**Building Your Wellness Toolbox – Evaluation, Session 6**

## *Please complete this evaluation for the group session you just participated in. Your responses will help us to understand how best to support wellness among women aged 55+. IHR relies on your honest opinions & suggestions for improving this group offering.*

**From your participation in this session, please rate how much you agree or disagree with the following statements:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| I feel more comfortable talking to my doctor and/or pharmacist about medications. | **€** | **€** | **€** | **€** |
| I feel more able to appropriately manage my medications. | **€** | **€** | **€** | **€** |
| The skills taught today will be useful to me in working with my doctor effectively. | **€** | **€** | **€** | **€** |

Would you like one of the group facilitators to follow up with you individually about anything discussed today? € Yes € No

* If yes, what issues would you like to address with them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you need help connecting to any resources or services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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