



fountain of health



*Fountain of Health Initiative for Optimal Aging*

SENIOR PEER LEADERS PROJECT  
EVALUATION  
TOOLS

PEER LEADERSHIP PROJECT: PRE-SURVEY



Date:	Age:	ID# (Birth Month & First 2 Letters of Middle Name)
Gender:	# of sessions you plan to attend:	

Please indicate which sessions you would like to attend, dates dependent:

- |   |  |
|---|--|
| <input type="checkbox"/> FoH/Goal-Setting                 | <input type="checkbox"/> Stay Physically Active          |
| <input type="checkbox"/> Stay Socially Active             | <input type="checkbox"/> Take Care of Your Mental Health |
| <input type="checkbox"/> Change How You Think About Aging | <input type="checkbox"/> Continue to Learn New Things    |

Please indicate your agreement with the following statements:

1. I am aware of the Fountain of Health (FoH) Initiative to promote mental/cognitive health among seniors.	True <input type="checkbox"/>	False <input type="checkbox"/>
2. Currently, I apply information from the Fountain of Health (FoH) Initiative in my daily life.	True <input type="checkbox"/>	False <input type="checkbox"/>
3. What are five (or as many as you can) evidence-based mental health promotion interventions outlined by the FoH?		
<input type="checkbox"/> Don't Know Any Yet		
a)		
b)		
c)		
d)		
e)		
4. Currently, I am aware of the FoH lifestyle interventions to promote my mental and cognitive health.	True <input type="checkbox"/>	False <input type="checkbox"/>
5. I am comfortable setting <b>achievable</b> lifestyle goals to promote my mental and cognitive health.	True <input type="checkbox"/>	False <input type="checkbox"/>
6. The percentage of human longevity found to be determined by our genetics/family genes is:		
<input type="checkbox"/> 25% <input type="checkbox"/> 45% <input type="checkbox"/> 65% <input type="checkbox"/> 85%		
7. Regarding mood disorders, depression has generally been found to be less treatable in seniors than it is younger adults	True <input type="checkbox"/>	False <input type="checkbox"/>
8. Social activity has been shown to:		
<input type="checkbox"/> Improve brain performance		
<input type="checkbox"/> Decrease depression		
<input type="checkbox"/> Increase longevity		
<input type="checkbox"/> All of the above		
<input type="checkbox"/> None of the above - there is a lack of evidence for social activity		
9. How much additional length of life is associated with a positive self-perception of aging?		
<input type="checkbox"/> 6 months	<input type="checkbox"/> 7.5 years	
<input type="checkbox"/> 2.5 years	<input type="checkbox"/> None of these	
<input type="checkbox"/> 5.5 years	<input type="checkbox"/> Don't Know	
10. In terms of exercise, the recommended amount of physical activity in seniors to promote mental and cognitive health is:		
<input type="checkbox"/> 60 minutes/ week	<input type="checkbox"/> 120 minutes/ week	
<input type="checkbox"/> 150 minutes/week	<input type="checkbox"/> 180 minutes/week	
<input type="checkbox"/> None of these		

## PEER LEADERSHIP PROJECT: POST-SURVEY



fountain of health

Date:	Age:	ID# (Birth Month & First 2 Letters of Middle Name)
Gender:	# of sessions you plan to attend:	

**Please indicate which sessions you would like to attend, dates dependent:**

- |   |  |
|---|--|
| <input type="checkbox"/> FoH/Goal-Setting                 | <input type="checkbox"/> Stay Physically Active          |
| <input type="checkbox"/> Stay Socially Active             | <input type="checkbox"/> Take Care of Your Mental Health |
| <input type="checkbox"/> Change How You Think About Aging | <input type="checkbox"/> Continue to Learn New Things    |

**Please indicate your agreement with the following statements:**

1. I am aware of the Fountain of Health (FoH) Initiative to promote mental/cognitive health among seniors.	True <input type="checkbox"/>	False <input type="checkbox"/>
2. Currently, I apply information from the Fountain of Health (FoH) Initiative in my daily life.	True <input type="checkbox"/>	False <input type="checkbox"/>
3. What are five (or as many as you can) evidence-based mental health promotion interventions outlined by the FoH? <input type="checkbox"/> Don't Know Any Yet a) b) c) d) e)		
4. Currently, I am aware of the FoH lifestyle interventions to promote my mental and cognitive health.	True <input type="checkbox"/>	False <input type="checkbox"/>
5. I am comfortable setting <b>achievable</b> lifestyle goals to promote my mental and cognitive health.	True <input type="checkbox"/>	False <input type="checkbox"/>
6. The percentage of human longevity found to be determined by our genetics/family genes is: <input type="checkbox"/> 25% <input type="checkbox"/> 45% <input type="checkbox"/> 65% <input type="checkbox"/> 85%		
7. Regarding mood disorders, depression has generally been found to be less treatable in seniors than it is younger adults	True <input type="checkbox"/>	False <input type="checkbox"/>
8. Social activity has been shown to: <input type="checkbox"/> Improve brain performance <input type="checkbox"/> Decrease depression <input type="checkbox"/> Increase longevity <input type="checkbox"/> All of the above <input type="checkbox"/> None of the above - there is a lack of evidence for social activity		
9. How much additional length of life is associated with a positive self-perception of aging? <input type="checkbox"/> 6 months <input type="checkbox"/> 7.5 years <input type="checkbox"/> 2.5 years <input type="checkbox"/> None of these <input type="checkbox"/> 5.5 years <input type="checkbox"/> Don't Know		
10. In terms of exercise, the recommended amount of physical activity in seniors to promote mental and cognitive health is: <input type="checkbox"/> 60 minutes/ week <input type="checkbox"/> 120 minutes/ week <input type="checkbox"/> 150 minutes/week <input type="checkbox"/> 180 minutes/week <input type="checkbox"/> None of these		

# PEER LEADERSHIP PROJECT: SESSION SURVEY



fountain of health

Date:	Age:	Gender:	ID#(Birth Month & First 2 Letters of Middle Name)
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Sessions that you have just attended:

- |   |  |
|---|--|
| <input type="checkbox"/> FoH/Goal-Setting                 | <input type="checkbox"/> Stay Physically Active          |
| <input type="checkbox"/> Stay Socially Active             | <input type="checkbox"/> Take Care of Your Mental Health |
| <input type="checkbox"/> Change How You Think About Aging | <input type="checkbox"/> Continue to Learn New Things    |

1. Overall, how satisfied are you with this session?

Satisfied (1)	Somewhat Satisfied (2)	Neutral (3)	Dissatisfied (4)	No Response (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of facilitator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity for group discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day and time of session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

3. What did you like most about the session?

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 (1)	Too Basic (2)	Too Advanced (3)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please rate your level of agreement with the following statements.

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased my understanding of the importance to challenge stereotypes of aging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased my understanding that positive thinking does not mean you will stop thinking negative thoughts - you just need to be better at acknowledging when they are unhelpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased my understanding of setting goals that are small and attainable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you wish to explain your answer, please do so below.

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

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Sessions that you have just attended:

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1. Overall, how satisfied are you with this session?

Satisfied (1)	Somewhat Satisfied (2)	Neutral (3)	Dissatisfied (4)	No Response (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of facilitator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity for group discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day and time of session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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 (1)	Too Basic (2)	To Advanced (3)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please rate your level of agreement with the following statements.

This session...	Strongly Agree (1)	Somewhat Agree (2)	Neutral (3)	Somewhat Disagree (4)	Strongly Disagree (5)	Don't Know (6)
Provided me with information at the Fountain of Health Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased my understanding of the Fountain of Health's key messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased my understanding of the benefits of goal setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased my ability to set SMART goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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| <input type="checkbox"/> Stay Socially Active             | <input type="checkbox"/> Take Care of Your Mental Health |
| <input type="checkbox"/> Change How You Think About Aging | <input type="checkbox"/> Continue to Learn New Things    |

1. Overall, how satisfied are you with this session?

Satisfied (1)	Somewhat Satisfied (2)	Neutral (3)	Dissatisfied (4)	No Response (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of facilitator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity for group discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day and time of session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



3. What did you like most about the session?

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 (1)	Too Basic (2)	To Advanced (3)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please rate your level of agreement with the following statements.

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 Fountain of Health messages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased my understanding that it's never too late to learn something new.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased my understanding that keeping my mind active helps prevent memory changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased my understanding that my brain improves with use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased my understanding of setting goals that are small and attainable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you wish to explain your answer, please do so below.

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Date:	Age:	Gender:	ID#(Birth Month & First 2 Letters of Middle Name)
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Sessions that you have just attended:

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1. Overall, how satisfied are you with this session?

Satisfied (1)	Somewhat Satisfied (2)	Neutral (3)	Dissatisfied (4)	No Response (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

3. What did you like most about the session?

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 (1)	Too Basic (2)	To Advanced (3)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please rate your level of agreement with the following statements.

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased my understanding of the value of challenging myself to step out of my social comfort zone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased my understanding of setting goals that are small and attainable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you wish to explain your answer, please do so below.

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

# PEER LEADERSHIP PROJECT: SESSION SURVEY



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Date:	Age:	Gender:	ID#(Birth Month & First 2 Letters of Middle Name)
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Sessions that you have just attended:

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| <input type="checkbox"/> FoH/Goal-Setting                 | <input type="checkbox"/> Stay Physically Active          |
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| <input type="checkbox"/> Change How You Think About Aging | <input type="checkbox"/> Continue to Learn New Things    |

1. Overall, how satisfied are you with this session?

Satisfied (1)	Somewhat Satisfied (2)	Neutral (3)	Dissatisfied (4)	No Response (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of facilitator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity for group discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day and time of session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

3. What did you like most about the session?

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 (1)	Too Basic (2)	To Advanced (3)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please rate your level of agreement with the following statements.

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased my understanding that my motivation to start a new activity will increase the more I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased my understanding that by choosing activities I enjoy doing, I will be more likely to stick with them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased my understanding that any new activity should be appropriate to me and my capabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased my understanding of setting goals that are small and attainable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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1. Overall, how satisfied are you with this session?

Satisfied (1)	Somewhat Satisfied (2)	Neutral (3)	Dissatisfied (4)	No Response (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Satisfied (1)	Somewhat Satisfied (2)	Neutral (3)	Dissatisfied (4)	No Response (5)
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Clarity of facilitator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity for group discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day and time of session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Just Right (1)	Too Basic (2)	Too Advanced (3)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please rate your level of agreement with the following statements.

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased my understanding that mental illnesses are treatable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased my understanding that the messages of the Fountain of Health are designed to help me age positively and prevent illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased my understanding that knowing about and getting the appropriate mental health care is essential.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased my understanding of setting goals that are small and attainable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you wish to explain your answer, please do so below.





**You set one health goal in one of these areas: Social Activity, Mental Health, Positive Thinking, Physical Activity, and Learning New Things (Refer to your Fountain of Health handbook, if you don't remember)**

19. What was your Socially Active SMART goal and how did you do in meeting it?

Goal 1:

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<b>In terms of achieving the goal I set: (Please check one box)</b>	<b>GOAL 1</b>
I am at the same place/ no change	<input type="checkbox"/>
I partly reached my goal	<input type="checkbox"/>
I completely reached my goal	<input type="checkbox"/>
I went beyond/ did more than my original goal	<input type="checkbox"/>

20. What was your Positive Thinking SMART goal and how did you do in meeting it?

Goal 2:

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<b>In terms of achieving the goal I set: (Please check one box)</b>	<b>GOAL 2</b>
I am at the same place/ no change	<input type="checkbox"/>
I partly reached my goal	<input type="checkbox"/>
I completely reached my goal	<input type="checkbox"/>
I went beyond/ did more than my original goal	<input type="checkbox"/>

21. What was your Physical Activity SMART goal and how did you do in meeting it?

Goal 3:

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<b>In terms of achieving the goal I set: (Please check one box)</b>	<b>GOAL 3</b>
I am at the same place/ no change	<input type="checkbox"/>
I partly reached my goal	<input type="checkbox"/>
I completely reached my goal	<input type="checkbox"/>
I went beyond/ did more than my original goal	<input type="checkbox"/>

22. What was your Mental Health SMART goal and how did you do in meeting it?

Goal 4:

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<b>In terms of achieving the goal I set: (Please check one box)</b>	<b>GOAL 4</b>
I am at the same place/ no change	<input type="checkbox"/>
I partly reached my goal	<input type="checkbox"/>
I completely reached my goal	<input type="checkbox"/>
I went beyond/ did more than my original goal	<input type="checkbox"/>

23. What was your Learn New Things SMART goal and how did you do in meeting it?

Goal 5:

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<b>In terms of achieving the goal I set: (Please check one box)</b>	<b>GOAL 5</b>
I am at the same place/ no change	<input type="checkbox"/>
I partly reached my goal	<input type="checkbox"/>
I completely reached my goal	<input type="checkbox"/>
I went beyond/ did more than my original goal	<input type="checkbox"/>

*Thank you for taking the time to complete this survey.*

11. Learning new things protects against dementia.	<b>True</b> <input type="checkbox"/>	<b>False</b> <input type="checkbox"/>
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**For the following questions, please place an “X” under your choice.**

12. How socially connected to others do you feel?

Not At All Connected	Not Very Connected	Neutral	Somewhat Connected	Connected	Very Connected	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How interested are you in learning new things?

Not At All Interested	Not Very Interested	Neutral	Somewhat Interested	Very Interested	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. How well are you aging?

Not Well At All	Not Very Well	Neutral	Somewhat Well	Very Well	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. How likely are you to seek help from a mental health professional if you need it?

Not At All Likely	Not Very Likely	Neutral	Somewhat Likely	Very Likely	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. How physically active are you?

Not At All Active	Not Very Active	Neutral	Somewhat Active	Very Active	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Please share your opinion on the following statements: **(Place an X in box below for each statement)**

	<b>YES</b>	<b>NO</b>	
Things keep getting worse as I get older	<input type="checkbox"/>	<input type="checkbox"/>	
I have as much pep as I did last year	<input type="checkbox"/>	<input type="checkbox"/>	
As I get older, I'm less useful	<input type="checkbox"/>	<input type="checkbox"/>	
I am as happy now as I was when I was younger	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Please place an “X” in one box below</b>			
	<b>Better</b>	<b>Worse</b>	<b>Same</b>
As I get older, things are better, worse, or the same as I thought they would be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**For the following statement, please indicate how much you agree or disagree.**

	<b>Strongly Disagree</b>	<b>Somewhat Disagree</b>	<b>Neutral</b>	<b>Somewhat Agree</b>	<b>Strongly Agree</b>	<b>Don't Know</b>
18. I am confident in my ability to set my own goals to promote personal health and well-being.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Thank you for taking the time to complete this survey. Your feedback is important to us and will be used to improve future materials. We will be asking you these questions again at the end of the sessions.***