

# We want to hear your feedback!



Please submit your feedback online at <http://bit.ly/bbp-cc-forms>

Or mail this page to:

IHS Program  
1101 Market St, 13th Floor  
Philadelphia, PA 19107

Name or made up name (alias):

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1. Were the newsletter activities helpful for keeping you engaged during your safe separation from others?

- ☐ Extremely helpful
- ☐ Very helpful
- ☐ Somewhat helpful
- ☐ Not so helpful
- ☐ Not at all helpful

2. How much of the information in this newsletter was new?

- ☐ All of the information
- ☐ Most of the information
- ☐ Some of the information
- ☐ A little of the information
- ☐ None of the information

3. Which part of the newsletter did you like the most?

4. Which part, if anything, did you dislike?

5. What other activities would you like to see in future newsletters?

6. Comments or recommendations

7. Would you like us to contact you if we have any questions regarding your feedback? ☐ Yes ☐ No

If yes, please provide email or phone: