Canadian Coalition for Seniors' Mental Health
Coalition Canadienne pour la Santé Mentale des Personnes Âgées

The Brain Health & Wellness Project

fountain of health

Health & Resilience Pre-Questionnaire

Find out how you are doing in key areas for your long-term health:
(circle ***one*** number for each question below)

1. How would you rate yourself in terms of being socially connected to others?

0 1 2 3 4 5 6 7 8 9 10

Not at all connected — Neutral — Very connected

2. How would you rate yourself in terms of being interested in learning new things?

0 1 2 3 4 5 6 7 8 9 10

Not at all interested — Neutral — Very interested

3. Using your own definition, how would you rate yourself in terms of successful aging?

0 1 2 3 4 5 6 7 8 9 10

Least successful — Neutral — Most successful

4. How would you rate yourself in terms of how likely you are to seek mental health help if you needed it?

0 1 2 3 4 5 6 7 8 9 10

Not at all likely — Neutral — Very likely

5. How would you rate yourself in terms of being physically active?

0 1 2 3 4 5 6 7 8 9 10

Not at all active — Neutral — Very active

Patient Initials: _____ Date (MM/DD/YY): _____ **Total Score: _____ /50**

The Brain Health & Wellness Project
App: wellnessapp.ca Email: info@wellnessapp.ca Toll free line: 1-833-722-2151 Fax: 888-456-9440
Clinicians are welcome to photocopy forms but may not modify them without permission.
Copyright © 2019 Fountain of Health™ www.fountainofhealth.ca