TOTAL BRAIN HEALTH
BODY • MIND • SPIRIT

PARTICIPANT 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 PLAYS ON-THE-GO
☐ TBH BRAIN WORKOUT 2.0 ☐ TBH MEMORY 2.0 ☐ TBH365 CHALLENGE ☐ TBH FLEX 1.0
☐ TBH FAIR

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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	☐	☐	☐	☐	☐
Gave me new chances to socialize	☐	☐	☐	☐	☐
Taught me valuable strategies for remembering better	☐	☐	☐	☐	☐
Taught me meaningful skills to deepen personal awareness	☐	☐	☐	☐	☐
Gave me a chance to try new, brain healthy activities	☐	☐	☐	☐	☐

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	☐	☐	☐	☐	☐
Participate in another TBH program	☐	☐	☐	☐	☐
Recommend this program to a friend	☐	☐	☐	☐	☐

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

Additional comments or suggestions: