**Participant Evaluation Form**

Please circle or underline the most appropriate response for each statement:

**Feedback for the Balance, Fatigue, and Spasticity Presentation (by Catherine Jacobs and Audrey Osinski)**

1. After this presentation, I have increased my knowledge on managing fatigue.

Strongly Agree Agree Neutral Disagree

1. After this presentation, I have increased my knowledge on managing spasticity.

Strongly Agree Agree Neutral Disagree

1. After this presentation, I have increased my understanding of balance and appropriate exercises.

Strongly Agree Agree Neutral Disagree

1. After this presentation, I have increased my understanding about the benefits and appropriate amounts of physical activity.

Strongly Agree Agree Neutral Disagree

1. After this presentation, I have increased my confidence in incorporating strategies into my regular routine.

Strongly Agree Agree Neutral Disagree

1. Overall, this presentation was easy to follow and understand and was appropriate in length and content.

Strongly Agree Agree Neutral Disagree

**Feedback for the overall MS Wellness Event**

1. Overall, I have a better understanding of the multiple dimensions of health and wellness, and I have appropriate strategies to improve my physical, emotional, and mental well-being related to MS.

Strongly Agree Agree Neutral Disagree

1. Overall, I found this event beneficial and was relevant to my health and wellness.

Strongly Agree Agree Neutral Disagree

1. I would recommend this event to other individuals with MS.

Strongly Agree Agree Neutral Disagree

1. Please provide any additional comments you may have regarding the presentation or wellness event such as areas to improve, information you would like to see included in the future, etc.