

Date & Session: \_\_\_\_\_

Presenter: \_\_\_\_\_

Site Name: \_\_\_\_\_

Your Demographic info: male  female  Age group: 50-60  61-70  71-80  81-90  90+

Please check  the appropriate box or fill in the information.

	Agree Very Much ★ ★ ★	Kind of Agree ★ ★	Do Not Agree ★
1. The information in this presentation was useful to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The material was clear and easy to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The presenter answered my questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. This presentation was at a convenient time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. This presentation was at a physically accessible location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I would recommend this presentation to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I have a better understanding of what Age Friendly means	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please provide any other comments below:

9. What other Healthy Aging Information Sessions would be of greatest value to you?

- |  |  |
|--|--|
| <input type="checkbox"/> Physical Activity           | <input type="checkbox"/> Personal Directives and Power of Attorney |
| <input type="checkbox"/> Nutrition/Healthy Eating    | <input type="checkbox"/> Seasonal Safety (i.e. winter safety)      |
| <input type="checkbox"/> Caregiver Stress            | <input type="checkbox"/> Heart Health                              |
| <input type="checkbox"/> Dealing with Loss           | <input type="checkbox"/> Dementia Care                             |
| <input type="checkbox"/> Mood & Anxiety              | <input type="checkbox"/> Arthritis                                 |
| <input type="checkbox"/> Medication Management       | <input type="checkbox"/> Homecare and Continuing Care Services     |
| <input type="checkbox"/> Hearing Loss                | <input type="checkbox"/> Falls Prevention                          |
| <input type="checkbox"/> Sleep Problems              | <input type="checkbox"/> Elder Abuse                               |
| <input type="checkbox"/> Housing Options             | <input type="checkbox"/> Alcohol & Drug Use                        |
| <input type="checkbox"/> How to Use Edmonton Transit | <input type="checkbox"/> Gambling                                  |
| <input type="checkbox"/> Leisure and Well-Being      | <input type="checkbox"/> Stress Management                         |
| <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> Memory Loss – What’s Normal?              |
| <input type="checkbox"/> Healthy Aging               |  |

10. Additional Topic Suggestions:

Thank you, completing this survey helps to improve the Healthy Aging Information Series.  
Please return to: Aleem Rajani by email at aleem.rajani@albertahealthservices.ca or fax at (780) 735-1061