



Fountain of Health Initiative for Optimal Aging

SENIOR PEER LEADERS PROJECT EVALUATION TOOLS

PEER LEADERSHIP PROJECT: PRE-SURVEY

Date:	Age:	ID# (Birth Month & First
Gender:	# of sessions you plan to attend:	Letters of Middle Name)



Pleas	se indicate which sessions you would like to attend, d	ates	de	pendent:							
	FoH/Goal-Setting			Stay Physically Active							
	Stay Socially Active			Take Care of Your Mental Heal	th						
	☐ Change How You Think About Aging ☐ Continue to Learn New Things										
Plea	se indicate your agreement with the following state	men	nts								
	m aware of the Fountain of Health (FoH) Initiative to nong seniors.	pro	mc	te mental/cognitive health	True	False					
2. Cu	rrently, I apply information from the Fountain of Hea	lth ((Fo	H) Initiative in my daily life.	True	False					
3. W FoH? a) b) c) d) e)	Don't Know Any Yet	nen	ital	health promotion intervention	ns outlined	by the					
	urrently, I am aware of the FoH lifestyle interventions ognitive health.	to	pro	omote my mental and	True	False					
	m comfortable setting achievable lifestyle goals to plealth.	rom	ote	e my mental and cognitive	True	False					
6. Th	e percentage of human longevity found to be determ 25% 45% 65% 85%	nine	d b	y our genetics/family genes is:							
	garding mood disorders, depression has generally be eniors than it is younger adults	en f	fou	nd to be less treatable in	True	False					
[] []	 cial activity has been shown to: Improve brain performance Decrease depression Increase longevity All of the above None of the above - there is a lack of evidence for 	soc	cial	activity							
(((10. li	ow much additional length of life is associated with a 6 months 2.5 years 5.5 years terms of exercise, the recommended amount of physicalth is:		7. N D	5 years one of the these on't Know	nental and	cognitive					
C	☐ 60 minutes/ week			120 minutes/ week							
	☐ 150 minutes/week☐ None of these			180 minutes/week							

PEER LEADERSHIP PROJECT: POST-SURVEY

<u> </u>		
Date:	Age:	ID# (Birth Month & First
Gender:	# of sessions you plan to attend:	Letters of Middle Name)



Please indicate which sessions you would like to atte	•		
FoH/Goal-Setting	Stay Physically Active		
Stay Socially Active	☐ Take Care of Your Mental Healt	h	
☐ Change How You Think About Aging	☐ Continue to Learn New Things		
Please indicate your agreement with the following	statements:		
 I am aware of the Fountain of Health (FoH) Initial among seniors. 	tive to promote mental/cognitive health	True	False
2. Currently, I apply information from the Fountain	of Health (FoH) Initiative in my daily life.	True	False
 3. What are five (or as many as you can) evidence-befoh? Don't Know Any Yet a) b) c) d) 	pased mental health promotion intervention	s outlined	by the
e) 4. Currently, I am aware of the FoH lifestyle interve	entions to promote my mental and	True	False
cognitive health.			
5. I am comfortable setting achievable lifestyle goa health.	ls to promote my mental and cognitive	True	False
6. The percentage of human longevity found to be on the control of the percentage of human longevity found to be on the control of the percentage of human longevity found to be on the control of the percentage of human longevity found to be on the control of the percentage of human longevity found to be on the control of the percentage of human longevity found to be on the control of the percentage of human longevity found to be on the control of the c	determined by our genetics/family genes is:		
7. Regarding mood disorders, depression has gener seniors than it is younger adults	ally been found to be less treatable in	True	False □
 8. Social activity has been shown to: Improve brain performance Decrease depression Increase longevity All of the above None of the above - there is a lack of evider 	nce for social activity		
9. How much additional length of life is associated	with a positive self-perception of aging?		
☐ 6 months	☐ 7.5 years		
2.5 years	■ None of the these		
☐ 5.5 years	☐ Don't Know		
10. In terms of exercise, the recommended amount health is:	of physical activity in seniors to promote m	ental and	cognitive
☐ 60 minutes/ week	☐ 120 minutes/ week		
☐ 150 minutes/week ☐ None of these	☐ 180 minutes/week		



Date	e:	Age:		ID#(Birth Month & First 2 Letters of Middle Name)			Jou	ntaın _{of} nealtn
Sess	sions that you hav	e just attend	ed:					
	FoH/Goal-Setti	ing			Stay	Physically Active		
	Stay Socially Active				Take	Care of Your Men	tal Hec	alth
	Change How Yo	ou Think Abo	out Aging		Cont	inue to Learn New	Things	
1. (Overall, how satis	sfied are yo	u with this session?					
	Satisfied (1)	Some	what Satisfied (2)	Neutr (3)	al	Dissatisfied (4)		No Response (5)

2. Thinking about the session you have just attended, how satisfied are you with the following:

	Satisfied (1)	Somewhat Satisfied (2)	Neutral (3)	Dissatisfied (4)	No Response (5)
Content of session					
Organization of session					
Clarity of facilitator					
Opportunity for group discussion					
Opportunity to ask questions					
Group size					
Length of discussion					
Day and time of session					
Session facilities					

3. What did you like most about the	e session?											
. What did you like the least about this session?												
5. What is one thing you learned fr	. What is one thing you learned from this session?											
6. How would you rate the content	of the session											
Just Right		Too Basic			To Advance	d						
(1)		(2)			(3)							
Ц												
7. Please rate your level of agreen	nent with the f	Collowing stat	ements.									
This session	Strongly Agree (1)	Somewhat Agree (2)	Neutral (3)	Somewhat Disagree (4)	Strongly Disagree (5)	Don't Know (6)						
Increased my understanding that I can control up to 75% of the factors that influence longevity.												
Increased my understanding of the importance to challenge stereotypes of aging.												
Increased my understanding that positive thinking does not mean you												

Thank you for taking the time to answer these questions. Your feedback is important to us to improve the sessions.

will stop thinking negative thoughts -

you just need to be better at acknowledging when they are

Increased my understanding of

setting goals that are small and

unhelpful.

attainable.



Date	:		Age:	Ge	nder:	ID#	ŧ	Jour	IILU	ın of neattn					
Sessi	ions that you have	just atte	nded:	•											
	☐ FoH/Goal-Setting ☐ Stay Physically Active														
	Stay Socially Ac	tive			☐ Take	e Ca	re of Your	Mental Hec	alth						
	Change How You	Think A	bout Aging		☐ Con	tinue	to Learn N	ew Things							
1. (1. Overall, how satisfied are you with this session?														
	Satisfied (1)	Son	newhat Satisfied (2)		Neutral (3)		Dissatisf (4)	ied	١	No Response (5)					
2. T	Thinking about the	session y	ou have just att	endec	d, how satisfied	are	you with th	e following	2. Thinking about the session you have just attended, how satisfied are you with the following:						
	·														
((1)	Som	ewhat Satisfied (2)	b	Neutral (3)	Dissatisfie (4)	ed	No Response (5)					
Conf	ent of session			Som		d			ed	-					
	rent of session anization of sessio	n	(1)	Som	(2)	d	(3)	(4)	ed	(5)					
Orgo		n	(1)	Som	(2)	d	(3)	(4)	ed	(5)					
Orgo Clari	anization of sessio		(1) 	Som	(2) □	b	(3) 	(4) □	ed	(5)					
Orgo Clari Opp discu	anization of sessionity of facilitator		(1) 	Som	(2)	d	(3) 	(4) □	ed	(5)					
Orgo Clari Opp discu	anization of sessionity of facilitator portunity for group ussion		(1) 	Som	(2) □ □ □	d	(3) 	(4) 	ed	(5)					
Orgo Clari Opp discu Opp	anization of sessionity of facilitator portunity for group ussion		(1)	Som	(2) □ □ □ □ □		(3) 	(4)	ed	(5)					

If you would like to explain any of your answers, please do so in the space below.

Session facilities

3. What did you like most about the session?	
4. What did you like the least about this session?	
5. How would you rate the content of the session?	
Just Right Too Basic To Advance (1) (2) (3)	d
6. Please rate your level of agreement with the following statements.	
This session Strongly Agree Agree (1) Somewhat Agree (2) Neutral Disagree Disagree (4) (4) Strongly Disagree (5)	Don't Know (6)
Provided me with information at the Fountain of Health Initiative	

This session	Agree (1)	Agree (2)	Neutral (3)	Disagree (4)	Disagree (5)	Know (6)
Provided me with information at the Fountain of Health Initiative						
Increased my understanding of the Fountain of Health's key messages						
Increased my understanding of the benefits of goal setting						
Increased my ability to set SMART goals						

Thank you for taking the time to answer these questions. Your feedback is important to us to improve the sessions.



Date	e:	Age:		ID#(Birth Month & First 2 Letters of Middle Name)			Jou	ntaın _{of} nealtn
Sess	sions that you hav	e just attend	ed:					
	FoH/Goal-Setti	ing			Stay	Physically Active		
	Stay Socially Active				Take	Care of Your Men	tal Hec	alth
	Change How Yo	ou Think Abo	out Aging		Cont	inue to Learn New	Things	
1. (Overall, how satis	sfied are yo	u with this session?					
	Satisfied (1)	Some	what Satisfied (2)	Neutr (3)	al	Dissatisfied (4)		No Response (5)

2. Thinking about the session you have just attended, how satisfied are you with the following:

	Satisfied (1)	Somewhat Satisfied (2)	Neutral (3)	Dissatisfied (4)	No Response (5)
Content of session					
Organization of session					
Clarity of facilitator					
Opportunity for group discussion					
Opportunity to ask questions					
Group size					
Length of discussion					
Day and time of session					
Session facilities					

3. What did you like most about th	. What did you like most about the session?								
4. What did you like the least about	ut this session?								
5. What is one thing you learned from this session?									
6. How would you rate the content	of the sessions	?							
Just Right (1)		Too Basic (2)				To Advance (3)	d		
7. Please rate your level of agreen	nent with the f	ollowing stat	ements.						
his session Strongly Somewhat Agree (1) Somewhat (3) Somewhat Disagree (4) (5)						Don't Know (6)			
Increased my understanding of the Fountain of Health messages.									
Increased my understanding that it's never too late to learn something									

Thank you for taking the time to answer these questions. Your feedback is important to us to improve the sessions.

Increased my understanding that keeping my mind active helps

Increased my understanding of setting goals that are small and

Increased my understanding that my

prevent memory changes.

brain improves with use.

attainable.



							IUU	mum of nealth			
Date	: :	Age:		D#(Birth Mo Aiddle Name		irst 2 Letters of		,			
Sess	ions that you hav	e just attend	ed:								
	FoH/Goal-Setti	ng			Stay Physically Active						
	☐ Stay Socially Active					Take Care of Your Mental Health					
	☐ Change How You Think About Aging					Continue to Learn New Things					
1. (1. Overall, how satisfied are you with this session?										
	Satisfied (1)	Somev	hat Satisfied (2)	Neutr (3)	al	Dissatisfied (4)		No Response (5)			
	1.7		\-/	(0)		\ '/		(5)			

2. Thinking about the session you have just attended, how satisfied are you with the following:

	Satisfied (1)	Somewhat Satisfied (2)	Neutral (3)	Dissatisfied (4)	No Response (5)
Content of session					
Organization of session					
Clarity of facilitator					
Opportunity for group discussion					
Opportunity to ask questions					
Group size					
Length of discussion					
Day and time of session					
Session facilities					

If you would like to explain any of your answers, please do so in the space below.

3.	What did you like most about t	he session?						
4.	What did you like the least abo	out this session?						
5.	5. What is one thing you learned from this session?							
6.	How would you rate the content	t of the session	?					
	Just Right		Too Basic			To Advance	d	
	(1)		(2)			(3)		
7.	7. Please rate your level of agreement with the following statements.							
Thi	s session	Strongly Agree	Somewhat Agree	Neutral (3)	Somewhat Disagree	Strongly Disagree	Don't Know	

This session	Strongly Agree (1)	Somewhat Agree (2)	Neutral (3)	Somewhat Disagree (4)	Strongly Disagree (5)	Don't Know (6)
Increased my understanding of the importance of staying socially active to lower my risk of depression and dementia, improve brain performance, and increase longevity.						
Increased my understanding of the value of challenging myself to step out of my social comfort zone.						
Increased my understanding of setting goals that are small and attainable.						

Thank you for taking the time to answer these questions. Your feedback is important to us to improve the sessions.



Date	e:	Age:		D#(Birth Mo Middle Name		rst 2 Letters of	Jou	ntaın _{of} nealtn		
Sess	sions that you hav	e just attend	ed:							
	☐ FoH/Goal-Setting ☐ Stay Physically Active									
☐ Stay Socially Active ☐ Take Care of Your M					Care of Your Men	tal Hec	alth			
	☐ Change How You Think About Aging				Continue to Learn New Things					
1. (1. Overall, how satisfied are you with this session?									
	Satisfied (1)	Some	what Satisfied (2)	Neutr (3)	al	Dissatisfied (4)		No Response (5)		

2. Thinking about the session you have just attended, how satisfied are you with the following:

	Satisfied (1)	Somewhat Satisfied (2)	Neutral (3)	Dissatisfied (4)	No Response (5)
Content of session					
Organization of session					
Clarity of facilitator					
Opportunity for group discussion					
Opportunity to ask questions					
Group size					
Length of discussion					
Day and time of session					
Session facilities					

	4. What did you like the least about this session? 5. What is one thing you learned from this session?									
6. How would you rate the content of the session? Just Right Too Basic To Advanced (1) (2) (3)										
7. Please rate your level of agree	ment with the f		ements.							
This session	Strongly Agree (1)	Somewhat Agree (2)	Neutral (3)	Somewhat Disagree (4)	Strongly Disagree (5)	Don't Know (6)				
Increased my understanding that being physically active can improve my quality of life and longevity.										
Increased my understanding that my motivation to start a new activity will increase the more I do.										
Increased my understanding that by choosing activities I enjoy doing, I will be more likely to stick with them.										
Increased my understanding that any new activity should be appropriate to me and my capabilities.										
Increased my understanding of setting goals that are small and attainable.										

3. What did you like most about the session?

Thank you for taking the time to answer these questions. Your feedback is important to us to improve the sessions.



Date	e:	Age:		D#(Birth Mo Middle Name		rst 2 Letters of	Jou	ntaın _{of} nealtn		
Sess	sions that you hav	e just attend	ed:							
	☐ FoH/Goal-Setting ☐ Stay Physically Active									
☐ Stay Socially Active ☐ Take Care of Your M					Care of Your Men	tal Hec	alth			
	☐ Change How You Think About Aging				Continue to Learn New Things					
1. (1. Overall, how satisfied are you with this session?									
	Satisfied (1)	Some	what Satisfied (2)	Neutr (3)	al	Dissatisfied (4)		No Response (5)		

2. Thinking about the session you have just attended, how satisfied are you with the following:

	Satisfied (1)	Somewhat Satisfied (2)	Neutral (3)	Dissatisfied (4)	No Response (5)
Content of session					
Organization of session					
Clarity of facilitator					
Opportunity for group discussion					
Opportunity to ask questions					
Group size					
Length of discussion					
Day and time of session					
Session facilities					

4. What did you like the least about this session? 5. What is one thing you learned from this session? 6. How would you rate the content of the session? Just Right	What did you like most about the session?									
6. How would you rate the content of the session? Just Right	4. What did you like the least abou	What did you like the least about this session?								
Just Right Too Basic (3) 7. Please rate your level of agreement with the following statements. Strongly Somewhat Agree (3) Agree (1) Increased my understanding that Too Basic (2) To Advanced (3) Neutral Disagree (4) Neutral Disagree (5) Neutral Disagree (5) Neutral Disagree (6) Neutral Disagree (6) Neutral Disagree (7) Neutral Disagree (8) Neutral Disagree (7) Neutral Disagree (8) Neutral Disagree (7) Neutral Disagree (8) Neutral Disagree (8) Neutral Disagree (8)	. What is one thing you learned from this session?									
7. Please rate your level of agreement with the following statements. Strongly Somewhat Agree (1) Agree (2) Somewhat Agree (3) Somewhat Disagree (4) Disagree (5) (6) Increased my understanding that	6. How would you rate the content	of the session	?							
7. Please rate your level of agreement with the following statements. Strongly Somewhat Agree (3) Neutral Disagree (4) Disagree (5) (6) Increased my understanding that	_						d			
This session Strongly Agree Agree (1) Increased my understanding that Strongly Agree (2) Somewhat Disagree (3) Neutral (3) Neutral (3) (4) (5) (6)										
This session Agree (1) (2) Neutral (3) Disagree Disagree (5) (6) Increased my understanding that	7. Please rate your level of agreement with the following statements.									
Increased my understanding that	This session	Agree	Agree		Disagree	Disagree	Know			
sadness and dementia are not a \qquad \qqquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq	sadness and dementia are not a									
Increased my understanding that mental illnesses are treatable.	mental illnesses are treatable.									

This session	Strongly Agree (1)	Somewhat Agree (2)	Neutral (3)	Somewhat Disagree (4)	Strongly Disagree (5)	Don't Know (6)
Increased my understanding that sadness and dementia are not a normal part of aging.						
Increased my understanding that mental illnesses are treatable.						
Increased my understanding that the messages of the Fountain of Health are designed to help me age positively and prevent illness.						
Increased my understanding that knowing about and getting the appropriate mental health care is essential.						
Increased my understanding of setting goals that are small and attainable.						

11. Learning new things protects against dementia.											Faise □	
	g questions, please connected to others	•		ınder yo	our choic	ce.						
Not At All Connected	Not Very Connected	Neut	tral	Somewhat Connected Conr		Connecto	red har		ery nected		Don't Know	
]]							
13. How interested are you in learning new things?												
Not At All Interested	Not Very Intere			utral		newhat erested	Very Interested		Don't Know			
14. How well are	you aging?			,			<u>' </u>		,			
Not Well At All	Not Very We	II	Neu	ıtral	Some	what Well		Very Wel	I	Dor	n't Know	
15. How likely ar	e you to seek help f	rom a n	nental l	health p	orofessio	nal if you ne	ed it?					
Not At All Likely	Not Very Like				Some	what Likely	\	ery Likel	ery Likely		Don't Know	
16. How physica	lly active are you?											
Not At All Active	Not Very Acti	ve Neutral		utral	Some	Somewhat Active		Very Active		Don't Know		
17. Please share	your opinion on the	follow	ing stat	ements	: (Place	an X in box	below	for each	stater	nent)		
								YES			NO	
Things keep getting worse as I get older												
I have as much pep as I did last year												
As I get older, I'm less useful												
I am as happy now as I was when I was younger												
Please place an	"X" in one box belo	ow										
As I get older, things are better, worse, o			he sam	e as I th	ought th	nev would be	.	Better	Wor	se	Same	
5 111,33					,							
For the followin	g statement, please	indicat	te how	much y	ou agre	e or disagree	e.					
		Stro Disa	ongly Somewhat Neutral S			ewhat gree	Strongly Agree		Don't Know			

18. I am confident in my ability to set my own goals to promote

personal health and well-

being.

	alth goal in one of these areas: Social Activity, Mental Health, Posew Things (Refer to your Fountain of Health handbook, if you don't	<u> </u>
19. What was y Goal 1:	our Socially Active SMART goal and how did you do in meeting i?	
	In terms of achieving the goal I set: (Please check one box)	GOAL 1
	I am at the same place/ no change	
	I partly reached my goal	
	I completely reached my goal	
	I went beyond/ did more than my original goal	
20. What was yo Goal 2:	our Positive Thinking SMART goal and how did you do in meeting it?	
	In terms of achieving the goal I set: (Please check one box)	GOAL 2
	I am at the same place/ no change	
	I partly reached my goal	
	I completely reached my goal	
	I went beyond/ did more than my original goal	
	In terms of achieving the goal I set: (Please check one box) I am at the same place/ no change	GOAL 3
	I partly reached my goal	
	I completely reached my goal	
	I went beyond/ did more than my original goal	
22. What was y Goal 4:	vour Mental Health SMART goal and how did you do in meeting it?	
	In terms of achieving the goal I set: (Please check one box)	GOAL 4
	I am at the same place/ no change	
	I partly reached my goal	
	I completely reached my goal	
	I went beyond/ did more than my original goal	
23. What was y Goal 5:	our Learn New Things SMART goal and how did you do in meeting i	t?
	In terms of achieving the goal I set: (Please check one box)	GOAL 5
	I am at the same place/ no change	
	I partly reached my goal	
	I completely reached my goal	
	I went beyond/ did more than my original goal	

Thank you for taking the time to complete this survey.

11. Learning new things protects against dementia.											
_	questions, please properties			-	our choic	ce.					
Not At All Connected	Not Very Connected	e place an "X" urs do you feel? Neutral ing new things rested Ne from a mental ely Ne cive Ne		Some Conne		Connecte	d Very Connected		•	Don't Know	
		g new things?]						
13. How intereste	ed are you in learnin	g new	things	?							
Not At All Interested	Not Very Intere	sted	Ne	eutral		newhat erested		Very Interested	Don't Don't Don't Don't Don't Don't Statement)		't Know
		e place an "X" ers do you fee Neutral									
14. How well are	you aging?										
Not Well At All	Not Very Well		Neutral		Somewhat Well		Very Well			Don't Know	
15. How likely are	you to seek help fr	om a m	nental	health p	rofessio	nal if you ne	ed it?				
Not At All Likely	Not Very Likely		Neutral		Somewhat Likely		Very Likely		у	Don't Know	
16. How physicall	y active are you?										
Not At All Active	Not Very Active Neutral Somewhat Active						١	ery Activ	e	Don't Know	
17. Please share y	our opinion on the	followi	ng sta	tements	: (Place	an X in box l	pelow	for each	statem	ent)	
								YES			NO
Things keep getting worse as I get older											
I have as much pe	ep as I did last year										
As I get older, I'm	less useful										
Things keep getting worse as I get older I have as much pep as I did last year As I get older, I'm less useful I am as happy now as I was when I was younger NO PES NO D D D D D D D D D D D D D											
Please place an "	'X" in one box belo	w									
As I get older, thir	ngs are better, wors	e, or th	ne sam	ne as I th	ought th	ney would be	.	Better	Wors	e	Same
For the following statement, please indicate how much you agree or disagree.											
For the following	statement, please			much y		e or disagree		nowhat	Ctro	nalv.	Don't

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree	Don't Know
18. I am confident in my ability to set my own goals to promote personal health and wellbeing.						