



Brief Universal Prevention Program Survey (BUPPS)

For use with the MHLA - Mental Health Prevention Services Program

BUPPS Protective Factors Subscale

<i>Please indicate how much you currently agree with each of the statements:</i>		Not at all (1)	A little (2)	Somewhat (3)	Quite a bit (4)	A lot (5)
1.	<i>I feel hopeful about the future.</i>	1	2	3	4	5
2.	<i>I feel like part of a community.</i>	1	2	3	4	5
3.	<i>I know at least one thing I can do to deal with uncomfortable feelings.</i>	1	2	3	4	5
4.	<i>I know at least one thing I can do to deal with difficult thoughts.</i>	1	2	3	4	5
5.	<i>I know at least one thing I can do to deal with challenging behaviors.</i>	1	2	3	4	5
6.	<i>I know about resources that might be helpful for me or someone I care about.</i>	1	2	3	4	5

World Health Organization (WHO) Wellbeing Subscale

<i>Please indicate how you have been feeling over the last two weeks:</i>		At no time (0)	Some of the time (1)	Less than half of the time (2)	More than half of the time (3)	Most of the time (4)	All of the time (5)
7.	<i>I have felt cheerful and in good spirits.</i>	0	1	2	3	4	5
8.	<i>I have felt calm and relaxed.</i>	0	1	2	3	4	5
9.	<i>I have felt active and energetic.</i>	0	1	2	3	4	5
10.	<i>I woke up feeling fresh and rested.</i>	0	1	2	3	4	5
11.	<i>My daily life has been filled with things that interest me.</i>	0	1	2	3	4	5

STAFF USE SECTION

Patient Name _____ Patient's MHLA Participant ID _____ Clinic Name _____ Clinic Staff Name _____ Date of Service _____ Check this box if this is the final survey completed by patient for this MHPS cycle <input type="checkbox"/>	Check the box below that applies Given as part of an MHPS Screening Process (H0002) <input type="checkbox"/> Given in a MHPS Follow Up Session (H2014) <input type="checkbox"/> BUPPS Protective Factors (Must be between 6 – 30) TOTAL SCORE _____ WHO Wellbeing Score (Must be between 0 – 25) TOTAL SCORE _____
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