building brain health

post-program survey

Please take a moment to fill out the post-program survey for **Building Brain Health***.* We would greatly appreciate your honest opinion of what best describes you for the questions below.

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| **QUESTION** | **RESPONSE** (PLEASE CIRCLE BEST OPTION) |
| **Respond to this statement: “I am aware of things I can do to enhance my brain health and memory.”** | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| **Respond to this statement: “I am confident in my ability to enhance my brain health and memory.”** | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| **Compared to other people your age, how would you rate your memory?** | Much Worse | Worse | Neither worse nor better | Better  | Much Better |
| **How much do memory problems limit your social activities?** | Very often | Often | Some | Rarely | Not at all |