**Building Your Wellness Toolbox – Evaluation, Session 5**

## *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 know more about non-pharmacological (non-medication) options for pain. | **€** | **€** | **€** | **€** |
| I am more aware of community resources for alternative pain management practices (e.g. physical therapy, acupuncture, yoga). | **€** | **€** | **€** | **€** |

**After participating in this session, how likely are you to use the following pain management strategies?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not likely** | **Slightly likely** | **Somewhat likely** | **Very likely** |
| Prescription opioids | **€** | **€** | **€** | **€** |
| Other pain medications | **€** | **€** | **€** | **€** |
| Non-medication alternatives | **€** | **€** | **€** | **€** |

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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_