











Pre-Workshop Survey
(answer these questions **BEFORE** the workshop)

<p>How old are you?</p> <ul style="list-style-type: none"> ● 0-15 years old ● 15-30 years old ● 30-45 years old ● 45-60 years old ● 60+ years old ● Prefer not to answer 	<p>What is your gender?</p> <ul style="list-style-type: none"> ● Woman ● Man ● Transgender ● Non-binary ● Prefer not to answer
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Questions					
For each of the following statements, <i>check only 1 box</i> :	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1. I am confident in understanding information about my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am comfortable making decisions about my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I know where to find more information if I don't understand something about my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am aware of ways I can take care of my body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am aware of ways I can take care of my mind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Post-Workshop Survey
(answer these questions **AFTER** the workshop)

Questions					
For each of the following statements, check only 1 box.	A lot more	More	No change	Less	A lot less
1. After the workshop, I am _____ confident understanding information about my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. After the workshop, I am _____ comfortable making decisions about my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. After the workshop, I know _____ about where to find information if I don't understand something about my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. After the workshop, I am aware of _____ ways to take care of my body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. After the workshop, I am aware of _____ ways to take care of my mind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Did you find the workshop to be informative and helpful?

- Yes
- No
- Not sure

If yes, what is the most important thing you learned from the workshop?

I learned...

7. Do you see yourself making changes based on what you learned today?

- Yes
- No
- Maybe