



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)

- ☐ 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 are you about to attend?

Before you begin, how do you feel?

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 going into this activity?	☐	☐	☐	☐	☐

What are you expecting from this activity or program?

(You may select more than one)

- ☐ Receive support or guidance
- ☐ Gain useful knowledge
- ☐ Connect with others
- ☐ Improve well-being
- ☐ Personal growth
- ☐ Explore something new
- ☐ Other: _____

Thank you — enjoy the activity!



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