

Digital Detox 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 _____



A nonprofit independent licensee of the Blue Cross Blue Shield Association