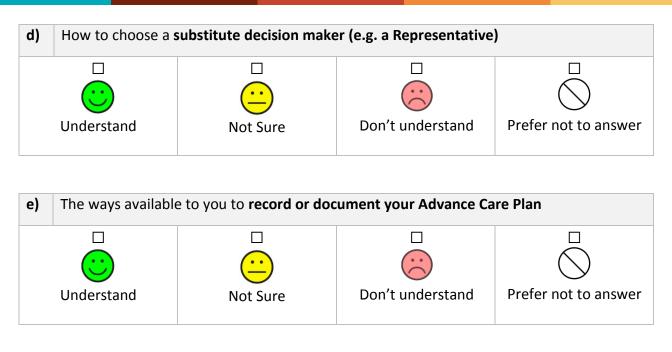
Advance Care Planning Participant Post-Session Evaluation Survey

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

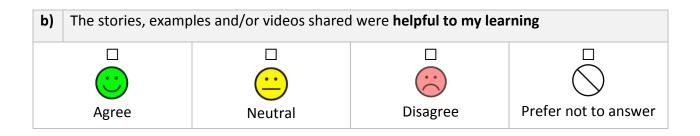
1.	On what date and	l location did you attend	the session?				
	Date: Location:						
2.	Please indicate how	well we helped you und	erstand the following:				
a)	The steps involved in	n Advance Care Plannin g	3				
	Understand	□ Not Sure	Don't understand	Prefer not to answer			
b)	b) How to talk with 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 answer			
c)	How to talk to your health-care provider about your values, beliefs and wishes for future health and personal care						
	<u></u>			Prefer not to answer			
	Understand	Not Sure	Don't understand	rielei ilut tu aliswei			





3. Please indicate your **level of agreement** with the following statements:

a)	The information included in the sessions was easy to understand				
	□ O Agree	□ Neutral	Disagree	Prefer not to answer	



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)					
	□ ∴ Agree	□ ••••••••••••••••••••••••••••••••••••	Disagree	Prefer not to answer/ Not Applicable		

d) If you attended t	he sessions online: the	online format worked fo	r these sessions
	<u></u>		\bigcirc
Agree	Neutral	Disagree	Not Applicable/ Prefer not to answer
Please share your expensive with the online format suggestions for improvidelivery (e.g. other appways to make the event participants)	and ng online lications,		

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

About You

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

