



Healthy Aging Information Series Presenter Survey

Date: _____

Name of Session: _____

Presenter: _____

Site Name: _____

Please check the appropriate box or fill in the information.

- | | Yes | | | | | | No |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Minimum attendance requirements were met | <input type="checkbox"/> | | | | | | <input type="checkbox"/> |
| 2. The host location/room/equipment/support was appropriate and/or accessible | <input type="checkbox"/> | | | | | | <input type="checkbox"/> |
| 3. The participants were attentive and interested in the presentation | <input type="checkbox"/> | | | | | | <input type="checkbox"/> |
| 4. The hosting organization was easy to coordinate with
(1 = not cooperative to 5 = a pleasure to work with) | | 1 | 2 | 3 | 4 | 5 | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

5. What changes, if any, would you recommend for the HAIS Agreement?

6. What suggestions do you have for the Healthy Aging Working Group to make the process more effective?

7. What other topics would you or your organization be willing to present? _____

8. Any other recommendations for future presentations? _____

9. How have these sessions benefited your organization? _____

10. I have a better understanding of what Age Friendly means to Edmonton: yes/no

Thank you, completing this survey helps to improve the Healthy Aging Information Series.
Please return to: Aleem Rajani by email at aleem.rajani@albertahealthservices.ca or fax at (780) 735-1061