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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