

Digital Detox Post-Challenge Survey



1. **As a result of the program, which of the following did you notice? (check all that apply)**

Reduced screen time
Improved sleep quality
Less stress, anxiety, or digital overwhelm
Better ability to manage or limit social media use
Improved focus or productivity
Better mood or overall wellbeing
Stronger self-regulation or awareness of digital habits
None of the above
Other _____

2. **As a result of this challenge, were you successful in achieving your goal of reducing your screentime?**

Yes
No

3. **If this challenge was offered again, would you participate?**

Yes
No

4. **If you answered no, what would encourage you to participate next time?**

5. **What did you like most about this challenge?**

6. **What did you like least about this challenge?**

If you have an inspiring story to share, we want to hear from you! Your story can motivate and inspire your coworkers, if you're willing to share, please submit it along with this survey!

Please submit all surveys to: _____



**Right here.
For you.**