**Feasibility Form for Facilitators**

**Please rate the following questions on a scale of 1 to 5 with 1 being strongly disagree and 5 being strongly agree.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Strongly Disagree** | | | **Strongly Agree** | |
|  | **Question** | **1** | **2** | **3** | **4** | **5** |
| **1** | **Did you like the activity?** |  |  |  |  |  |
| **2** | **Did you feel that you could easily do the activity?** |  |  |  |  |  |
| **3** | **Could you understand the instructions?** |  |  |  |  |  |
| **4** | **Would you do it again?** |  |  |  |  |  |
| **5** | **Would you recommend the activity to others?** |  |  |  |  |  |