

**1. On a scale of 1 - 10, how much do you know about loneliness prevention strategies?**

(nothing or very little) 1 2 3 4 5 6 7 8 9 10 (I know everything)

**2. On a scale of 1 - 10, how prepared do you feel to deal with feelings of loneliness as they may arise in the future?**

(Not prepared at all) 1 2 3 4 5 6 7 8 9 10 (Extremely prepared)

**3. Do you currently have any strategies that help you cope with feelings of loneliness?**

Yes                  No

**- If yes, what strategies?**

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**4. Do you currently have a hobby or engage in an activity that is meaningful to you?**

Yes                  No

**- If yes, what hobby or activity?**

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**5. Overall, do you feel this program gave you skills and confidence to deal with feelings of loneliness that may arise in the future?**

Yes

No

- **What specific feedback do you have for the research team about how this programming did or didn't build your skills and confidence relating to feelings of loneliness?**

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