

This survey should be completed on Qualtrics. Here is the link to distribute to participants:

https://specialolympics.qualtrics.com/jfe/form/SV_byl4kr9IX4ze8u1

If participants are unable to complete online, they can complete on paper, but Programs should then enter data into the Qualtrics link.

Contact Taylor Braun (tbraun@specialolympics.org) for a copy of the report from your event.

Virtual Family Health Forum Participant Exit Survey

Thank you for taking the time to complete this survey. This survey should be completed by any athlete, family member, or caregiver after participating in an online Family Health Forum.

What region is your Program in?

- Africa
- Asia Pacific
- East Asia
- Europe Eurasia
- Latin America
- Middle East North Africa
- North America

What is the name of your State or Country Program? *(For example, Florida)*

Please tell us the month and year this event took place.

Month *(For example, January)*

Year *(For example, 2020)*

Please select your role.

- I am a Special Olympics athlete with an intellectual disability
- I am a sibling of someone with an intellectual disability
- I am a parent of someone with an intellectual disability
- I am a caregiver for someone with an intellectual disability
- Other (5) _____

Have you been trained as a Health Messenger?

- Yes
- No

Did you lead this family health training session?

- Yes
- No

Which of the following topics did this family health training cover? (Select all that apply)

- Emotional Wellness and Mental Health
- Nutrition
- Bone Health
- Family Support, Parenting, and Young Athletes
- Self Advocacy
- Physical Activity
- Other (please describe): _____

Please tell us whether you agree or disagree with the following statements.

	Strongly Disagree	Disagree	Agree	Strongly Agree
The information in this family training was useful for improving my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The information in this family training was useful for improving the health of my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned new information about the health needs of people with ID in this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan to share the information I learned during this training with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a better understanding of how to advocate for the health needs of people with intellectual disabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan to look into more opportunities to advocate for the health of people with intellectual disabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your gender?

- Female
- Male
- Non-binary

How old are you?

- Under 24
- 25-34
- 35-44
- 45-54
- 55 or older

What was the most valuable thing you learned at this family training?

What other health topics you would like to see at this training in the future?

Please provide any additional comments here.

Was it difficult to connect to the technology?

Yes

No

What mode of technology would work better for you?
