

Date: _____

Name of Session: _____

Presenter: _____

Site Name: _____

Please check the appropriate box or fill in the information.

- | | Yes | | | | No |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Did you meet the minimum attendance requirements | <input type="checkbox"/> | | | | <input type="checkbox"/> |
| 2. I would book this presentation again for my organization | <input type="checkbox"/> | | | | <input type="checkbox"/> |
| 3. Rate the ease of coordinating with the presenter / presenting organization
(1 = not cooperative to 5 = a pleasure to work with) | 1 | 2 | 3 | 4 | 5 |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. What changes, if any, would you recommend for the HAIS Agreement process? | | | | | |

5. What suggestions do you have for the Healthy Aging Working Group to make the process more effective? _____

6. How have these sessions benefitted your organization? _____

7. Any other recommendations for future presentations? _____

8. I have a better understanding of what Age Friendly means to Edmonton: yes/no

9. What other Healthy Aging Information Sessions would be of greatest value to you? (check all that apply)

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

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