



Well-Being and Group Activity Questionnaire

Your ID: AC _____

Are you filling out this questionnaire **before** or **after** singing?

Before

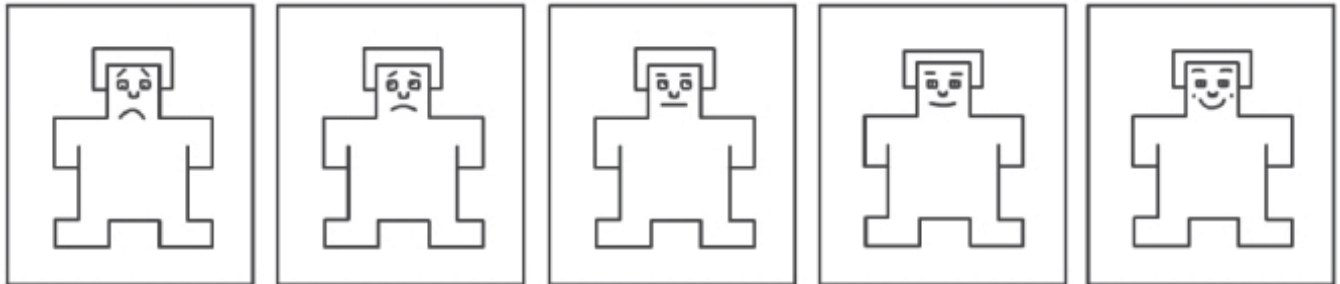
After

Please be **honest**. Your answers are kept **confidential**.

How are you feeling **now**?

Bad

Great

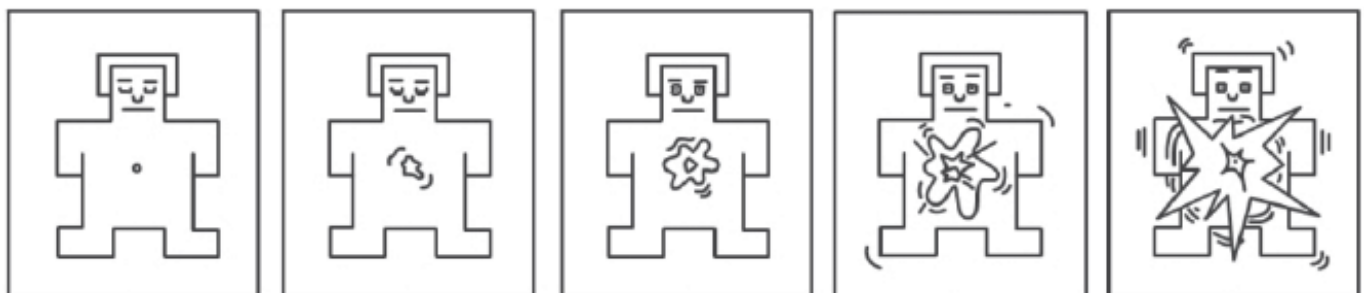


1 2 3 4 5 6 7 8 9

How **aroused** are you **now**?

Calm

Aroused

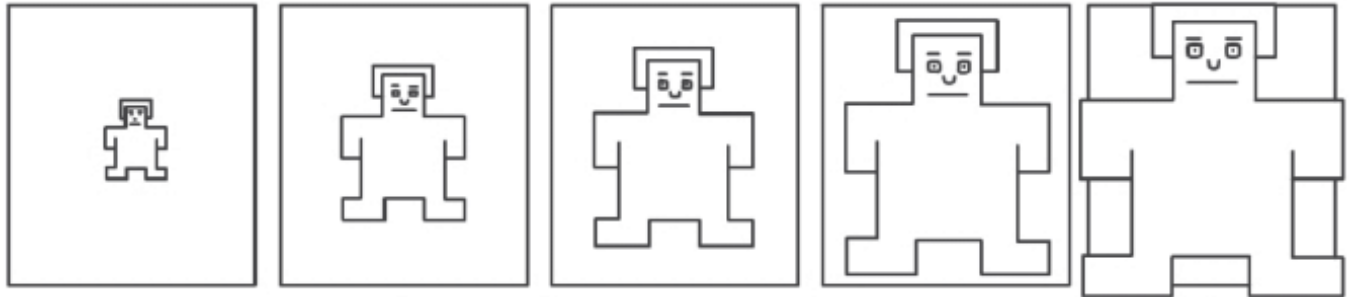


1 2 3 4 5 6 7 8 9

How **confident** do you feel when using your **voice**?

Not Confident

Very Confident



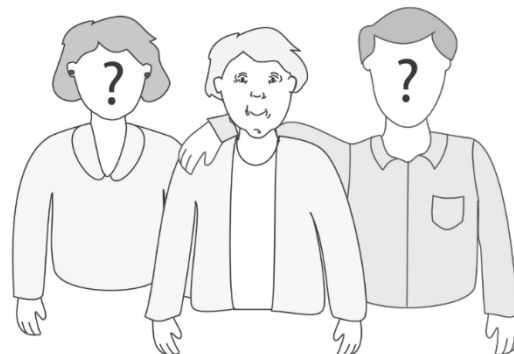
1 2 3 4 5 6 7 8 9

How **connected** do you feel to **other** people?

1 2 3 4 5 6 7

Not Connected

Very Connected

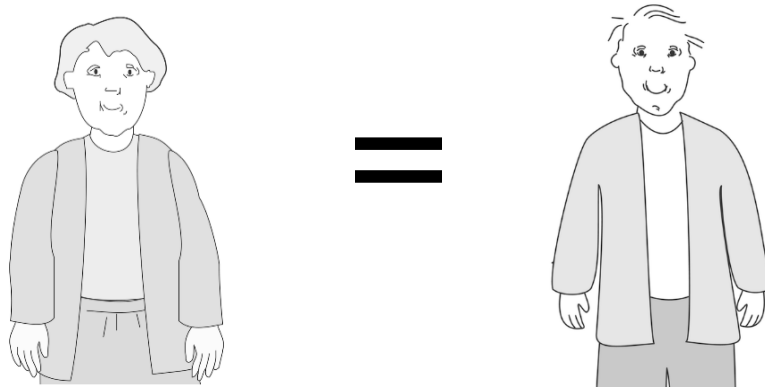


How **similar** do you feel to **other** people?

1 2 3 4 5 6 7

Not Similar

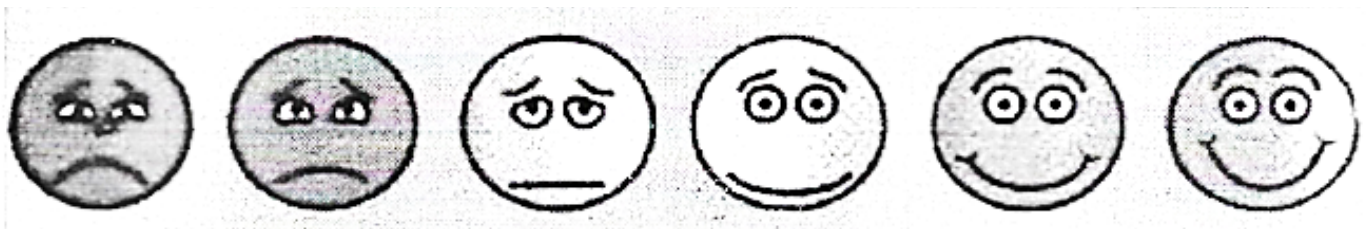
Very Similar



How do you feel about **living** with your **communication disorder**?

Bad

Great



0 1 2 3 4 5 6 7 8 9 10