

Memory Cafés NS Feedback

Age: _____

Gender: ☐ *Male* ☐ *Female*

1. What do you like best about The Memory Café?

2. Did you meet people you looked forward to seeing at the Café?

☐ *Yes* ☐ *No* ☐ *I'm not sure*

3. Before coming to the Memory Café, how connected did you feel socially?

☐ *Not very* ☐ *Somewhat* ☐ *Well-connected* ☐ *Very well connected*

4. After coming to the Memory Café how connected do you feel socially?

☐ *Not very* ☐ *Somewhat* ☐ *Well-connected* ☐ *Very well connected*

5. Did coming to the Memory Café improve your overall sense of well-being?

☐ *Not at all* ☐ *Somewhat* ☐ *Quite a bit* ☐ *A great deal*

6. What activities at the Memory Cafe would you like more of?

7. What activities would you like less of?

8. Did you face any barriers or difficulties participating in the café?

9. If you are a caregiver, did you find the Memory Café helped you connect to other caregivers?

☐ *Not at all* ☐ *Somewhat* ☐ *Quite a bit* ☐ *A great deal*

10. Would you like to tell us anything else about your experience of the Memory Café?

THANK YOU FOR PARTICIPATING!!