

# Appendix M: Program Evaluation Survey Form (Stroke Clients)

Program: Stepping On after Stroke Program

Name (optional): \_\_\_\_\_

	Strongly disagree 	Disagree 	Somewhat agree 	Agree 	Strongly agree 
<b>Program</b>					
1. Duration of each session was adequate.					
2. Frequency of the program was adequate.					
3. The exercises taught in the session were graded to meet my needs.					
4. The home exercises booklet helped me in doing my daily home exercises.					
5. I feel my legs and arms are stronger after the program.					
6. I have learned a lot of falls prevention strategies from other members in the group.					
7. The tea break allowed us to talk freely with each other.					
8. The handouts and reading materials that I received in the sessions were helpful.					
9. The assistive devices and walking aids demonstrated in the sessions have helped me better understand how to be safe when doing daily activities.					
10. There was enough time for me to ask questions at the end each session.					
Any feedbacks or suggestions:					

## Facilitator/invited speaker

11. Facilitator was competent and able to facilitate our discussion and learning.					
12. Physiotherapist knew my physical conditions well and was able to upgrade the exercises when necessary.					
13. The facilitator made each falls prevention topic easy to understand.					
14. The invited external speaker was knowledgeable and able to draw my attention during the session					
Any feedbacks or suggestions:					

***Environment / room set up***

1. Room environment for the group sessions was conducive					
2. The number of participants in the group was adequate					
Any other feedbacks or suggestions:					

***Community outing***

1. Community outings made me more confident in outdoor activities					
2. The outing sessions helped me achieve at least one of my rehabilitation goals					
3. The number of community outing sessions were adequate					
Any other feedbacks or suggestions:					

***Home visits***

1. The staff provided me with useful information of falls prevention at home and community resources during his/her visit (or via phone call)					
2. The staff helped me solve some challenging issues during his/her visit (or via phone call)					
Any other feedbacks or suggestions:					

***Three-month booster session***

1. Booster session helped me refresh the falls prevention strategies that I learned from the 7-week Stepping On after Stroke program.					
2. The booster session reminded me to keep the safety strategies and put them into action.					
Any other feedbacks or suggestions:					

Will you recommend the “Stepping On after Stroke program” to other stroke survivors like you?

- Yes (Please give your reasons: \_\_\_\_\_)
- No (Please give your reasons: \_\_\_\_\_)

Any other recommendations:

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*Thank you for your time and valuable feedbacks!*