Multigenerational Outreach Program Exit Questions
Resident Name: _____ Date: _____ Location:_____

How much did this experience make you feel better?

Not at all Slightly Moderately Very Extremely

How positively do you feel about this program?

Not at all Slightly Moderately Very Extremely

How likely are you to want to do something like this again?

Not at all Slightly Moderately Very Extremely

How much did this experience surprise you?

Not at all Slightly Moderately Very Extremely

How much do you feel this program connected you to the younger generation?

Not at all Slightly Moderately Very Extremely

How much do you feel your advice could positively impact the mental health of the younger generation?

Not at all Slightly Moderately Very Extremely

Did sharing your stories help improve your memory recall in any way?

Not at all Slightly Moderately Very Extremely

Prior to the experience, do you feel like you've been given enough opportunity to share your story and advice with others?

What did you enjoy about this experience?

What would you change about this experience?

Who do you think you will share this video with?