

# Evaluation Survey

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

## About the event

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        |
|-------------------------------------------------------------------------------------|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| This event <b>improved my understanding</b> of the following planning ahead topics: |                       |                       |                            |                       |                       |                       |
| • Advance care planning                                                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Personal directives                                                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Supported decision-making                                                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Organ and tissue donation                                                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Enduring power of attorney                                                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Wills                                                                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Funeral planning                                                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel <b>more ready</b> to plan ahead now                                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel <b>more confident</b> in my ability to plan ahead now                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The information presented was <b>easy to understand</b>                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I would <b>recommend</b> this event to others                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How could this event be improved?

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Do you have any other comments about this event?

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## About you

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

What is your age?

- |                                |                                |                                |                                               |
|--------------------------------|--------------------------------|--------------------------------|-----------------------------------------------|
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 25-34 | <input type="checkbox"/> 35-44 | <input type="checkbox"/> 45-54                |
| <input type="checkbox"/> 55-64 | <input type="checkbox"/> 65-74 | <input type="checkbox"/> 75+   | <input type="checkbox"/> 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

### How did you hear about this event?

- ☐ Internet/website
- ☐ Newsletter/mailling list
- ☐ Poster/flyer
- ☐ Social media (e.g. Facebook, Twitter, Instagram)
- ☐ Word of mouth
- ☐ Other; please specify: \_\_\_\_\_

