Evaluation Survey

Thank you for participating in this workshop. Please share your experience.
Your feedback is important and will help improve future sessions.

About the workshop

Date of event: _____

Location of event: _____

Please rate how much you agree/disagree with the following statements:						
	Strongly agree	**Somewhat agree**	**Neither agree nor disagree**	**Somewhat disagree**	**Strongly disagree**	**Not applicable**
The workshop ***met my expectations***	○	○	○	○	○	○
The workshop ***improved my understanding*** of personal directives	○	○	○	○	○	○
The information presented was ***easy to understand***	○	○	○	○	○	○
The ***hands-on activities*** were helpful	○	○	○	○	○	○
I feel ***more ready*** to complete or update my personal directive now	○	○	○	○	○	○
I feel ***more confident*** to complete or update my personal directive now	○	○	○	○	○	○
I ***intend to complete*** my personal directive in the next three months	○	○	○	○	○	○
I would ***recommend*** this workshop to others	○	○	○	○	○	○

How could this workshop be improved?

_____

_____

Do you have any other comments about this workshop?

_____

_____

_____

Covenant Health
Palliative Institute

About you

Please tell us about yourself. This helps us understand the diversity of people attending the workshop. You can skip any question(s) you do not wish to answer.

What is your age?

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75+
- ☐ Prefer not to answer

What is your gender?

- ☐ Male
- ☐ Female
- ☐ Prefer to self-describe: _____
- ☐ Prefer not to answer

Do you identify as a member of any of the following equity-deserving or underrepresented groups? Check all that apply:

- ☐ A person with a disability (physical, mental, sensory, learning, etc.)
- ☐ A racialized person or person of colour
- ☐ Indigenous person (First Nations, Inuk/Inuit or Métis)
- ☐ Lesbian, gay, bisexual, transgender, queer, or Two-Spirit (2SLGBTQI+)
- ☐ A person living with a low income or receiving social assistance
- ☐ An immigrant or refugee
- ☐ Other (please describe): _____
- ☐ Prefer not to answer
- ☐ None of the above

What, if anything, has prevented you from completing a personal directive before today? Check all that apply:

- ☐ I was not aware of what a personal directive is or why it is important
- ☐ I did not think I needed one
- ☐ I did not know how to create a personal directive
- ☐ I do not have anyone to name as my agent
- ☐ The cost of having a personal directive prepared by a lawyer is too high
- ☐ I did not know how to find a lawyer
- ☐ It is emotionally difficult to think about future health care decisions
- ☐ Not applicable – I already have a personal directive
- ☐ Other (please specify): _____