



Senior Partner Exit Interview

Directions: Please complete this form with your senior partner on the last day of walking. Use the answers to fill out the online survey at www.biaf.org. Keep a hard copy of this form and turn it into the Intern Specialist at the final wrap up session.

Date: _____

Your Complete Name: _____

Your University: _____

Your Email: _____

Your Senior Participant's Complete Name: _____

1. What is the cure for traumatic brain injury? _____

2. What is the Number 1 cause of traumatic brain injury? _____

3. Have you learned some safety information that can help you from this project?

Yes No Maybe

4. How frequently are you now walking for exercise compared to the beginning of this project?

No change More Frequently Less Frequently Same

5. Are your walks longer now than when you started this project?

Yes No

6. How long (time) are your walks now?

Less than 10 minutes More than 10 minutes

7. Will you continue walking after this project?

Yes No Maybe

8. Have you spent more time with a person under the age of 25 during these past two months than before this project?

Yes No Unsure

9. Do you think spending this time with students was worthwhile?

Yes No Maybe Sometimes Do not know

10. Would you participate in another walking project if it were available?

Yes No Maybe Unsure