21-Day Wellness Challenge Survey Template

All questions are optional. Select one answer for each choice question.
Write your answers to the open questions in the space provided.

Please think about the 21-day challenge that has just ended. We want to understand the program experience, including what made it difficult to take part. All questions are optional. Please avoid private health details.

1. During the 21-day challenge, how often did you take part in the activities you chose?

- ☐ Every day
- ☐ Most days
- ☐ Some days
- ☐ A few days
- ☐ I did not take part

2. How clear were the instructions for getting started?

- ☐ Not at all clear
- ☐ Slightly clear
- ☐ Moderately clear
- ☐ Very clear
- ☐ Extremely clear
- ☐ I did not read the instructions

3. How well did the activity schedule fit your daily routine?

- ☐ Not at all well
- ☐ Slightly well
- ☐ Moderately well
- ☐ Very well
- ☐ Extremely well
- ☐ I did not follow a schedule

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4. Which activity, if any, would you choose to do again?

5. What made it difficult to participate? Please avoid private health details.

6. How useful was the support available during the challenge?

- ☐ Not at all useful
- ☐ Slightly useful
- ☐ Moderately useful
- ☐ Very useful
- ☐ Extremely useful
- ☐ I did not use the support

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7. What should we keep for the next challenge?

8. What is one change that would make the next challenge easier to take part in?