



Better Together: Age-Friendly Nanaimo

Better Together Champion Training

Date: _____ Location _____

Affiliation: (Check all that apply)

Senior _____ Public _____ Provider _____ Other _____

Please indicate how much you agree with the following statements by circling your response using the scale provided: 1 = strongly disagree / 5 = strongly agree

1. The purpose and objectives of the workshop were clear

1 2 3 4 5

2. Adequate background information was provided

1 2 3 4 5

3. The information was presented clearly

1 2 3 4 5

4. I found the activities useful

1 2 3 4 5

5. I was encouraged to participate and express my views

1 2 3 4 5

6. Overall, the discussion remained focused and on track

1 2 3 4 5

7. Our meeting place was convenient for me

1 2 3 4 5

8. The group size was just right

1 2 3 4 5

9. I have increased my knowledge about social isolation.

1 2 3 4 5

10. I have increased my knowledge about how to identify a senior at risk

1 2 3 4 5

11. I can see ways that I can act individually if I know a senior at risk.

1 2 3 4 5

12. I know what to do if I see a senior at risk in my community.

1 2 3 4 5

13. I have increased knowledge about supports available to seniors at risk

1 2 3 4 5

14. Our meeting place was convenient for me

1 2 3 4 5

15. The group size was just right

1 2 3 4 5

16. I leave the meeting today feeling confident and inspired.

1 2 3 4 5

17. I plan to act on the information provided (describe)

1 2 3 4 5

18. Name 2 aspects of this work shop that were particularly valuable to you.

19. How could this event have been improved?

20. Additional comments:
