Thank you.

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