

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

1.	On what date and location did you attend the session?
<p>Date: _____</p> <p>Location: _____</p>	





2. Please indicate how well we helped you understand the following:

a)	The steps involved in Advance Care Planning			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				
Understand	Not Sure	Don't understand	Prefer not to answer	





b)	How to talk with the people you trust (ie. family, friends) about your values, beliefs and wishes for future health and personal care			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				
Understand	Not Sure	Don't understand	Prefer not to answer	

c)	How to talk to your health-care provider about your values, beliefs and wishes for future health and personal care			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				
Understand	Not Sure	Don't understand	Prefer not to answer	





d)	How to choose a substitute decision maker (e.g. a Representative)			
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<input type="checkbox"/>  Understand	<input type="checkbox"/>  Not Sure	<input type="checkbox"/>  Don't understand	<input type="checkbox"/>  Prefer not to answer
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e) The ways available to you to record or document your Advance Care Plan

<input type="checkbox"/>  Understand	<input type="checkbox"/>  Not Sure	<input type="checkbox"/>  Don't understand	<input type="checkbox"/>  Prefer not to answer
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f) When to review your Advance Care Plan

<input type="checkbox"/>  Understand	<input type="checkbox"/>  Not Sure	<input type="checkbox"/>  Don't understand	<input type="checkbox"/>  Prefer not to answer
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3. Please indicate your level of agreement with the following statements:

a) The information included in the sessions was easy to understand

<input type="checkbox"/>  Agree	<input type="checkbox"/>  Neutral	<input type="checkbox"/>  Disagree	<input type="checkbox"/>  Prefer not to answer
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b) The stories, examples and/or videos shared were helpful to my learning





<input type="checkbox"/>  Agree	<input type="checkbox"/>  Neutral	<input type="checkbox"/>  Disagree	<input type="checkbox"/>  Prefer not to answer
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c) As a result of this session, I feel more confident to think about and share my values, beliefs and wishes for future health and personal care with the people I trust (i.e., family, friends)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 Agree	 Neutral	 Disagree	 Prefer not to answer/ Not Applicable
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d)	If you attended the sessions online: the online format worked for these sessions			
<input type="checkbox"/>  Agree	<input type="checkbox"/>  Neutral	<input type="checkbox"/>  Disagree	<input type="checkbox"/>  Not Applicable/ Prefer not to answer	
Please share your experiences with the online format and suggestions for improving online delivery (e.g. other applications, ways to make the event easier for participants)				

e)	Overall, I am satisfied with the session			
<input type="checkbox"/>  Agree	<input type="checkbox"/>  Neutral	<input type="checkbox"/>  Disagree	<input type="checkbox"/>  Prefer not to answer	

About You

4.	What is your gender?						
<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Other	<input type="checkbox"/>	Prefer not to answer

5.	What is your age?						
<input type="checkbox"/>	19 - 30	<input type="checkbox"/>	31 - 40	<input type="checkbox"/>	41 - 50	<input type="checkbox"/>	51 - 60
<input type="checkbox"/>	61 - 70	<input type="checkbox"/>	71 - 80	<input type="checkbox"/>	81 or older	<input type="checkbox"/>	Prefer not to answer

6.	Have you previously attended an information session on Advance Care Planning?		
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

7.	How did you hear about this session?				
<input type="checkbox"/>	Family/Friends	<input type="checkbox"/>	Social Media	<input type="checkbox"/>	Community Organization
<input type="checkbox"/>	Flyer/Poster	<input type="checkbox"/>	Website	<input type="checkbox"/>	Other, specify: _____