BRIGHT MIND

After - Activity Check-Out

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
☐ Volunteer
☐ Parent/Guardian of a participant
☐ Visitor to Websites/Media
☐ Ongoing Intern
☐ Bright Mind Wellness Programming
☐ Street Care Programming
☐ Other: _____

Which program or activity have you attended?

_____

How are you feeling right now?

Select one option per row

	1 (Very Low)	**2** (Low)	**3** (Moderate)	**4** (High)	**5** (Very High)
How are you feeling now?	☐	☐	☐	☐	☐
How enthusiastic do you feel right now?	☐	☐	☐	☐	☐
How confident do you feel now?	☐	☐	☐	☐	☐

What did you enjoy or find valuable?

(You may select more than one)

☐ Received support or guidance
☐ Gained useful knowledge
☐ Connected with others
☐ Improved my well-being
☐ Personal growth
☐ Explored something new
☐ Overall experience
☐ Quality of the activity

How likely are you to recommend this activity or program to others?

1 (Definitely not)	**2** (Probably not)	**3** (Not Sure)	**4** (Probably)	**5** (Definitely)
☐	☐	☐	☐	☐

How would you rate your overall experience?

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

Feel free to share any thoughts or suggestions

_____

_____

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_____

Thank you for your feedback!