Neurobics   
Pre-Program Questionnaire

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

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

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| 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 I will enhance 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 is one thing you would like to learn in the **Neurobics** program?

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