



GrapeVine
Session Report Form - Please Fill Out Completely
 May be completed on-line at: <https://wwhf.org/grapevine/partners/>

Presenter (s): _____ Number of Attendees: _____

Date: ____/____/____ Time: _____ AM / PM County: _____

Location (Site): _____

Location (Address): _____

PLEASE RECORD ALL TIME TO CLOSEST 15 MINUTE INCREMENTS:

Session Length: _____ Preparation/Travel Time: _____

Co-Presenter Preparation/Travel Time (If applicable): _____

Unit Presented:

- | | | |
|--|---|---|
| <input type="checkbox"/> <i>Advance Care Planning</i> | <input type="checkbox"/> <i>Bone Health</i> | <input type="checkbox"/> <i>Brain Health</i> |
| <input type="checkbox"/> <i>Breast Health</i> | <input type="checkbox"/> <i>Diabetes Prevention</i> | <input type="checkbox"/> <i>Gynecologic Cancers</i> |
| <input type="checkbox"/> <i>Heart Disease & Stroke</i> | <input type="checkbox"/> <i>Journaling: Stress Management</i> | <input type="checkbox"/> <i>Mental Health</i> |
| <input type="checkbox"/> <i>Nutrition</i> | <input type="checkbox"/> <i>Opioid Misuse Prevention</i> | <input type="checkbox"/> <i>Self-Care</i> |
| <input type="checkbox"/> <i>Sleep</i> | <input type="checkbox"/> _____ | |

Complete and return within 2 weeks to Nora Miller, WWHF, 2503 Todd Drive, Madison, WI 53713

1. Did you feel your presentation flowed well? Were you comfortable with the process and materials?

2. Did the participants have any questions that were not addressed in the PowerPoint or script that you feel it would be helpful to add to either?

3. Did you feel you had adequate information and support to organize and carry out the session?

4. Please share any suggestions/comments to improve the flow or materials provided.

5. What worked well? What additional support would you like in the future?

Thank you!