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:

<table>
<thead>
<tr>
<th>Session Length</th>
<th>Preparation/Travel Time</th>
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<tbody>
<tr>
<td>Co-Presenter Preparation/Travel Time (If applicable): ________________</td>
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Unit Presented:

- Advance Care Planning
- Bone Health
- Brain Health
- Breast Health
- Diabetes Prevention
- Gynecologic Cancers
- Heart Disease & Stroke
- Journaling: Stress Management
- Mental Health
- Nutrition
- Opioid Misuse Prevention
- Self-Care
- Sleep
- __________________________

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!