TBH TOOLKITS | Total Brain Health



TOTAL BRAIN HEALTH® STUDENT SURVEY

Please complete the following survey. Your answers will help us continue to best serve you.

| 1. WHICH TBH TOOLKIT COURSE DID YOU PA | RTICIPATE | E IN? | | | |
|---|-----------------------------------|-----------|---------|-------------------|-------------------------|
| TBH BRAIN WORKOUT Level 1.0 | TBH MEMORY Level 1.0 | | | | |
| TBH BRAIN WORKOUT Level 2.0 | TBH MEMORY Level 2.0 | | | | |
| 2. CLASS LOCATION: | TRAIN | IER: | | | |
| 3. AVERAGE CLASS LENGTH? | 15-minutes 30-minutes 1-hour | | | | |
| 4. CLASSES ATTENDED? | 1-5 Classes 6-10 Classes 11+ Clas | | | | |
| I feel that this TBH [®] Program | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| Increased my knowledge about brain health | | | | | |
| Gave me a chance to try new, brain healthy activities | | | | | |
| Was well organized | | | | | |
| Met my objectives for attending | | | | | |
| Used an interesting and engaging format | | | | | |
| Created new chances to socialize | | | | | |
| | | | |] | |
| As a result of this course, I would be more likely to | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| Make brain healthy choices part of my routine | | | | | |
| Participate in another TBH program, if offered | | | | | |
| Recommend this program to a friend | | | | | |
| | | | | | |
| Were You Satisfied with this course? | Very Satisfied | Satisfied | Neutral | Dis- Satisfied | Not at All Satisfied |
| 5. ADDITIONAL COMMENTS OR SUGGESTIONS | 3 | | | | |
| Thank you for your part | icipation! P | lease mai | I to: | | |
| Total Brain Health, PO Box 3386, M | | | | NJ 07043 | |

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