

Living Well for Better Health

End of Session Survey

Session 1

Please circle your answer to the following questions.

1. How satisfied are you with today's session?

Very Satisfied

Satisfied

Neutral

Somewhat

Not at all

2. Out of the topics discussed today, what did you find the MOST useful?

Introduction to the Workshop

Group Introductions

The Mind-Body Connection/Distraction (Lemon activity)

Getting a Good Night's Sleep

Introduction to Action Plans

3. In general, how would you rate your health for today?

Excellent

Very Good

Good

Fair

Poor

4. Did you have reliable transportation to today's session?

Yes

No

5. Will you be back next week? If no, please explain?

Yes

No _____

6. Comments and feedback:

Appendix C

Thank you for your time! Please put your name in the basket for a chance to win a gift card of \$25.00 to be drawn at the end of the Program

Living Well for Better Health

End of Session Survey

Session 2

Please circle your answer to the following questions

1. How satisfied are you with today's session?

Very Satisfied

Satisfied

Neutral

Somewhat

Not at all

2. Out of the topics discussed today, what did you find the MOST useful?

Feedback and Problem-Solving

Dealing with Difficult Emotions

Introduction to Physical Activity and Exercise

Preventing Falls and Improving Balance

Making an Action Plan

3. In general, how would you rate your health for today?

Excellent

Very Good

Good

Fair

Poor

4. Did you have reliable transportation to today's session?

Yes

No

5. Will you be back next week? If no, please explain?

Yes

No _____

6. Comments and feedback:

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Living Well for Better Health

End of Session Survey

Session 3

Please circle your answer to the following questions

1. How satisfied are you with today's session?
 - Very Satisfied
 - Satisfied
 - Neutral
 - Somewhat
 - Not at all

2. Out of the topics discussed today, what did you find the MOST useful?
 - Feedback
 - Making Decisions
 - Pain and Fatigue Management
 - Endurance Exercise
 - Relaxation Body Scan
 - Making an Action Plan

3. In general, how would you rate your health for today?
 - Excellent
 - Very Good
 - Good
 - Fair
 - Poor

4. Did you have reliable transportation to today's session?
 - Yes
 - No

5. Will you be back next week? If no, please explain?

Appendix C

Yes

No _____

6. Comments and feedback:

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Living Well for Better Health

End of Session Survey

Session 4

Please circle your answer to the following questions

1. How satisfied are you with today's session?

Very Satisfied

Satisfied

Neutral

Somewhat

Not at all

2. Out of the topics discussed today, what did you find the MOST useful?

Feedback

Better Breathing

Healthy Eating

Communication Skills

Problem-Solving

Making an Action Plan

3. In general, how would you rate your health for today?

Excellent

Very Good

Good

Fair

Poor

4. Did you have reliable transportation to today's session?

Yes

Appendix C

No

5. Will you be back next week? If no, please explain?

Yes

No _____

6. Comments and feedback:

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Living Well for Better Health

End of Session Survey

Session 5

Please circle your answer to the following questions

1. How satisfied are you with today's session?

Very Satisfied

Satisfied

Neutral

Somewhat

Not at all

2. Out of the topics discussed today, what did you find the MOST useful?

Feedback

Making Healthy Food Choices

Medication Usage

Making Informed Treatment Decisions

Dealing with Depression

Positive Thing Making an Action Plan

3. In general, how would you rate your health for today?

Excellent

Very Good

Good

Fair

Poor

Appendix C

4. Did you have reliable transportation to today's session?

Yes

No

5. Will you be back next week? If no, please explain?

Yes

No _____

6. Comments and feedback:

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End of Session Survey

Session 6

Please circle your answer to the following questions

1. How satisfied are you with today's session?

Very Satisfied

Satisfied

Neutral

Somewhat

Not at all

2. Out of the topics discussed today, what did you find the MOST useful?

Feedback

Working with Your Health Care Professional and health Care Organization

Weight management

Looking Back and Planning for the Future

3. In general, how would you rate your health for today

Excellent

Very Good

Good

Appendix C

Fair

Poor

4. Did you have reliable transportation to today's session?

Yes

No

5. Will you be back next week? If no, please explain?

Yes

No _____

6. Comments and feedback:

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