

Participant Evaluation

Workshop Title _____

Location & Dates _____

Facilitators _____

We've worked hard to give you a valuable experience. But, at the same time, we are always trying to improve our program and you can help us do that by giving us some advice. Please help us by answering these questions about today's presentation. All of your answers are anonymous!

1. What did you like about this program? How does the event impact your life and your Sage-ing journey?

2. What aspects of the program do you feel could be improved? [content, timing, material, facility, other....]

3. What other Sage-ing or aging topics do you suggest for a workshop or webinar?

Thank you for your feedback!

We think we could do an even better job if we had some information about who our participants are. After giving us some feedback about today's program would you please turn the sheet over and tell us some things about yourself, like your living situation, marital status, and education.

Tell us about yourself:

Gender Identity <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Age Range <input type="checkbox"/> Under 30 <input type="checkbox"/> 70 – 79 <input type="checkbox"/> 31 – 49 <input type="checkbox"/> 80 – 89 <input type="checkbox"/> 50 – 59 <input type="checkbox"/> 90+ <input type="checkbox"/> 60 – 69		Are you <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married
Are you currently living <input type="checkbox"/> Alone <input type="checkbox"/> With a spouse <input type="checkbox"/> With a significant other – not married <input type="checkbox"/> With family members <input type="checkbox"/> With people you are not related to <input type="checkbox"/> With unrelated caregivers <input type="checkbox"/> Other: <hr/>	Where do you live? <input type="checkbox"/> At own home/apartment <input type="checkbox"/> Retirement community / independent living <input type="checkbox"/> Assisted living <input type="checkbox"/> Nursing home <input type="checkbox"/> Other: <hr/>	Are you <input type="checkbox"/> Retired <input type="checkbox"/> Retired and still working part time <input type="checkbox"/> Employed, full time <input type="checkbox"/> Employed, part time <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled and unable to work
Race / ethnicity (check all that apply): <input type="checkbox"/> Hispanic or Latino (all races) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: <hr/>		What is your highest level of education? <input type="checkbox"/> Grade school <input type="checkbox"/> Some high school <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate degree

How did you learn about this program?

Email Notice in mail Sage-ing International Bulletin / Newsletter
 Website Other (*describe*) _____