

Hi Ladies!

We are so excited to join you for our upcoming Bingo Events! For these events, we will have a different theme for each week.

Dates of Event + Themes:

2/2: Exercise

2/9: Coping Techniques

2/16: Self Care

2/23: To be determined! We will send out another survey to you all to see which theme you enjoyed the most!

We will have prizes available and would love to get feedback from you prior to the start of our sessions!

* Required

1. How early are you planning to arrive at the event? *

Mark only one oval.

- 20 minutes
- 15 minutes
- 10 minutes
- 5 minutes
- Right when it starts

2. Which bingo theme are you most excited for?

Mark only one oval.

- Exercise
- Coping
- Self Care

3. What are your expectations from the event?

4. Have you been to a similar kind of event before?

5. How excited are you about this event?

Mark only one oval.

	1	2	3	4	5	
Not excited	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very excited

6. How often do you utilize coping skills?

Mark only one oval.

	1	2	3	4	5	
Not very often	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very often

7. Are you aware of any coping techniques that you could use?

Mark only one oval.

Yes

No

8. How do you feel about your current practices for self-care?

Mark only one oval.

1 2 3 4 5

I spend 0 time on self care I engage in self care daily

9. How do you feel about your current exercise habits weekly?

Mark only one oval.

I exercise for 3x/week for at least 30 minutes

I exercise 3x/week for at least 15 minutes

I exercise 2x/week for at least 30 minutes

I exercise 2x/week for at least 15 minutes

I exercise 1x/week for at least 30 minutes

I exercise 1x/week for at least 15 minutes

I exercise more than 3x/week

I never exercise during the week

Other: _____

10. Why are you choosing to attend our event and what are you hoping to take away from the experience?

11. What are you looking forward to the most in the Bingo events?

12. Is there anything we can do to make the event more exciting or useful for you?

13. OPTIONAL: Is there anything you would like us to know?

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Hi Ladies!

We would love to get feedback from you on the overall impact of our Bingo sessions thus far.

Thank you!

* Required

1. What is your level of satisfaction for the Bingo events thus far? *

Mark only one oval.

- Excellent
- Good
- Okay
- It was okay
- Terrible

2. Did this event increase your knowledge of coping skills?

Mark only one oval.

- Yes
- Kind of
- No

3. How likely are you to use the coping skills you learned today?

Mark only one oval.

	1	2	3	4	5	
Not likely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Highly likely

4. What is your favorite bingo theme so far?

Mark only one oval.

Exercise

Coping

5. What, if anything, did you dislike about this event?

6. Would you be likely to participate in one another bingo event in the future?

Mark only one oval.

Yes

Maybe

No

7. How likely are you to tell a friend about this event?

Mark only one oval.

1 2 3 4 5

I would not tell a friend about this event. I would recommend this event for everyone!

8. Why did you choose to attend our event and what are you hoping to take away from the experience?

9. Were you happy with the time for discussion during sessions?

Mark only one oval.

- Yes
- Kind of
- No

10. Did you receive all the information you needed to successfully present before the event?

Mark only one oval.

- Yes
- No

11. Do you feel like the rules were clearly communicated?

Mark only one oval.

- Yes
- No

12. Did you find the event easy to navigate?

Mark only one oval.

- Yes
- No

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Hi Ladies!

We would love to get feedback from you on which theme you enjoyed the most from our previous sessions

For the theme that gets the most votes, we will have our last session as that theme again! :)

* Required

1. Which bingo theme did you enjoy the most? *

Mark only one oval.

- Exercise
- Coping
- Self Care

2. OPTIONAL: Opinions/comments on anything you would like to add/recommend for our last bingo session:

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Hi Ladies!

We would love to get feedback from you on the overall impact of our 4 Bingo sessions (exercise, coping, and self-care).

Thank you all for participating in Bingo with us. We have loved initiating these events!

* Required

1. What is your level of satisfaction with our Bingo events? *

Mark only one oval.

- Excellent
- Good
- Okay
- It was okay
- Terrible

2. How often do you utilize coping skills?

Mark only one oval.

	1	2	3	4	5	
Not very often	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always

3. Did this game provide an opportunity for socialization? (ex: talking with peers, laughing, etc)

Mark only one oval.

- Yes
- Kind of
- No

4. Was your mood increased after participating in the Bingo Sessions?

Mark only one oval.

- Yes
- Kind of
- No

5. How do you feel about your current practices for self-care?

Mark only one oval.

	1	2	3	4	5	
I spend 0 time on self care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I engage in self care daily

6. How do you feel about your current exercise habits weekly?

Mark only one oval.

- I exercise for 3x/week for at least 30 minutes
- I exercise 3x/week for at least 15 minutes
- I exercise 2x/week for at least 30 minutes
- I exercise 2x/week for at least 15 minutes
- I exercise 1x/week for at least 30 minutes
- I exercise 1x/week for at least 15 minutes
- I exercise more than 3x/week
- I never exercise during the week
- Other: _____

7. Which elements of the Bingo events did you like the most?

8. What, if anything, did you dislike about this event?

9. Would you be likely to participate in another bingo event in the future?

Mark only one oval.

Yes

Maybe

No

10. How likely are you to tell a friend about the Bingo events?

Mark only one oval.

1 2 3 4 5

I would not tell a friend about this event at all. I would recommend this event to everyone!

11. Why did you choose to attend our Bingo events and what are you hoping to take away from the experience?

12. Were you happy with the time for discussion during the Bingo sessions?

Mark only one oval.

Yes

Kind of

No

13. Did our Bingo event meet your expectations? (Yes, or No). Why or why not?

14. Did you receive all the information you needed to successfully present before the event?

Mark only one oval.

Yes

No

15. Do you feel like the rules were clearly communicated?

Mark only one oval.

Yes

No

16. Did you find the event easy to navigate?

Mark only one oval.

Yes

No

17. Which bingo theme was your favorite, and why? (Themes: exercise, self-care, and coping)

18. Do you feel like you learned more coping and self-care practices that you could incorporate into your daily life?

Mark only one oval.

Yes

Kind of

No

19. After participating in our Bingo events, did it increase your interest in participating in exercise, and self-care/coping strategies outside of c
Bingo sessions?

Mark only one oval.

Yes

Maybe

No

20. Is there anything you would like us to know?

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