



30-Second Bright Mind / Street Care Survey

All questions are optional. Your feedback helps us improve our programs and activities — we'd love to hear about your experience!

First Name: _____ Last Name: _____

Email: _____

Which best describes you?

(You may select more than one)

- | | |
|---|---|
| ☐ Participant | ☐ Intern |
| ☐ Volunteer | ☐ Bright Mind Wellness Programming |
| ☐ Parent/Guardian of a participant | ☐ Street Care Programming |
| ☐ Visitor to our Websites/Media | ☐ Other |

If 'Other', please elaborate: _____

Which program or activity did you participate in? _____

How would you describe your experience with this program/activity?

1 (Very Dissatisfied)	2 (Dissatisfied)	3 (Neutral)	4 (Satisfied)	5 (Very Satisfied)
☐	☐	☐	☐	☐

How would you rate your overall experience with Bright Mind?

1 (Very Dissatisfied)	2 (Dissatisfied)	3 (Neutral)	4 (Satisfied)	5 (Very Satisfied)
☐	☐	☐	☐	☐

What did you enjoy or find valuable?

(You may select more than one)

- | | |
|--|---|
| ☐ Overall experience | ☐ Skill development |
| ☐ Support / guidance received | ☐ Efficiency/Inclusivity |
| ☐ Connecting with others | ☐ Gaining useful knowledge |
| ☐ Personal growth | ☐ Learning something new |
| ☐ Quality of the program/activity | ☐ Other |

Feel free to share any thoughts or suggestions

Thank you for your feedback!



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