






# Appendix N: Program Evaluation Survey Form (Family member/Caregiver)

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 program overview has helped me understand the program objectives and our role in facilitating my loved one / care recipient in falls prevention at home or in the community.					
4. This program was graded to meet the needs of my loved one / care recipient.					
5. The community resources were very useful.					
6. I have learned some falls prevention strategies from the educational sessions.					
7. The tea break has allowed us to talk freely and share ideas with each other.					
8. The handouts and reading materials that I received in the sessions are helpful.					
9. The communication booklet was useful in understanding the progress of my loved one / care recipient.					
10. There's 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. I can understand the training content well					
13. The facilitator was able to answer my questions.					
14. The invited external speaker is 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 & home visit***

1. Community outings have made my loved one / care recipient more confident in outdoor activities					
2. The staff has provided us with useful information of falls prevention at home and community resources during his/her visit.					
3. The staff has helped me solved some challenging issues during his/her visit.					
Any other feedbacks or suggestions:					

***Three-month booster session***

1. Booster session has helped us refresh the falls prevention strategies that we learned from the 7-week Stepping On after Stroke program.					
2. The booster session has reminded us 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, family members and caregivers?

- 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!*