GrapeVine Post-Session Participant Survey

Presenter(s):

Topic: _____ Date: _____

Session Format: ☐ In-Person ☐ Virtual

Introduction

Thank you for agreeing to complete a GrapeVine Post-Session Survey! Your feedback will help us improve this session. There are 20 questions total. The survey should take 5 to 10 minutes to complete. Your responses to the questions are confidential. That means your responses will **NOT** be linked to your personal information.

Session Evaluation

1. **Session Content.** Do you agree or disagree with the following statements? Circle your answer.

a)	The session materials (PowerPoint, handouts, etc.) were useful.	Agree	Neutral	Disagree
b)	I learned new information about the session topic.	Agree	Neutral	Disagree
c)	The session content was relevant to me.	Agree	Neutral	Disagree

2. **Session Presenter.** Do you agree or disagree with the following statements? Circle your answer.

a)	The presenter communicated the information clearly.	Agree	Neutral	Disagree
b)	The presenter was knowledgeable about the topic.	Agree	Neutral	Disagree
c)	The presenter was familiar with local resources and needs.	Agree	Neutral	Disagree

3. **Action Items.** Do you agree or disagree with the following statements? Circle your answer.

a)	I plan to make lifestyle changes to improve my health.	Agree	Neutral	Disagree
b)	I plan to share this information with someone in my life.	Agree	Neutral	Disagree
c)	I plan to speak with a healthcare professional about this topic.	Agree	Neutral	Disagree
d)	I plan to access local resources or services regarding this topic.	Agree	Neutral	Disagree

4. **Overall Impact.** Do you agree or disagree with the following statements? Circle your answer.

a)	This session motivated me to improve my health.	Agree	Neutral	Disagree
b)	This session was a good use of my time.	Agree	Neutral	Disagree
c)	Attending this session will benefit my health.	Agree	Neutral	Disagree

---

Your Thoughts About the Session

5. What are some of the key things you'll take away from this session? Write your response below.

(PLEASE TURN OVER AND COMPLETE PAGE TWO)

6. What did you like best about this session? Write your response below.

7. What could be improved about this session? Write your response below.

About You *This information helps ensure that we are providing appropriate, high-quality programming to everyone in Wisconsin.*

8. How do you describe your gender?

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Nonbinary or gender nonconforming
- ☐ Prefer not to answer
- ☐ Other (please list): _____

9. How old are you? _____

10. What county of Wisconsin do you reside in? _____

11. What is your zip code? _____

12. How many years of school did you complete? (Select one)

- ☐ Less than high school
- ☐ Some high school
- ☐ High school or GED
- ☐ Some college or 2-year degree
- ☐ College degree
- ☐ Post-college education
- ☐ Prefer not to answer
- ☐ Other: _____

13. How do you typically describe your race or ethnicity? (Select one)

- ☐ American Indian/Alaskan Native
- ☐ Asian/Asian American
- ☐ Biracial or Multiracial
- ☐ Black/African American
- ☐ Hispanic or Latina/o/x
- ☐ Middle Eastern/North African
- ☐ Native Hawaiian/Pacific Islander
- ☐ White
- ☐ Prefer not to answer
- ☐ Other: _____

14. What type of health insurance do you have? (Check all that apply)

- ☐ Medicaid/BadgerCare
- ☐ Medicare
- ☐ Private or Employee Sponsored
- ☐ Marketplace/Affordable Care Act
- ☐ TriCare
- ☐ IHS
- ☐ I don't have health insurance
- ☐ Other: _____

GrapeVine Engagement

15. Is this your first GrapeVine Session? ☐ Yes ☐ No ☐ Unsure

16. Would you attend another GrapeVine session? ☐ Yes ☐ No ☐ Unsure

17. How did you hear about this session? (Check all that apply)
- ☐ Flyer
- ☐ Email invite
- ☐ Social Media
- ☐ Word of mouth
- ☐ Website
- ☐ Other: _____