Neurobics   
Post-Program Questionnaire

Please take a moment to fill out the post-program survey for **Neurobics***.* We greatly appreciate your thoughts about your experience.

**QUESTION RESPONSE (PLEASE CIRCLE BEST OPTION)**

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| I feel that the 11-session memory enhancement program was worthwhile and valuable. | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| I am aware of things that I can do to enhance my brain health and memory. | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| I am confident in my ability to enhance my brain health and memory. | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| I believe that I enhanced my brain health and memory during this program. | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| I am concerned about memory loss. | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| I feel that memory issues limit my social pursuits. | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |

What did you like most about the **Neurobics** program?

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What changes or additions would you recommend for the **Neurobics** program?

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