

Battle Buddy Collective

After-Action Wellness & Program Impact Survey

Event Name: _____

Date: _____

Location: _____

Participant Type: Veteran / Active Duty / Spouse / Family Member / Volunteer / Other

1. Overall Experience

Rate your overall experience and support received.

2. Mental Wellness Impact

Reflect on connection, stress reduction, hope, and mood improvement.

3. Social Connection

Assess meaningful connections and reduced isolation.

4. Confidence & Resilience

Evaluate confidence in stress management and future wellness engagement.

5. Program Evaluation

What was most valuable? What can improve?

6. Follow-Up Support

Would you like contact or resources?

Wellness Check

How are you feeling right now?

If in crisis: Call or text 988.