

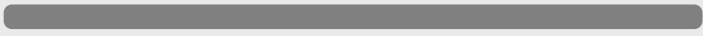
4. How did you learn about this workshop?

- | | |
|--|--|
| <input type="checkbox"/> Doctor or healthcare professional | <input type="checkbox"/> Pharmacist or pharmacy employee |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Health insurance provider |
| <input type="checkbox"/> Flyer or poster | <input type="checkbox"/> Internet or website |
| <input type="checkbox"/> Family member or friend | <input type="checkbox"/> Other |

5. During the past week, how much has your health interfered with your normal activities with family, friends, neighbors or groups?

- ☐ Always
 ☐ Usually
 ☐ Half of the time
 ☐ Occasionally
 ☐ Never

6. In the past week, how many days did you exercise for at least 30 minutes?

0 days  7 days

7. Overall, how satisfied are you with this Healthier Living workshop?

- ☐ Extremely dissatisfied
☐ Very dissatisfied
☐ Satisfied
☐ Very satisfied
☐ Extremely satisfied

11. Have you participated in an in-person workshop series (e.g., exercise, health and wellness, falls prevention) in the past?

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ Decline to answer

In the future would you prefer to attend workshop series to be done over the phone, on the internet, or in-person?

- ☐ Phone
- ☐ Internet
- ☐ In-person
- ☐ I don't know
- ☐ Decline to answer

12. Would you recommend this workshop to a family/friend?

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ Decline to answer

13. On a scale from 1-5, how satisfied were you with the workshop leader with 1 being “Very Dissatisfied” and 5 being “Very Satisfied”?

Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	I don't know	Decline to answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. How has this workshop helped you?

How has the workshop helped you?

- ☐ I don't know
- ☐ Decline to answer

Thank You!

Thank you for taking our form. Your response is very important to us.