

**Title of training session: Help With Managing COVID-19 Related Stress – Tips for Seniors Living Through the Pandemic**

**Organization: North Haven Memorial Library Date: 12/08/20**

Your feedback will allow NNLM to assess and improve its training program for all participants. Your responses to this form are anonymous. Summaries of course feedback may be reported publicly, but your specific responses will not be reported. Your participation is voluntary, but we value your assessment and hope you will provide it.

Please circle your response to each question.

<b>1. Did this training session introduce you to at least one health information resource or tool that you had never used before?</b>	<b>Yes</b>	<b>No</b>	<b>Not Applicable</b>
<b>2. Did you learn a new skill in this training session that you plan to use in the future?</b>	<b>Yes</b>	<b>No</b>	<b>Not Applicable</b>
<b>3. Did you improve your ability to apply a resource you already use?</b>	<b>Yes</b>	<b>No</b>	<b>Not Applicable</b>

Please indicate your level of agreement with each statement. (Please circle the number that reflects your response.)

	<b>Strongly Agree</b>	<b>Somewhat Agree</b>	<b>Somewhat Disagree</b>	<b>Strongly Disagree</b>	<b>Not Applicable</b>
<b>4. This training improved my ability to find useful online health information.</b>	<b>ST Agree</b>	<b>SW Agree</b>	<b>SW Disagree</b>	<b>ST Disagree</b>	<b>NA</b>
<b>5. I plan to start using at least one resource or tool that I learned about in this training.</b>	<b>ST Agree</b>	<b>SW Agree</b>	<b>SW Disagree</b>	<b>ST Disagree</b>	<b>NA</b>
<b>6. I plan to tell others about at least one resource or tool that I learned about in this training.</b>	<b>ST Agree</b>	<b>SW Agree</b>	<b>SW Disagree</b>	<b>ST Disagree</b>	<b>NA</b>

**7. Please tell us how you intend to use or would like to use what you learned:**