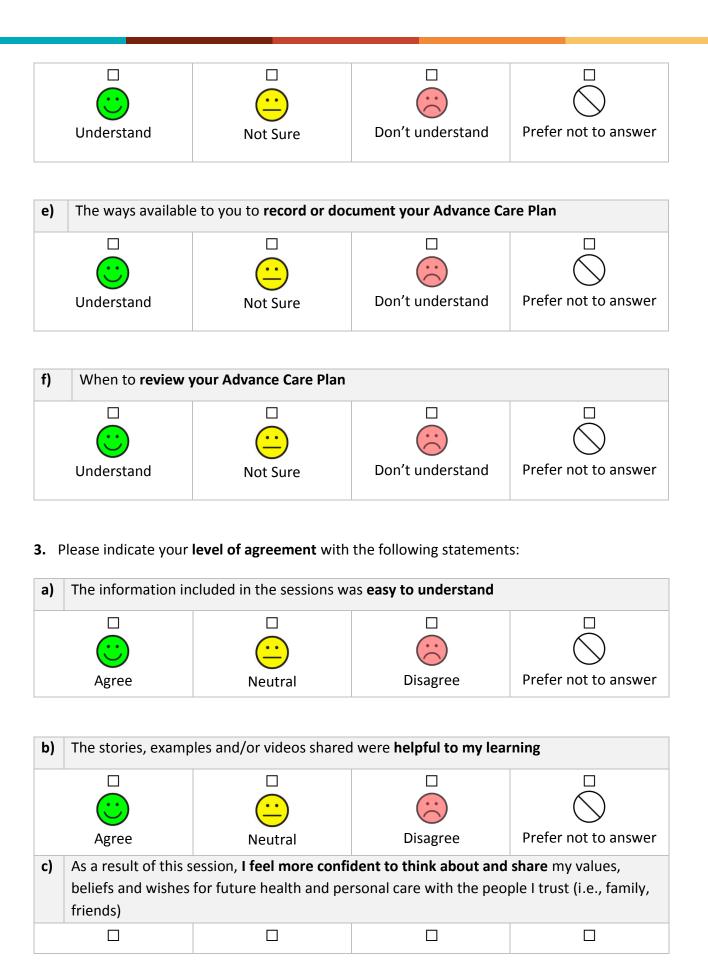
## Advance Care Planning Participant Post-Session Evaluation Survey

Thank you for participating in the Advance Care Planning Information Session. Please share your experience with us by completing this evaluation survey.

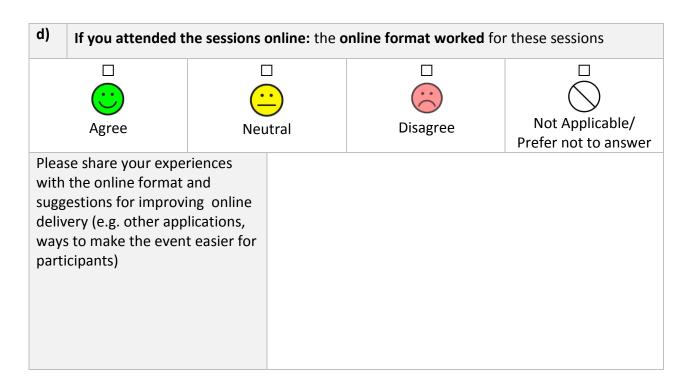
Your feedback is very important to us and will help us improve these sessions in the future. Any personal information you share with us will be kept confidential.

## Your Experience with the Session

b) How to talk with the people you trust (ie. family, friends) about your values, beliefs and wishes for future health and personal care  Understand  Not Sure  Don't understand  Prefer not to answ	1.	On what date and location did you attend the session?							
a) The steps involved in Advance Care Planning  Understand  Not Sure  Don't understand  Prefer not to answ  Not Sure  Don't understand  Prefer not to answ  Not Sure  Don't understand  Prefer not to answ  Don't understand  Prefer not to answ  Not Sure  Don't understand  Prefer not to answ  Not Sure  Don't understand  Prefer not to answ									
Understand  Not Sure  Don't understand  Prefer not to answ  b) How to talk with the people you trust (ie. family, friends) about your values, beliefs and wishes for future health and personal care  Understand  Not Sure  Don't understand  Prefer not to answ  Prefer not to answ  One of the people you trust (ie. family, friends) about your values, beliefs and wishes for future health and personal care  How to talk to your health-care provider about your values, beliefs and wishes for future health to answ									
b) How to talk with the people you trust (ie. family, friends) about your values, beliefs and wishes for future health and personal care  Understand  Not Sure  Don't understand  Prefer not to answ  C) How to talk to your health-care provider about your values, beliefs and wishes for future	a) T	The steps involved in Advance Care Planning							
b) How to talk with the people you trust (ie. family, friends) about your values, beliefs and wishes for future health and personal care  Understand  Not Sure  Don't understand  Prefer not to answ  C) How to talk to your health-care provider about your values, beliefs and wishes for future	'	Understand	□ Not Sure	Don't understand	Prefer not to answer				
wishes for future health and personal care  Understand  Not Sure  Don't understand  Prefer not to answ  C) How to talk to your health-care provider about your values, beliefs and wishes for future.									
Understand  Not Sure  Don't understand  Prefer not to answ  Not Sure  How to talk to your health-care provider about your values, beliefs and wishes for future.	-	How to talk with the people you trust (ie. family, friends) about your values, beliefs and wishes for future health and personal care							
		<u> </u>		Don't understand	Prefer not to answer				
	-	How to <b>talk to your health-care provider</b> about your values, beliefs and wishes for future health and personal care							
Understand  Not Sure  Don't understand  Prefer not to answ		Understand	Not Sure	Don't understand	Prefer not to answer				
d) How to choose a substitute decision maker (e.g. a Representative)	d)								







e)	Overall, I am sa			
	□ C: Agree	□ ••••••••••••••••••••••••••••••••••••	Disagree	Prefer not to answer

## **About You**

4.	What is your gender?									
□ Male □ F		☐ Female		☐ Other		☐ Prefer not to answer				
5.	What is your age?									
□ 19	□ 19 - 30 □ 31 - 40 □			□ 41	- 50	□ 51 - 60				
□ 61 - 70 □ 71		1 - 80	☐ 81 or older			☐ Prefer not to answer				
6.	Have you previously attended an information session on Advance Care Planning?									
□ Yes				□No						
7.	How did you hear about this session?									
Family/Friends Social Media			C	Community Organization						
Flyer/Poster			Website	C	Other, specify:					

