



# BRIGHT MIND

## Before - Activity Check-In

*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 of the following best describes you?

*(You may select more than one)*

- |                                                           |                                                           |
|-----------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Participant                      | <input type="checkbox"/> Ongoing Intern                   |
| <input type="checkbox"/> Volunteer                        | <input type="checkbox"/> Bright Mind Wellness Programming |
| <input type="checkbox"/> Parent/Guardian of a participant | <input type="checkbox"/> Street Care Programming          |
| <input type="checkbox"/> Visitor to Websites/Media        | <input type="checkbox"/> Other: _____                     |

### Which program or activity are you about to attend?

### Before you begin, how do you feel?

*Select one option per row*

|                                                     | 1<br>(Very Low)          | 2<br>(Low)               | 3<br>(Moderate)          | 4<br>(High)              | 5<br>(Very High)         |
|-----------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| How are you feeling now?                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How enthusiastic do you feel right now?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How confident do you feel going into this activity? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### What are you expecting from this activity or program?

*(You may select more than one)*

- |                                                      |                                                |
|------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Receive support or guidance | <input type="checkbox"/> Personal growth       |
| <input type="checkbox"/> Gain useful knowledge       | <input type="checkbox"/> Explore something new |
| <input type="checkbox"/> Connect with others         | <input type="checkbox"/> Other: _____          |
| <input type="checkbox"/> Improve well-being          |                                                |

*Thank you — enjoy the activity!*