

8.4 PARTICIPANT FEEDBACK FORM

Thank you for participating. Your feedback helps improve future programs and activities. Responses are optional and may be shared anonymously.

Instructions: Please complete this form at the end of an event, session, or program. Check the boxes or write brief responses as desired.

PROGRAM / ACTIVITY INFORMATION

Program or Activity Name	Date	Location / Format

YOUR EXPERIENCE

Statement	Strongly Agree	Agree	Neutral	Disagree
The information shared was easy to understand.				
The topic was relevant to me or my family.				
I felt welcomed and respected.				
I learned something new that I can use.				
I would recommend this activity to others.				

YOUR FEEDBACK

What was the most helpful part of this activity?

What could be improved?

Is there a topic you would like to learn more about?

OPTIONAL INFORMATION

Your responses help us understand who we are reaching. You may skip this section.

Role (Community Member / Professional / Formal Caregiver / Informal Formal)	Age	ZIP Code

Thank you for your time and feedback. Your input helps strengthen Healthy Brain Community efforts.