



TBH CARE | Trainer Survey Recording Form









































Use this form to record resident responses after each class.

- Keep track of your notes on the bottom of this form.
- Submit the responses by scanning and emailing this form to info@totalbrainhealth.com.

TRAINER NAME: _____ **EMAIL:** _____

COMMUNITY NAME: _____ **LOCATION:** _____

RESIDENT EXPERIENCE – Record residents’ experiences after each class.

Date										
Resident’s initials										
Class No.										
Resident’s mood before the activity (circle one)	 	 	 	 	 	 	 	 	 	 
Did your Resident seem to enjoy the activity?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Did your Resident seem engaged in the activity?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Resident’s mood after the activity (circle one)	 	 	 	 	 	 	 	 	 	 

TRAINER EXPERIENCE – Make notes for yourself below.

What was your experience running this class?	
Do you have any suggestions to improve this class?	

