**Building Your Wellness Toolbox – Evaluation, Session 4**

## *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 the benefits of using opioids (as prescribed) for pain management. | **€** | **€** | **€** | **€** |
| I know more about the risks associated with opioids. | **€** | **€** | **€** | **€** |
| I am more aware of the warning signs of opioid misuse. | **€** | **€** | **€** | **€** |
| I am more aware of available community resources for substance use and mental health treatment. | **€** | **€** | **€** | **€** |

**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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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