

AgeSense Post-assessment



ID Number:
(KSU Use only)

Date of Program: _____ Instructor: _____

Program County/District: _____

Thank you for participating in this program. To help determine the impacts of this program and improve it further, we would like you to complete this brief questionnaire. Your participation is voluntary and all efforts will be made to ensure your confidentiality.

1. Because of your participation in this program, did you learn anything new? YES NO

2. If yes, what did you learn?

3. Because of your participation in this program, do you plan on taking any action or changing anything in your life? YES NO

4. If yes, what?

5. Gender: Female Male

6. Your Age: _____

7. Race (please select all that apply):

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian / Other Pacific Islander

White

Prefer not to respond

8. Ethnicity: Hispanic or Latino Not Hispanic or Latino Prefer not to respond

9. Marital Status (please select only one):

Married

Divorced

Separated

Single/cohabitating

Widowed

Prefer not to respond

OVER ➡

10. Education Level: Less than High School High School or GED
 Some College Bachelor Degree Graduate Degree

11. Do you provide care for someone else? YES NO

12. In general, would you say your health is (circle one):
 1 Excellent 2 Very good 3 Good 4 Fair 5 Poor

13. For the following items, please indicate your level of agreement by placing a check in the appropriate box.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
Because of this program, I understand that there are many ways to think about aging.					
Because of this program, I understand that many beliefs and attitudes people hold about aging are false.					
Because of this program, I understand that thinking positively about my own aging may benefit my health.					
Because of this program, I understand that losses and gains are experienced throughout a person's life, not just as they age.					
Because of this program, I understand that there are proactive steps that I can take that may influence how I age.					

14. Please provide any additional comments you have.

15. May we contact you later to talk with you about this program? YES NO

16. If yes, please leave your contact information here.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Thank you for completing this form!