

# Guest Survey

Please mark one:

- Guest       Caregiver

Indicate how organized the event was:

—————  —————  —————  —————

Not Organized Very Organized

Indicate how smooth/easy the registration process was:

—————  —————  —————  —————

Difficult Easy

Indicate your level of comfort during the event:

—————  —————  —————  —————

Uncomfortable Very Comfortable /  
At Ease

Did you enjoy the entertainment?

- Yes                       No                       Somewhat

Please indicate the activities you enjoyed the most at the Social:  
(If none, please respond NA)

---

---

---

Do you feel you benefited from attending the Social event?

- Yes                       No                       Somewhat

Would you attend another social event?

- Yes                       No                       Maybe

Please share any suggestions you have for future social events:  
(e.g. activities you would like to see included, games to participate in, etc)

---

---

---