

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? _____

Do you need help connecting to any resources or services? _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0379. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer