Supplemental Figure 3: Follow-Up Survey Nursing Home Volunteering Follow Up

becau Disea	ant to thank you for your participation in our volunteer initiatives! You are receiving this follow up survey use you participated in Nursing Home volunteer initiatives during the Infectious ses course. We are interested to know your thoughts about them and your experiences with us. If you are g, please fill out this follow up survey about your experiences! It should take about 5-10 minutes.
if you	have questions or concerns, you can contact
Thank	c you for your time!
1. W	hich volunteer initiatives did you participate in? (select all that apply)
	Gardening
	Medical Record Transfer
	Window Entertainment
	No One Dies Alone
	Resident Biographies
	Online Literature Review
2. Ho	ow many volunteer hours do you think you completed while participating in our programs?
E	Enter your answer
3. W	hat did you like about our volunteer opportunities?
E	Enter your answer

4. What did you dislike about our volunteer opportunties?

Enter your answer		
•		
ther comments, quest	ons, thoughts:	
Enter your answer		
Erical your anower		

This content is created by the owner of the form. The data you submit will be sent to the form owner.

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