

STUDENT SURVEY

Which Total Brain Health program did you participate in?

- TBH BRAIN WORKOUT 1.0 TBH MEMORY 1.0 TBH INSPIRE 1.0
 TBH BRAIN WORKOUT 2.0 TBH MEMORY 2.0 TBH365 CHALLENGE

Location: _____ Trainer: _____

How many sessions did you attend? 1-10 11-20 20+

I feel that this Total Brain Health program...	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
Increased my knowledge about brain health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gave me new chances to socialize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taught me valuable strategies for remembering better (TBH MEMORY only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taught me meaningful skills to deepen personal awareness (TBH INSPIRE only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gave me a chance to try new, brain healthy activities (TBH BRAIN WORKOUT and TBH CHALLENGE only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a result of this program, I would be more likely to...	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
Make brain healthy strategies part of my routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in another TBH program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommend this program to a friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Were You Satisfied with this course?

- Very Satisfied Satisfied Neutral Dissatisfied Not at All Satisfied

Additional comments or suggestions: _____

Your feedback helps us improve our programs.

Please mail to: Total Brain Health, 89 Commerce Road Cedar Grove NJ 07009