



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

Thank you for your feedback!



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