



Participant ID: \_\_\_\_\_ - \_\_\_\_\_  
 Last 4 digits of your phone # County in which you are participating

## Keys to Embracing Aging: Positive Attitude Evaluation

Thank you for participating in *Keys to Embracing Aging*. As a participant, we value and appreciate your feedback. If you choose, please take a moment to voluntarily answer the following questions – your responses will be kept confidential and there will be no negative consequences if you choose not to respond.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
This program met my expectations.					
This program was informational.					
This program was worth my time and effort.					
This program increased my understanding of how my attitude or outlook on life today affects my health and well-being in the future.					
I generally have a positive attitude.					
As a result of this program, I plan to improve my overall attitude.					
As a result of this program, I plan to implement at least one strategy to develop a more positive attitude.					

Please list the three most important things you learned today.

- 1)
  
- 2)
  
- 3)

Please tell us a little about yourself.

Age:	Gender:	Racial Identity:	Ethnic Identity:
___ 0-18	___ Female	___ American Indian/Alaskan Native	___ Latino/Hispanic
___ 19-34	___ Male	___ Asian	___ Not Latino/Hispanic
___ 35-44		___ Black	
___ 45-54		___ Native Hawaiian/Pacific Islander	
___ 55-64		___ White	
___ 65-74		___ Mixed Race (more than 1 race)	
___ 75-84		Other _____	
___ 85+			

Please write the response that most clearly represents your attitude, most of the time. For the best results, go with your first reaction.\*

(3) Mostly Yes	(2) Sometimes	(1) Mostly No
1. ___ Are you friendly?		19. ___ Do you respect other people’s opinions?
2. ___ Do you try not to complain?		20. ___ Can you adapt easily to new and unexpected situations?
3. ___ Can you be optimistic when others aren’t?		21. ___ Do you tolerate other people’s beliefs?
4. ___ Do you have a sense of duty and responsibility?		22. ___ Can you stop yourself from sulking when you don’t get your way?
5. ___ Do you control your temper?		23. ___ Are you a good listener?
6. ___ Do you speak well of your employer or your instructor?		24. ___ Are you the kind of friend you would like others to be?
7. ___ Do you feel well most of the time?		25. ___ Can you disagree without being disagreeable?
8. ___ Do you follow directions willingly, asking questions when necessary?		26. ___ Are you normally on time?
9. ___ Do you keep your promises?		27. ___ Do you consider yourself to be a courteous driver?
10. ___ Are you organized?		28. ___ Do you usually speak well of others?
11. ___ Do you admit to your mistakes?		29. ___ Can you take being criticized without feeling hurt or resentful?
12. ___ Is it easy for you to like most people?		30. ___ Do you generally look at the bright side of things?
13. ___ Can you stick to a boring task without being forced to?		31. ___ Can you work with someone you dislike?
14. ___ Do you know your weaknesses and work to improve them?		32. ___ Are you pleasant to others even when you aren’t pleased about something?
15. ___ Can you take being teased?		33. ___ Are you enthusiastic about other people’s interest?
16. ___ Do you try not to feel sorry for yourself?		34. ___ Do you tend to be enthusiastic about whatever you do?
17. ___ Are you courteous?		35. ___ Are you honest and sincere?
18. ___ Are you neat in your personal appearance and work habits?		

\_\_\_ **Total Score (add all of your numbers)**

- 95 – 105** You are positively terrific!
- 75 – 94** Your positives are definitely admirable!
- 45 – 74** Your positives need work in certain areas
- Below 45** Your positives have almost fizzled out. Take a close look at your attitude!

\* These questions, with copyright permission from the Government of Alberta, came directly from the survey, “Are You Positively Charged?” Thank you to the Alberta Government for allowing the use of the “Positively Charged” survey. For more information on the positively charged survey and for more career-planning resources and information, visit [alis.alberta.ca](http://alis.alberta.ca).



Participant ID: \_\_\_\_\_ - \_\_\_\_\_  
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## Keys to Embracing Aging: Positive Attitude Follow-Up Evaluation

Thirty days ago, you participated in *Keys to Embracing Aging*. As a participant, we value and appreciate your feedback. If you choose, please take a moment to voluntarily answer the following questions – your responses will be kept confidential and there will be no negative consequences if you choose not to respond. Please return this evaluation to your local Extension office at: \_\_\_\_\_

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
As a result of this program, I improved my overall attitude.					
As a result of this program, I implemented at least one strategy to develop a more positive attitude.					

Please list up to three things that you have changed regarding your attitude since you participated in the *Keys to Embracing Aging* program.

- 1)
- 2)
- 3)

Please tell us a little about yourself.

Age:	Gender:	Racial Identity:	Ethnic Identity:
<input type="checkbox"/> 0-18	<input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> 19-34	<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> Not Latino/Hispanic
<input type="checkbox"/> 35-44		<input type="checkbox"/> Black	
<input type="checkbox"/> 45-54		<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> 55-64		<input type="checkbox"/> White	
<input type="checkbox"/> 65-74		<input type="checkbox"/> Mixed Race (more than 1 race)	
<input type="checkbox"/> 75-84		Other _____	
<input type="checkbox"/> 85+			

Please write the response that most clearly represents your attitude for the past 30 days. For the best results, go with your first reaction.\*

(3) Mostly Yes	(2) Sometimes	(1) Mostly No
1. ___ Are you friendly?		19. ___ Do you respect other people’s opinions?
2. ___ Do you try not to complain?		20. ___ Can you adapt easily to new and unexpected situations?
3. ___ Can you be optimistic when others aren’t?		21. ___ Do you tolerate other people’s beliefs?
4. ___ Do you have a sense of duty and responsibility?		22. ___ Can you stop yourself from sulking when you don’t get your way?
5. ___ Do you control your temper?		23. ___ Are you a good listener?
6. ___ Do you speak well of your employer or your instructor?		24. ___ Are you the kind of friend you would like others to be?
7. ___ Do you feel well most of the time?		25. ___ Can you disagree without being disagreeable?
8. ___ Do you follow directions willingly, asking questions when necessary?		26. ___ Are you normally on time?
9. ___ Do you keep your promises?		27. ___ Do you consider yourself to be a courteous driver?
10. ___ Are you organized?		28. ___ Do you usually speak well of others?
11. ___ Do you admit to your mistakes?		29. ___ Can you take being criticized without feeling hurt or resentful?
12. ___ Is it easy for you to like most people?		30. ___ Do you generally look at the bright side of things?
13. ___ Can you stick to a boring task without being forced to?		31. ___ Can you work with someone you dislike?
14. ___ Do you know your weaknesses and work to improve them?		32. ___ Are you pleasant to others even when you aren’t pleased about something?
15. ___ Can you take being teased?		33. ___ Are you enthusiastic about other people’s interest?
16. ___ Do you try not to feel sorry for yourself?		34. ___ Do you tend to be enthusiastic about whatever you do?
17. ___ Are you courteous?		35. ___ Are you honest and sincere?
18. ___ Are you neat in your personal appearance and work habits?		

\_\_\_ **Total Score (add all of your numbers)**

- 95 – 105** You are positively terrific!
- 75 – 94** Your positives are definitely admirable!
- 45 – 74** Your positives need work in certain areas
- Below 45** Your positives have almost fizzled out. Take a close look at your attitude!

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Participant ID: \_\_\_\_\_ - \_\_\_\_\_  
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## Keys to Embracing Aging: Healthy Eating Evaluation

Thank you for participating in the *Keys to Embracing Aging*. As a participant, we value and appreciate your feedback. If you choose, please take a moment to voluntarily answer the following questions – your responses will be kept confidential and there will be no negative consequences if you choose not to respond.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
This program met my expectations.					
This program was informational.					
This program was worth my time and effort.					
This program increased my understanding of how my eating habits and relationship with food has an impact on my overall health.					
This program helped me understand that nutritious foods help me maintain a healthy body and protect me against various illnesses, disorders and chronic diseases.					
As a result of this program, I intend to eat healthier and smarter.					
As a result of this program, I intend to have a more positive relationship with food.					

Please tell us a little about your current eating habits.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
I generally eat healthy.					
Overall, I have a positive relationship with food.					
I eat breakfast.					
I control my portions.					
I regularly drink water.					
I make half of my plate fruits and vegetables.					
I make half of my grains whole grains.					
I eat lean meats, skinless poultry, fish, eggs, and nuts.					
I choose low fat or fat free dairy.					
I eat limited amounts of fat, cholesterol, sodium, and sugars.					

Please list the three most important things you learned today.

1)

2)

3)

Please tell us a little about yourself.

Age:	Gender:	Racial Identity:	Ethnic Identity:
<input type="checkbox"/> 0-18	<input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> 19-34	<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> Not Latino/Hispanic
<input type="checkbox"/> 35-44		<input type="checkbox"/> Black	
<input type="checkbox"/> 45-54		<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> 55-64		<input type="checkbox"/> White	
<input type="checkbox"/> 65-74		<input type="checkbox"/> Mixed Race (more than 1 race)	
<input type="checkbox"/> 75-84		Other _____	
<input type="checkbox"/> 85+			

Please share any other comments you may have about this program in the space below.

***Thank you!***



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## Keys to Embracing Aging: Healthy Eating Follow-Up Evaluation

Thirty days ago, you participated in *Keys to Embracing Aging*. As a participant, we value and appreciate your feedback. If you choose, please take a moment to voluntarily answer the following questions – your responses will be kept confidential and there will be no negative consequences if you choose not to respond. Please return this evaluation to your local Extension office at: \_\_\_\_\_

Please tell us a little about your eating habits over the past 30 days.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
As a result of this program, I have made healthier and smarter food choices.					
As a result of this program, I have developed a healthier relationship with food.					
I ate breakfast.					
I controlled my portions.					
I regularly drank water.					
I made half of my plate fruits and vegetables.					
I made half of my grains whole grains.					
I ate lean meats, skinless poultry, fish, eggs, and nuts.					
I chose low fat or fat free dairy.					
I ate limited amounts of fat, cholesterol, sodium, and sugars.					

Please list up to three specific things that you have changed regarding your eating habits since you participated in the *Keys to Embracing Aging* program.

- 1)
- 2)
- 3)

Please tell us a little about yourself.

Age:	Gender:	Racial Identity:	Ethnic Identity:
<input type="checkbox"/> 0-18	<input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> 19-34	<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> Not Latino/Hispanic
<input type="checkbox"/> 35-44		<input type="checkbox"/> Black	
<input type="checkbox"/> 45-54		<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> 55-64		<input type="checkbox"/> White	
<input type="checkbox"/> 65-74		<input type="checkbox"/> Mixed Race (more than 1 race)	
<input type="checkbox"/> 75-84		Other _____	
<input type="checkbox"/> 85+			

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## Keys to Embracing Aging: Physical Activity Evaluation

Thank you for participating in *Keys to Embracing Aging*. As a participant, we value and appreciate your feedback. If you choose, please take a moment to voluntarily answer the following questions – your responses will be kept confidential and there will be no negative consequences if you choose not to respond.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
This program met my expectations.					
This program was informational.					
This program was worth my time and effort.					
This program increased my understanding of how physical activity will affect my health and well-being in the future.					
I engage in at least 30 minutes of physical activity on most days.					
As a result of this program, I intend to engage in at least 30 minutes of physical activity on most days.					
As a result of this program, I plan to implement at least one strategy to improve my physical activity habits.					

Please list the three most important things you learned today.

- 1)
- 2)
- 3)

Please tell us a little about yourself.

Age:	Gender:	Racial Identity:	Ethnic Identity:
<input type="checkbox"/> 0-18	<input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> 19-34	<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> Not Latino/Hispanic
<input type="checkbox"/> 35-44		<input type="checkbox"/> Black	
<input type="checkbox"/> 45-54		<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> 55-64		<input type="checkbox"/> White	
<input type="checkbox"/> 65-74		<input type="checkbox"/> Mixed Race (more than 1 race)	
<input type="checkbox"/> 75-84		Other _____	
<input type="checkbox"/> 85+			

Please share any other comments you may have about this program in the space below.  
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## Keys to Embracing Aging: Physical Activity Follow-Up Evaluation

Thirty days ago, you participated in *Keys to Embracing Aging*. As a participant, we value and appreciate your feedback. If you choose, please take a moment to voluntarily answer the following questions – your responses will be kept confidential and there will be no negative consequences if you choose not to respond. Please return this evaluation to your local Extension office at: \_\_\_\_\_

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
As a result of this program, I have increased the amount of physical activity I engage in on most days.					
As a result of this program, I implemented at least one strategy to increase the amount of exercise I engage in on most days.					

Please list up to three specific things that you have changed regarding your physical activity habits since you participated in the *Keys to Embracing Aging* program.

- 1)
- 2)
- 3)

Please tell us a little about yourself.

Age:	Gender:	Racial Identity:	Ethnic Identity:
<input type="checkbox"/> 0-18	<input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> 19-34	<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> Not Latino/Hispanic
<input type="checkbox"/> 35-44		<input type="checkbox"/> Black	
<input type="checkbox"/> 45-54		<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> 55-64		<input type="checkbox"/> White	
<input type="checkbox"/> 65-74		<input type="checkbox"/> Mixed Race (more than 1 race)	
<input type="checkbox"/> 75-84		Other _____	
<input type="checkbox"/> 85+			

Please share any other comments you may have about this program in the space below.  
***Thank you!***



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# Physical Activity Log

For each day of the week for the next month, please track how many minutes you participate in physical activity and what type of activity you did. At the end of each week, tally your minutes. At the end of the month, tally your total minutes and bring this log with you to the next **Keys to Embracing Aging** program.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL WEEKLY MINUTES
<b>TOTAL MONTHLY MINUTES OF EXERCISE</b>							





Participant ID: \_\_\_\_\_ - \_\_\_\_\_  
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## Keys to Embracing Aging: Brain Activity Evaluation

Thank you for participating in *Keys to Embracing Aging*. As a participant, we value and appreciate your feedback. If you choose, please take a moment to voluntarily answer the following questions – your responses will be kept confidential and there will be no negative consequences if you choose not to respond.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
This program met my expectations.					
This program was informational.					
This program was worth my time and effort.					
This program increased my understanding of how integral a healthy brain is to survival, growth, and everyday success.					
The program helped me to realize that there is a link between being social and stronger long-term cognitive functioning.					
The program increased my understanding of how physical activity helps to boost brain health.					
This program increased my understanding of the importance of mental stimulation to brain health.					
This program helped me to realize the important link between a healthy diet and a healthy brain.					
This program increased my understanding of the powerful impact sleep can have on brain functioning and development.					
I typically engage in activities that aim to strengthen my brain.					
As a result of this program, I plan to improve my overall brain health.					
As a result of this program, I plan to implement at least one strategy to improve my brain health.					

Please list the three most important things you learned today.

- 1)
- 2)
- 3)

Please tell us a little about yourself.

Age:	Gender:	Racial Identity:	Ethnic Identity:
<input type="checkbox"/> 0-18	<input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> 19-34	<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> Not Latino/Hispanic
<input type="checkbox"/> 35-44		<input type="checkbox"/> Black	
<input type="checkbox"/> 45-54		<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> 55-64		<input type="checkbox"/> White	
<input type="checkbox"/> 65-74		<input type="checkbox"/> Mixed Race (more than 1 race)	
<input type="checkbox"/> 75-84		Other _____	
<input type="checkbox"/> 85+			

Please share any other comments you may have about this program in the space below.

***Thank you!***





Participant ID: \_\_\_\_\_ - \_\_\_\_\_  
 Last 4 digits of your phone # County in which you are participating

## Keys to Embracing Aging: Brain Activity Follow-Up Evaluation

Thirty days ago, you participated in *Keys to Embracing Aging*. As a participant, we value and appreciate your feedback. If you choose, please take a moment to voluntarily answer the following questions – your responses will be kept confidential and there will be no negative consequences if you choose not to respond. Please return this evaluation to your local Extension office at: \_\_\_\_\_

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
As a result of this program, I have made choices that will improve and protect my brain's health.					
As a result of this program, I implemented at least one strategy to achieve better brain health.					

Please list up to three specific things that you have changed regarding your brain health since you participated in the *Keys to Embracing Aging* program.

- 1)
- 2)
- 3)

Please tell us a little about yourself.

Age:	Gender:	Racial Identity:	Ethnic Identity:
<input type="checkbox"/> 0-18	<input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> 19-34	<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> Not Latino/Hispanic
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<input type="checkbox"/> 55-64		<input type="checkbox"/> White	
<input type="checkbox"/> 65-74		<input type="checkbox"/> Mixed Race (more than 1 race)	
<input type="checkbox"/> 75-84		Other _____	
<input type="checkbox"/> 85+			

Please share any other comments you may have about this program on the back of this page.

**Thank you!**

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## Keys to Embracing Aging: Social Activity Evaluation

Thank you for participating in *Keys to Embracing Aging*. As a participant, we value and appreciate your feedback. If you choose, please take a moment to voluntarily answer the following questions – your responses will be kept confidential and there will be no negative consequences if you choose not to respond.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
This program met my expectations.					
This program was informational.					
This program was well worth my time and effort.					
This program increased my understanding that meaningful social activity affects my overall health and well-being in the future.					
This program increased my understanding that meaningful social activity promotes independence.					
This program increased my understanding that meaningful social activity promotes a longer, happier life.					
This program increased my understanding that meaningful social activity promotes happiness.					
This program increased my understanding that meaningful social activity promotes physical and mental health.					
This program increased my understanding that meaningful social activity can decrease the risk of depression.					
As a result of this program, I intend to improve my overall engagement in meaningful social activity.					
As a result of this program, I intend to implement at least one strategy to improve my engagement in meaningful social activity.					

Please list the three most important things you learned today.

- 1)
- 2)
- 3)

Considering the past 12 months, please indicate how you feel about each statement.\*

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
There is a special person who is around when I am in need.					
There is a special person with whom I can share my joys and sorrows					
My family really tries to help me.					
I get the emotional help and support I need from my family.					
I have a special person who is a real source of comfort to me.					
My friends really try to help me.					
I can count on my friends when things go wrong.					
I can talk about my problems with my family.					
I have friends with whom I can share my joys and sorrows.					
There is a special person in my life who cares about my feelings.					

\* Questions come directly from the 1988 Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet & Farley, 1988).

Please tell us a little about yourself.

Age:	Gender:	Racial Identity:	Ethnic Identity:
<input type="checkbox"/> 0-18	<input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> 19-34	<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> Not Latino/Hispanic
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<input type="checkbox"/> 65-74		<input type="checkbox"/> Mixed Race (more than 1 race)	
<input type="checkbox"/> 75-84		Other _____	
<input type="checkbox"/> 85+			

Please share any other comments you may have about this program in the space below.

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## Keys to Embracing Aging: Social Activity Follow-Up Evaluation

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	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
As a result of this program, I have made choices that improved my overall social activity.					
As a result of this program, I implemented at least one strategy to improve my overall social activity.					

Please list up to three specific things that you have changed regarding your social activity since you participated in the *Keys to Embracing Aging* program.

- 1)
- 2)
- 3)

Please tell us a little about yourself.

Age:	Gender:	Racial Identity:	Ethnic Identity:
___ 0-18	___ Female	___ American Indian/Alaskan Native	___ Latino/Hispanic
___ 19-34	___ Male	___ Asian	___ Not Latino/Hispanic
___ 35-44		___ Black	
___ 45-54		___ Native Hawaiian/Pacific Islander	
___ 55-64		___ White	
___ 65-74		___ Mixed Race (more than 1 race)	
___ 75-84		Other _____	
___ 85+			

Considering the past 30 days, please indicate how you feel about each statement.\*

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
There is a special person who is around when I am in need.					
There is a special person with whom I can share my joys and sorrows					
My family really tries to help me.					
I get the emotional help and support I need from my family.					
I have a special person who is a real source of comfort to me.					
My friends really try to help me.					
I can count on my friends when things go wrong.					
I can talk about my problems with my family.					
I have friends with whom I can share my joys and sorrows.					
There is a special person in my life who cares about my feelings.					

\*Questions from The 1988 Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet & Farley, 1988)..

Please share any other comments you may have about this program in the space below.

**Thank you!**



**DIVISION OF AGRICULTURE**  
RESEARCH & EXTENSION  
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**K-STATE**  
Research and Extension

Dr. Erin Yelland  
erinyelland@ksu.edu  
785-532-1905



Participant ID: \_\_\_\_\_ - \_\_\_\_\_  
 Last 4 digits of your phone # County in which you are participating

## Keys to Embracing Aging: Tuning in to the Times Evaluation

Thank you for participating in *Keys to Embracing Aging*. As a participant, we value and appreciate your feedback. If you choose, please take a moment to voluntarily answer the following questions – your responses will be kept confidential and there will be no negative consequences if you choose not to respond.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
This program met my expectations.					
This program was informational.					
This program was well worth my time and effort.					
This program taught me that embracing technology can be beneficial to my life.					
This program helped me to understand that staying in tune with current events can be beneficial to my life.					
Overall, I feel that I currently stay in tune with the times by following current events, utilizing modern technology, or something else.					
Overall, I currently feel that I could improve my efforts to stay in tune with the times.					
As a result of this program, I intend to stay in tune with current events, modern technology, or something else more than I have in the past.					
Because of this program, I plan to implement at least one strategy to better stay in tune with the times.					

Please list the three most important things you learned today.

- 1)
- 2)
- 3)

Please tell us a little about yourself.

<b>Age:</b>	<b>Gender:</b>	<b>Racial Identity:</b>	<b>Ethnic Identity:</b>
<input type="checkbox"/> 0-18	<input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> 19-34	<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> Not Latino/Hispanic
<input type="checkbox"/> 35-44		<input type="checkbox"/> Black	
<input type="checkbox"/> 45-54		<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> 55-64		<input type="checkbox"/> White	
<input type="checkbox"/> 65-74		<input type="checkbox"/> Mixed Race (more than 1 race)	
<input type="checkbox"/> 75-84		Other _____	
<input type="checkbox"/> 85+			

Please share any other comments you may have about this program in the space below.

***Thank you!***



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Participant ID: \_\_\_\_\_ - \_\_\_\_\_  
 Last 4 digits of your phone #      County in which you are participating

## Keys to Embracing Aging: Tuning in to the Times Follow-Up Evaluation

Thirty days ago, you participated in *Keys to Embracing Aging*. As a participant, we value and appreciate your feedback. If you choose, please take a moment to voluntarily answer the following questions – your responses will be kept confidential and there will be no negative consequences if you choose not to respond. Please return this evaluation to your local Extension office at: \_\_\_\_\_

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
As a result of this program, I have improved how well I stay in tune with the times.					
As a result of this program, I implemented at least one strategy to stay in tune with the times.					

Please list up to three specific things that you have changed regarding staying in tune with the times since you participated in the *Keys to Embracing Aging* program.

- 1)
- 2)
- 3)

Please tell us a little about yourself.

Age:	Gender:	Racial Identity:	Ethnic Identity:
<input type="checkbox"/> 0-18	<input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> 19-34	<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> Not Latino/Hispanic
<input type="checkbox"/> 35-44		<input type="checkbox"/> Black	
<input type="checkbox"/> 45-54		<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> 55-64		<input type="checkbox"/> White	
<input type="checkbox"/> 65-74		<input type="checkbox"/> Mixed Race (more than 1 race)	
<input type="checkbox"/> 75-84		Other _____	
<input type="checkbox"/> 85+			

Please share any other comments you may have about this program in the space below.  
***Thank you!***



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## Tune in to the Times Monthly Challenge

This month you are challenged to try new things to stay in the tune with the times. These activities are meant to be fun and engaging, so enjoy it! Prior to the next Keys to Embracing Aging program, place a check by the appropriate box to tell us whether or not you tried the activity. Bring this paper back with you to the next program, or you can send it in to your local Extension agent.

	I have...			
Activities to tune in with the times:	TRIED THIS! I tuned into the times, and loved it!	TRIED THIS, BUT IT ISN'T FOR ME! I tuned into the times, but realized something new just wasn't for me.	STILL WORKING ON IT! I haven't "tuned in" yet, but I might try it in the future.	NO, THANKS! I have no interest in "tuning in" with this.
1. <b>Listen to a new musical artist.</b> You can find new music by listening to a different radio station, listening to a live-streamed radio station online, or checking out the musical selection at your local library.				
2. <b>Sign up for a social media account.</b> Give it a try! Facebook, twitter, Instagram, or pinterest – the choice is yours. If you already have a social media account, tell your friends about the <i>Keys To Embracing Aging</i> Program!				
3. <b>Read the newspaper, or surf a news source online, and learn 3 new things!</b> Staying connected with the news is a great way to stay in tune with the world. Pick out (at least) 3 stories that interest you, and read all about it!				
4. <b>Read (or listen to) a new book.</b> Most local libraries have audio books or e-books available for free rental. A paperback isn't your only option!				
5. <b>You pick!</b> Do something that will help you stay in tune with the times. Tell us what you picked:				





Participant ID: \_\_\_\_\_ - \_\_\_\_\_  
 Last 4 digits of your phone # County in which you are participating

## Keys to Embracing Aging: Safety Evaluation

Thank you for participating in *Keys to Embracing Aging*. As a participant, we value and appreciate your feedback. If you choose, please take a moment to voluntarily answer the following questions – your responses will be kept confidential and there will be no negative consequences if you choose not to respond.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
This program met my expectations.					
This program was informational.					
This program was well worth my time and effort.					
This program taught me that utilizing safe practices in all aspects of my life can influence my overall health, well-being, and life quality.					
Overall, I practice good safety in my daily life.					
Overall, I currently feel that I could improve safety practices in my life.					
As a result of this program, I intend to practice better safety in my daily life.					
Because of this program, I plan to implement at least one strategy to improve my safety.					

Please list the three most important things you learned today.

- 1)
- 2)
- 3)

Of the topics you learned about today, which of the following three were the most beneficial? Check only three.

- Home safety
- Health safety
- Emergency preparedness
- Scams and cons

- Motor vehicle safety
- Recreational safety
- Internet safety

Please tell us a little about yourself.

Age:	Gender:	Racial Identity:	Ethnic Identity:
<input type="checkbox"/> 0-18	<input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> 19-34	<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> Not Latino/Hispanic
<input type="checkbox"/> 35-44		<input type="checkbox"/> Black	
<input type="checkbox"/> 45-54		<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> 55-64		<input type="checkbox"/> White	
<input type="checkbox"/> 65-74		<input type="checkbox"/> Mixed Race (more than 1 race)	
<input type="checkbox"/> 75-84		Other _____	
<input type="checkbox"/> 85+			

Please share any other comments you may have about this program in the space below.

***Thank you!***



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Participant ID: \_\_\_\_\_ - \_\_\_\_\_  
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## What's Your Safety Score?

Place a check mark next to each one of the safety recommendations that you practice on a REGULAR basis. When you're finished, add up your score to see how your safety rates. One check mark equals one point.

<input type="checkbox"/> My house number is visible	<input type="checkbox"/> I keep my doors and windows locked	<input type="checkbox"/> I have smoke alarms installed in every room
<input type="checkbox"/> My extension cords and power strips are not overloaded	<input type="checkbox"/> My extension cords are not under heavy rugs or furniture, coiled, or hung inappropriately.	<input type="checkbox"/> The paint in my home is not peeling and is lead-free (painted after 1978).
<input type="checkbox"/> My appliances are on a grounded circuit	<input type="checkbox"/> I have a fire escape plan	<input type="checkbox"/> I practice my fire escape plan
<input type="checkbox"/> I have a fire extinguisher handy	<input type="checkbox"/> I have an escape ladder (if your home is a single story, check this box)	<input type="checkbox"/> My home is childproofed (if you do not have young children, check this box)
<input type="checkbox"/> I unplug and store my small appliances when they are not in use	<input type="checkbox"/> My portable air heaters are at least three feet from furniture, curtains, and anything flammable (if you do not have a portable air heater, check this box)	<input type="checkbox"/> My child's nursery follows appropriate safety recommendations (if you do not have a nursery, check this box)
<input type="checkbox"/> My water heater is set below 120 degrees Fahrenheit	<input type="checkbox"/> All of the medications in my home are safely stored (out of reach)	<input type="checkbox"/> I wear my seat belt everyday
<input type="checkbox"/> I do not eat, put on make-up, or do similar tasks while driving	<input type="checkbox"/> I never use my cell phone to send text messages or something similar while driving	<input type="checkbox"/> I only talk on my cell phone hands-free while driving or not at all
<input type="checkbox"/> My children ride in an age and size appropriate car seat (if you do not have children, check this box)	<input type="checkbox"/> I talk to my teen about safe and responsible driving (if you do not have a child who is driving, check this box)	<input type="checkbox"/> I always thoroughly check my surroundings before I move my car
<input type="checkbox"/> I never drink or take drugs and drive	<input type="checkbox"/> I never speed or drive recklessly	<input type="checkbox"/> I keep my vehicle well-maintained (frequent oil changes, windshield wipers in good condition, etc.)
<input type="checkbox"/> I am trained in first-ai	<input type="checkbox"/> I am trained in CPR	<input type="checkbox"/> I am trained in Automated External Defibrillators (AEDs)
<input type="checkbox"/> I visit the dentist twice a year	<input type="checkbox"/> I visit the doctor at least once per year	<input type="checkbox"/> I understand how to take all of my medications (over-the-counter and prescription)
<input type="checkbox"/> I understand how to dispose of unused medications (if not, talk to your pharmacist!)	<input type="checkbox"/> I never take more of a medication than what is prescribed	<input type="checkbox"/> I avoid unintentional poisoning by keeping medications, cleaning products, and the like out of reach of children and animals
<input type="checkbox"/> My home is clutter free	<input type="checkbox"/> I consider my home to be safe for myself and others	<input type="checkbox"/> I wash my hands often
<b>___ Column Total</b>	<b>___ Column Total</b>	<b>___ Column Total</b>

<input type="checkbox"/> I always wash my hands before eating	<input type="checkbox"/> I wash my fruits and vegetables	<input type="checkbox"/> I own a food thermometer
<input type="checkbox"/> I always check the temperature of meat and casseroles before I eat	<input type="checkbox"/> My partner and I use condoms	<input type="checkbox"/> I have an annual pap smear (if you are a male, check this box)
<input type="checkbox"/> I have been tested for sexually transmitted infections	<input type="checkbox"/> I teach my children safe-sex practices (if you do not have children, check this box)	<input type="checkbox"/> I stretch and warm-up before exercising
<input type="checkbox"/> I exercise regularly	<input type="checkbox"/> I know how to swim	<input type="checkbox"/> I do not approach unfamiliar dogs unless invited by their owner
<input type="checkbox"/> I always check playgrounds for safety – safe surfaces, well-maintained equipment – before I let my child play (if you do not have a young child, check this box)	<input type="checkbox"/> I never “check-in” to locations on social media	<input type="checkbox"/> I never post my out-of-town plans on social media (facebook, twitter, etc.)
<input type="checkbox"/> When I enter an unfamiliar building, I make myself aware of emergency exits	<input type="checkbox"/> I generally limit night travel	<input type="checkbox"/> I generally don’t travel to areas considered unsafe
<input type="checkbox"/> I never use ATMs that are located in a dark, unlit area	<input type="checkbox"/> I feel that I am prepared if a disaster were to strike my home (tornado, flood, etc.)	<input type="checkbox"/> I pay attention to emergency broadcast alerts on television or radio
<input type="checkbox"/> The entrances to my home are well-lit	<input type="checkbox"/> I have motion sensor lights installed around my home	<input type="checkbox"/> I have a kit that would meet my basic needs (food, water, etc.) prepared in my home
<input type="checkbox"/> I have a kit that would meet my basic needs (food, water, etc.) prepared in my car	<input type="checkbox"/> I know my family members’ telephone numbers by memory	<input type="checkbox"/> I do not talk to strangers on the internet
<input type="checkbox"/> I use unique and difficult passwords for my online accounts	<input type="checkbox"/> I know how to password protect documents on the computer	<input type="checkbox"/> I keep my antivirus and antispyware programs up-to-date on my computer
<input type="checkbox"/> I never reveal too much about myself on the internet	<input type="checkbox"/> I never give my personal information to anyone who asks on the phone or internet	<input type="checkbox"/> I never buy items or services that I am unsure about
<input type="checkbox"/> I never give my credit card information to unknown sources	<input type="checkbox"/> I do not have my PIN numbers stored in an easily-accessible location	<input type="checkbox"/> I always monitor and/or close unused accounts

<input type="checkbox"/> Column Total	<input type="checkbox"/> Column Total	<input type="checkbox"/> Column Total
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Total Score

**70 – 75 You’re a safety pro!**

Keep engaging in safe practices every day!

**60 – 70 You’re on the right track!**

You’re doing many things correctly, but could use some improvement. Look at your list to see how you could improve.

**0 – 59 Uh Oh!**

You’ve got some work to do to improve your day-to-day safety. Look at your list to see how you could improve. Even the smallest changes can have a big impact on your safety!







Participant ID: \_\_\_\_\_ - \_\_\_\_\_  
 Last 4 digits of your phone # County in which you are participating

## Keys to Embracing Aging: Safety Follow-Up Evaluation

Thirty days ago, you participated in *Keys to Embracing Aging*. As a participant, we value and appreciate your feedback. If you choose, please take a moment to voluntarily answer the following questions – your responses will be kept confidential and there will be no negative consequences if you choose not to respond. Please return this evaluation to your local Extension office at: \_\_\_\_\_

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
As a result of this program, I have changed my behavior to improve my safety.					
As a result of this program, I implemented at least one strategy to improve my safety.					

Please list up to three specific things that you have changed regarding your daily safety since you participated in the *Keys to Embracing Aging* program.

- 1)
- 2)
- 3)

Please tell us a little about yourself.

Age:	Gender:	Racial Identity:	Ethnic Identity:
<input type="checkbox"/> 0-18	<input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> 19-34	<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> Not Latino/Hispanic
<input type="checkbox"/> 35-44		<input type="checkbox"/> Black	
<input type="checkbox"/> 45-54		<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> 55-64		<input type="checkbox"/> White	
<input type="checkbox"/> 65-74		<input type="checkbox"/> Mixed Race (more than 1 race)	
<input type="checkbox"/> 75-84		Other _____	
<input type="checkbox"/> 85+			

Please share any other comments you may have about this program in the space below.  
***Thank you!***



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Participant ID: \_\_\_\_\_ - \_\_\_\_\_  
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## What's Your Safety Score?

Place a check mark next to each one of the safety recommendations that you practice on a REGULAR basis. When you're finished, add up your score to see how your safety rates. One check mark equals one point.

<input type="checkbox"/> My house number is visible	<input type="checkbox"/> I keep my doors and windows locked	<input type="checkbox"/> I have smoke alarms installed in every room
<input type="checkbox"/> My extension cords and power strips are not overloaded	<input type="checkbox"/> My extension cords are not under heavy rugs or furniture, coiled, or hung inappropriately.	<input type="checkbox"/> The paint in my home is not peeling and is lead-free (painted after 1978).
<input type="checkbox"/> My appliances are on a grounded circuit	<input type="checkbox"/> I have a fire escape plan	<input type="checkbox"/> I practice my fire escape plan
<input type="checkbox"/> I have a fire extinguisher handy	<input type="checkbox"/> I have an escape ladder (if your home is a single story, check this box)	<input type="checkbox"/> My home is childproofed (if you do not have young children, check this box)
<input type="checkbox"/> I unplug and store my small appliances when they are not in use	<input type="checkbox"/> My portable air heaters are at least three feet from furniture, curtains, and anything flammable (if you do not have a portable air heater, check this box)	<input type="checkbox"/> My child's nursery follows appropriate safety recommendations (if you do not have a nursery, check this box)
<input type="checkbox"/> My water heater is set below 120 degrees Fahrenheit	<input type="checkbox"/> All of the medications in my home are safely stored (out of reach)	<input type="checkbox"/> I wear my seat belt everyday
<input type="checkbox"/> I do not eat, put on make-up, or do similar tasks while driving	<input type="checkbox"/> I never use my cell phone to send text messages or something similar while driving	<input type="checkbox"/> I only talk on my cell phone hands-free while driving or not at all
<input type="checkbox"/> My children ride in an age and size appropriate car seat (if you do not have children, check this box)	<input type="checkbox"/> I talk to my teen about safe and responsible driving (if you do not have a child who is driving, check this box)	<input type="checkbox"/> I always thoroughly check my surroundings before I move my car
<input type="checkbox"/> I never drink or take drugs and drive	<input type="checkbox"/> I never speed or drive recklessly	<input type="checkbox"/> I keep my vehicle well-maintained (frequent oil changes, windshield wipers in good condition, etc.)
<input type="checkbox"/> I am trained in first-aid	<input type="checkbox"/> I am trained in CPR	<input type="checkbox"/> I am trained in Automated External Defibrillators (AEDs)
<input type="checkbox"/> I visit the dentist twice a year	<input type="checkbox"/> I visit the doctor at least once per year	<input type="checkbox"/> I understand how to take all of my medications (over-the-counter and prescription)
<input type="checkbox"/> I understand how to dispose of unused medications (if not, talk to your pharmacist!)	<input type="checkbox"/> I never take more of a medication than what is prescribed	<input type="checkbox"/> I avoid unintentional poisoning by keeping medications, cleaning products, and the like out of reach of children and animals
<input type="checkbox"/> My home is clutter free	<input type="checkbox"/> I consider my home to be safe for myself and others	<input type="checkbox"/> I wash my hands often
<b>___ Column Total</b>	<b>___ Column Total</b>	<b>___ Column Total</b>

<input type="checkbox"/> I always wash my hands before eating	<input type="checkbox"/> I wash my fruits and vegetables	<input type="checkbox"/> I own a food thermometer
<input type="checkbox"/> I always check the temperature of meat and casseroles before I eat	<input type="checkbox"/> My partner and I use condoms	<input type="checkbox"/> I have an annual pap smear (if you are a male, check this box)
<input type="checkbox"/> I have been tested for sexually transmitted infections	<input type="checkbox"/> I teach my children safe-sex practices (if you do not have children, check this box)	<input type="checkbox"/> I stretch and warm-up before exercising
<input type="checkbox"/> I exercise regularly	<input type="checkbox"/> I know how to swim	<input type="checkbox"/> I do not approach unfamiliar dogs unless invited by their owner
<input type="checkbox"/> I always check playgrounds for safety – safe surfaces, well-maintained equipment – before I let my child play (if you do not have a young child, check this box)	<input type="checkbox"/> I never “check-in” to locations on social media	<input type="checkbox"/> I never post my out-of-town plans on social media (facebook, twitter, etc.)
<input type="checkbox"/> When I enter an unfamiliar building, I make myself aware of emergency exits	<input type="checkbox"/> I generally limit night travel	<input type="checkbox"/> I generally don’t travel to areas considered unsafe
<input type="checkbox"/> I never use ATMs that are located in a dark, unlit area	<input type="checkbox"/> I feel that I am prepared if a disaster were to strike my home (tornado, flood, etc.)	<input type="checkbox"/> I pay attention to emergency broadcast alerts on television or radio
<input type="checkbox"/> The entrances to my home are well-lit	<input type="checkbox"/> I have motion sensor lights installed around my home	<input type="checkbox"/> I have a kit that would meet my basic needs (food, water, etc.) prepared in my home
<input type="checkbox"/> I have a kit that would meet my basic needs (food, water, etc.) prepared in my car	<input type="checkbox"/> I know my family members’ telephone numbers by memory	<input type="checkbox"/> I do not talk to strangers on the internet
<input type="checkbox"/> I use unique and difficult passwords for my online accounts	<input type="checkbox"/> I know how to password protect documents on the computer	<input type="checkbox"/> I keep my antivirus and antispyware programs up-to-date on my computer
<input type="checkbox"/> I never reveal too much about myself on the internet	<input type="checkbox"/> I never give my personal information to anyone who asks on the phone or internet	<input type="checkbox"/> I never buy items or services that I am unsure about
<input type="checkbox"/> I never give my credit card information to unknown sources	<input type="checkbox"/> I do not have my PIN numbers stored in an easily-accessible location	<input type="checkbox"/> I always monitor and/or close unused accounts

<b>___ Column Total</b>	<b>___ Column Total</b>	<b>___ Column Total</b>
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**\_\_\_ Total Score**

**70 – 75 You’re a safety pro!**

Keep engaging in safe practices every day!

**60 – 70 You’re on the right track!**

You’re doing many things correctly, but could use some improvement. Look at your list to see how you could improve.

**0 – 59 Uh Oh!**

You’ve got some work to do to improve your day-to-day safety. Look at your list to see how you could improve. Even the smallest changes can have a big impact on your safety!





Participant ID: \_\_\_\_\_ - \_\_\_\_\_  
 Last 4 digits of your phone # County in which you are participating

## Keys to Embracing Aging: Health Numbers Evaluation

Thank you for participating in *Keys to Embracing Aging*. As a participant, we value and appreciate your feedback. If you choose, please take a moment to voluntarily answer the following questions – your responses will be kept confidential and there will be no negative consequences if you choose not to respond.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
This program met my expectations.					
This program was informational.					
This program was well worth my time and effort.					
This program helped me to understand how my health numbers affect my health and well-being today and into the future.					
This program taught me that proper nutrition, physical activity, and overall general health promotes healthy numbers.					
I generally have my health numbers checked on a regular basis (once per year) by a medical professional.					
As a result of this program, I plan to make an appointment, or keep an existing appointment, to get my health numbers checked.					
As a result of this program, I plan to make choices that will improve my overall health numbers.					
As a result of this program, I plan to implement at least one strategy to maintain or improve my health numbers.					

Please list the three most important things you learned today.

- 1)
- 2)
- 3)

Please tell us a little about yourself.

<b>Age:</b>	<b>Gender:</b>	<b>Racial Identity:</b>	<b>Ethnic Identity:</b>
<input type="checkbox"/> 0-18	<input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> 19-34	<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> Not Latino/Hispanic
<input type="checkbox"/> 35-44		<input type="checkbox"/> Black	
<input type="checkbox"/> 45-54		<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> 55-64		<input type="checkbox"/> White	
<input type="checkbox"/> 65-74		<input type="checkbox"/> Mixed Race (more than 1 race)	
<input type="checkbox"/> 75-84		Other _____	
<input type="checkbox"/> 85+			

Please share any other comments you may have about this program in the space below.

***Thank you!***



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 Last 4 digits of your phone # County in which you are participating

## Keys to Embracing Aging: Health Numbers Follow-Up Evaluation

Thirty days ago, you participated in *Keys to Embracing Aging*. As a participant, we value and appreciate your feedback. If you choose, please take a moment to voluntarily answer the following questions – your responses will be kept confidential and there will be no negative consequences if you choose not to respond. Please return this evaluation to your local Extension office at: \_\_\_\_\_

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
As a result of this program, I made an appointment, or kept an existing appointment, to get my health numbers checked.					
As a result of this program, I changed my behavior to help improve my overall health numbers.					
As a result of this program, I implemented at least one strategy to maintain or improve my health numbers.					

Please list up to three specific things that you have changed regarding your health numbers since you participated in the *Keys to Embracing Aging* program.

1)

2)

3)

Please tell us a little about yourself.

Age:	Gender:	Racial Identity:	Ethnic Identity:
<input type="checkbox"/> 0-18	<input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> 19-34	<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> Not Latino/Hispanic
<input type="checkbox"/> 35-44		<input type="checkbox"/> Black	
<input type="checkbox"/> 45-54		<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> 55-64		<input type="checkbox"/> White	
<input type="checkbox"/> 65-74		<input type="checkbox"/> Mixed Race (more than 1 race)	
<input type="checkbox"/> 75-84		Other _____	
<input type="checkbox"/> 85+			

Please share any other comments you may have about this program in the space below.  
***Thank you!***

  
**DIVISION OF AGRICULTURE  
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Participant ID: \_\_\_\_\_ - \_\_\_\_\_  
 Last 4 digits of your phone # County in which you are participating

## Keys to Embracing Aging: Stress Management Evaluation

Thank you for participating in *Keys to Embracing Aging*. As a participant, we value and appreciate your feedback. If you choose, please take a moment to voluntarily answer the following questions – your responses will be kept confidential and there will be no negative consequences if you choose not to respond.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
This program met my expectations.					
This program was informational.					
This program was well worth my time and effort.					
This program taught me that managing my stress in a positive way can impact my quality of life.					
This program taught me that managing my stress entails changing the situation that is causing my stress or changing the way in which I respond to stress.					
Overall, I feel that I currently manage my stress well.					
Overall, I currently feel that I could improve the way I react to stressful situations.					
As a result of this program, I intend to better manage my overall stress.					
Because of this program, I plan to implement at least one strategy to better manage my stress.					

Please list the three most important things you learned today.

- 1)
- 2)
- 3)

For each of the situations below, rate how you would usually respond. Go with your first reaction.\*

**(4) Always (3) Usually (2) Sometimes (1) Never**

**Do you:**

<input type="checkbox"/> always have a lot to do and no time to do it?	<input type="checkbox"/> need to win the games you play in order to enjoy them?
<input type="checkbox"/> worry about what would happen if you ever had to take a day off sick?	<input type="checkbox"/> feel guilty if you take time to just do nothing?
<input type="checkbox"/> speed up the car to beat the red light?	<input type="checkbox"/> have trouble saying "no" to requests for your time?
<input type="checkbox"/> expect everyone, especially yourself, to do their very best all the time?	<input type="checkbox"/> keep your problems and worries to yourself?
<input type="checkbox"/> consider "small talk" to be a waste of time?	<input type="checkbox"/> think of yourself as a "go-getter"?
<input type="checkbox"/> always know what time it is?	<input type="checkbox"/> need to have other people admire you?
<input type="checkbox"/> feel sorry for yourself because of how hard you have to work?	<input type="checkbox"/> find yourself still working when everyone else has gone home?
<input type="checkbox"/> have a tendency to be short-tempered with family or friends?	<input type="checkbox"/> always have a deadline or set one for yourself?
<input type="checkbox"/> have trouble dealing with a change in plans?	<input type="checkbox"/> have almost no time for your hobbies or yourself?
<input type="checkbox"/> find it hard to make time for exercise?	<input type="checkbox"/> tend not to ask for help?

**\*Total Score** \_\_\_\_\_

**20 – 30** A little more positive stress in your life could help you achieve the things you want.

**31 – 50** You've found a good balance between handling stress and avoiding it. You're managing your stress!

**51 – 60** You could be dealing with one or more stress-related problems.

**60 +** Stress alert! Time to take some positive action to manage your stress.

\*"Stress, Stress, Stress!" Used with copyright permission from the Government of Alberta.

Please tell us a little about yourself.

Age:	Gender:	Racial Identity:	Ethnic Identity:
<input type="checkbox"/> 0-18	<input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> 19-34	<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> Not Latino/Hispanic
<input type="checkbox"/> 35-44		<input type="checkbox"/> Black	
<input type="checkbox"/> 45-54		<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> 55-64		<input type="checkbox"/> White	
<input type="checkbox"/> 65-74		<input type="checkbox"/> Mixed Race (more than 1 race)	
<input type="checkbox"/> 75-84		Other _____	
<input type="checkbox"/> 85+			



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 Last 4 digits of your phone # County in which you are participating

## Keys to Embracing Aging: Stress Management Follow-Up Evaluation

Thirty days ago, you participated in *Keys to Embracing Aging*. As a participant, we value and appreciate your feedback. If you choose, please take a moment to voluntarily answer the following questions – your responses will be kept confidential and there will be no negative consequences if you choose not to respond. Please return this evaluation to your local Extension office at: \_\_\_\_\_

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
As a result of this program, I have made choices that improve my stress management.					
As a result of this program, I implemented at least one strategy to improve my stress management.					

Please list up to three specific things that you have changed regarding your stress management since you participated in the *Keys to Embracing Aging* program.

1)

2)

3)

For each of the situations below, rate how you would usually respond. Go with your first reaction.\*

**(4) Always (3) Usually (2) Sometimes (1) Never**

**Do you:**

<input type="checkbox"/> always have a lot to do and no time to do it?	<input type="checkbox"/> need to win the games you play in order to enjoy them?
<input type="checkbox"/> worry about what would happen if you ever had to take a day off sick?	<input type="checkbox"/> feel guilty if you take time to just do nothing?
<input type="checkbox"/> speed up the car to beat the red light?	<input type="checkbox"/> have trouble saying “no” to requests for your time?
<input type="checkbox"/> expect everyone, especially yourself, to do their very best all the time?	<input type="checkbox"/> keep your problems and worries to yourself?
<input type="checkbox"/> consider “small talk” to be a waste of time?	<input type="checkbox"/> think of yourself as a “go-getter”?
<input type="checkbox"/> always know what time it is?	<input type="checkbox"/> need to have other people admire you?
<input type="checkbox"/> feel sorry for yourself because of how hard you have to work?	<input type="checkbox"/> find yourself still working when everyone else has gone home?
<input type="checkbox"/> have a tendency to be short-tempered with family or friends?	<input type="checkbox"/> always have a deadline or set one for yourself?
<input type="checkbox"/> have trouble dealing with a change in plans?	<input type="checkbox"/> have almost no time for your hobbies or yourself?
<input type="checkbox"/> find it hard to make time for exercise?	<input type="checkbox"/> tend not to ask for help?

**\*Total Score \_\_\_\_\_**

**20 – 30** A little more positive stress in your life could help you achieve the things you want.

**31 – 50** You’ve found a good balance between handling stress and avoiding it. You’re managing your stress!

**51 – 60** You could be dealing with one or more stress-related problems.

**60 +** Stress alert! Time to take some positive action to manage your stress.

\*“Stress, Stress, Stress!” Used with copyright permission from the Government of Alberta.

Please tell us a little about yourself.

<b>Age:</b>	<b>Gender:</b>	<b>Racial Identity:</b>	<b>Ethnic Identity:</b>
<input type="checkbox"/> 0-18	<input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> 19-34	<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> Not Latino/Hispanic
<input type="checkbox"/> 35-44		<input type="checkbox"/> Black	
<input type="checkbox"/> 45-54		<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> 55-64		<input type="checkbox"/> White	
<input type="checkbox"/> 65-74		<input type="checkbox"/> Mixed Race (more than 1 race)	
<input type="checkbox"/> 75-84		Other _____	
<input type="checkbox"/> 85+			



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 Last 4 digits of your phone # County in which you are participating

## Keys to Embracing Aging: Financial Affairs Evaluation

Thank you for participating in *Keys to Embracing Aging*. As a participant, we value and appreciate your feedback. If you choose, please take a moment to voluntarily answer the following questions – your responses will be kept confidential and there will be no negative consequences if you choose not to respond.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
This program met my expectations.					
This program was informational.					
This program was well worth my time and effort.					
This program helped me to understand how the financial choices I make today will affect my health and well-being in the future.					
This program taught me that the financial choices I make today can promote independence and life quality.					
Generally, I have confidence in my handling of money issues or specific financial matters.					
As a result of this program, I plan to make choices that will improve my overall financial health.					
As a result of this program, I plan to implement at least one strategy to maintain or improve my overall financial health.					

Please list the three most important things you learned today.

1)

2)

3)

Please tell us a little about yourself.

<b>Age:</b>	<b>Gender:</b>	<b>Racial Identity:</b>	<b>Ethnic Identity:</b>
<input type="checkbox"/> 0-18	<input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> 19-34	<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> Not Latino/Hispanic
<input type="checkbox"/> 35-44		<input type="checkbox"/> Black	
<input type="checkbox"/> 45-54		<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> 55-64		<input type="checkbox"/> White	
<input type="checkbox"/> 65-74		<input type="checkbox"/> Mixed Race (more than 1 race)	
<input type="checkbox"/> 75-84		Other _____	
<input type="checkbox"/> 85+			

Please share any other comments you may have about this program in the space below.

***Thank you!***



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Participant ID: \_\_\_\_\_ - \_\_\_\_\_  
 Last 4 digits of your phone #                      County in which you are participating

## Keys to Embracing Aging: Financial Affairs Follow-Up Evaluation

Thirty days ago, you participated in *Keys to Embracing Aging*. As a participant, we value and appreciate your feedback. If you choose, please take a moment to voluntarily answer the following questions – your responses will be kept confidential and there will be no negative consequences if you choose not to respond. Please return this evaluation to your local Extension office at: \_\_\_\_\_

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
As a result of this program, I made choices that will improve my overall financial health.					
As a result of this program, I implemented at least one strategy to maintain or improve my financial health.					

Please list up to three specific things that you have changed regarding your financial health since you participated in the *Keys to Embracing Aging* program.

- 1)
  
- 2)
  
- 3)

Please tell us a little about yourself.

Age:	Gender:	Racial Identity:	Ethnic Identity:
<input type="checkbox"/> 0-18	<input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> 19-34	<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> Not Latino/Hispanic
<input type="checkbox"/> 35-44		<input type="checkbox"/> Black	
<input type="checkbox"/> 45-54		<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> 55-64		<input type="checkbox"/> White	
<input type="checkbox"/> 65-74		<input type="checkbox"/> Mixed Race (more than 1 race)	
<input type="checkbox"/> 75-84		Other _____	
<input type="checkbox"/> 85+			

Please share any other comments you may have about this program on the back of this page.

**Thank you!**





# Monthly Cash Flow Worksheet



## INCOME

Monthly income/salary from all sources	
Investment income	
Other income	
<b>Total Monthly Income</b>	

## MONTHLY EXPENSES

Food		Housing		Clothing	
Groceries	_____	Rent/Mortgage	_____	New clothes	_____
Eating out	_____	Other	_____	Dry cleaning	_____
Other	_____	Renter's/Home Insurance	_____	Other	_____
<b>Total Food</b>		<b>Total Housing</b>		<b>Total Clothing</b>	

Child-Related Expenses		Personal Care		Education	
Childcare	_____	Medications (Rx and OTC)	_____	Tuition	_____
Diapers/Wipes	_____	Toiletries	_____	Books	_____
Formula	_____	Cosmetics	_____	Supplies	_____
Sports/Dance/Activities	_____	Health club membership	_____	Student loans	_____
Other	_____	Other	_____	Other	_____
<b>Total Child-Related Expenses</b>		<b>Total Personal Care</b>		<b>Total Education</b>	

Credit Cards		Insurance		Savings	
Monthly payment 1	_____	Health	_____	Savings	_____
Monthly payment 2	_____	Dental	_____	College savings	_____
Monthly payment 3	_____	Disability	_____	Vacation savings	_____
Monthly Payment 4	_____	Life	_____	Emergency fund	_____
Monthly payment 5	_____	Prescription	_____	Other	_____
Monthly payment 6	_____	Other	_____	Other	_____
<b>Total Credit Cards</b>		<b>Total Insurance</b>		<b>Total Savings</b>	

Transport/Auto		Utilities		Miscellaneous	
Public transit	_____	Gas	_____	TV streaming services	_____
Car payment 1	_____	Electricity	_____	Print subscriptions	_____
Car payment 2	_____	Water	_____	Online/console gaming	_____
Car insurance	_____	Garbage	_____	Pet care/grooming	_____
Maintenance	_____	Sewer	_____	Other	_____
Parking (permit/garage)	_____	Home internet/phone	_____	Other	_____
Other	_____	Cable/satellite	_____	Other	_____
Other	_____	Cell phone	_____	Other	_____
Other	_____	Other	_____	Other	_____
<b>Total Transport/Auto</b>		<b>Total Utilities</b>		<b>Total Miscellaneous</b>	

Total Monthly Income	
Total Monthly Expenses	-
<b>Monthly Income After Expenses</b>	=





Participant ID: \_\_\_\_\_ - \_\_\_\_\_  
 Last 4 digits of your phone #      County in which you are participating

## Keys to Embracing Aging: Sleep Evaluation

Thank you for participating in *Keys to Embracing Aging*. As a participant, we value and appreciate your feedback. If you choose, please take a moment to voluntarily answer the following questions – your responses will be kept confidential and there will be no negative consequences if you choose not to respond.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
This program met my expectations.					
This program was informational.					
This program was well worth my time and effort.					
This program helped me to understand that proper sleep affects my health and well-being now and into the future.					
This program taught me that proper sleep can promote a longer, healthier life.					
This program helped me to understand that proper sleep can enhance my metabolism and can help control my weight.					
This program taught me that proper sleep enhances safety.					
This program helped me to understand that proper sleep can promote a happier mood and disposition.					
This program taught me that proper sleep can promote disease prevention.					
This program helped me to understand that proper sleep can enhance learning and memory.					
Generally, I feel that I get enough sleep each night.					
As a result of this program, I plan to make choices that will improve my sleep habits.					
As a result of this program, I plan to implement at least one strategy to maintain or improve my sleep habits.					

Please list the three most important things you learned today.

- 1)
- 2)
- 3)

Please tell us a little about yourself.

Age:	Gender:	Racial Identity:	Ethnic Identity:
<input type="checkbox"/> 0-18	<input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> 19-34	<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> Not Latino/Hispanic
<input type="checkbox"/> 35-44		<input type="checkbox"/> Black	
<input type="checkbox"/> 45-54		<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> 55-64		<input type="checkbox"/> White	
<input type="checkbox"/> 65-74		<input type="checkbox"/> Mixed Race (more than 1 race)	
<input type="checkbox"/> 75-84		Other _____	
<input type="checkbox"/> 85+			

Please share any other comments you may have about this program in the space below.

***Thank you!***



Participant ID: \_\_\_\_\_ - \_\_\_\_\_  
 Last 4 digits of your phone # County in which you are participating

## Keys to Embracing Aging: Sleep Follow-Up Evaluation

Thirty days ago, you participated in *Keys to Embracing Aging*. As a participant, we value and appreciate your feedback. If you choose, please take a moment to voluntarily answer the following questions – your responses will be kept confidential and there will be no negative consequences if you choose not to respond. Please return this evaluation to your local Extension office at: \_\_\_\_\_

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
As a result of this program, I changed my behavior to improve my overall sleep habits.					
As a result of this program, I implemented at least one strategy to improve my overall sleep habits.					

Please list up to three specific things that you have changed regarding your sleep habits since you participated in the *Keys to Embracing Aging* program.

- 1)
- 2)
- 3)

Please tell us a little about yourself.

Age:	Gender:	Racial Identity:	Ethnic Identity:
<input type="checkbox"/> 0-18	<input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> 19-34	<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> Not Latino/Hispanic
<input type="checkbox"/> 35-44		<input type="checkbox"/> Black	
<input type="checkbox"/> 45-54		<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> 55-64		<input type="checkbox"/> White	
<input type="checkbox"/> 65-74		<input type="checkbox"/> Mixed Race (more than 1 race)	
<input type="checkbox"/> 75-84		Other _____	
<input type="checkbox"/> 85+			

Please share any other comments you may have about this program on the back of this page.

**Thank you!**





Participant ID: \_\_\_\_\_ - \_\_\_\_\_  
 Last 4 digits of your phone # County in which you are participating

## Keys to Embracing Aging: Taking Time for You Evaluation

Thank you for participating in the *Keys to Embracing Aging*. As a participant, we value and appreciate your feedback. If you choose, please take a moment to voluntarily answer the following questions – your responses will be kept confidential and there will be no negative consequences if you choose not to respond.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
This program met my expectations.					
This program was informational.					
This program was well worth my time and effort.					
This program helped me to understand that taking time for myself is good for my mind, body, and soul.					
This program taught me that taking at least 10 minutes a day for myself affects my health and well-being now and in the future.					
Generally, I take at least 10 minutes a day for myself.					
As a result of this program, I plan to make choices that will allow me to take time for myself more often.					
As a result of this program, I plan to implement at least one strategy to take time for myself more often.					

Please list the three most important things you learned today.

1)

2)

3)

Please tell us a little about yourself.

Age:	Gender:	Racial Identity:	Ethnic Identity:
<input type="checkbox"/> 0-18	<input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> 19-34	<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> Not Latino/Hispanic
<input type="checkbox"/> 35-44		<input type="checkbox"/> Black	
<input type="checkbox"/> 45-54		<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> 55-64		<input type="checkbox"/> White	
<input type="checkbox"/> 65-74		<input type="checkbox"/> Mixed Race (more than 1 race)	
<input type="checkbox"/> 75-84		Other _____	
<input type="checkbox"/> 85+			

Please share any other comments you may have about this program in the space below.

***Thank you!***



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785-532-1905





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## Keys to Embracing Aging: Taking Time for You Follow-Up Evaluation

Thirty days ago, you participated in *Keys to Embracing Aging*. As a participant, we value and appreciate your feedback. If you choose, please take a moment to voluntarily answer the following questions – your responses will be kept confidential and there will be no negative consequences if you choose not to respond. Please return this evaluation to your local Extension office at: \_\_\_\_\_

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
As a result of this program, I made choices that allowed me to take time for myself more often.					
As a result of this program, I implemented at least one strategy to take time for myself more often.					

Please list up to three specific things that you have changed to take more time for yourself since you participated in the *Keys to Embracing Aging* program.

- 1)
- 2)
- 3)

Please tell us a little about yourself.

Age:	Gender:	Racial Identity:	Ethnic Identity:
___ 0-18	___ Female	___ American Indian/Alaskan Native	___ Latino/Hispanic
___ 19-34	___ Male	___ Asian	___ Not Latino/Hispanic
___ 35-44		___ Black	
___ 45-54		___ Native Hawaiian/Pacific Islander	
___ 55-64		___ White	
___ 65-74		___ Mixed Race (more than 1 race)	
___ 75-84		Other _____	
___ 85+			

Please share any other comments you may have about this program on this page.  
***Thank you!***

  
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## My Daily Bucket List for *Me Time*

Bucket lists are used most often associated with all of the things that you want to see and do before you die. However, this month you are being challenged to create your DAILY Bucket List of “Me Time”. Ask yourself: What goals or changes can I initiate that will make my everyday life more purposeful, enjoyable and fulfilling? What can I do each day for me? Make your list below. Then track your progress toward mastering your bucket list items over the next 30 days. Please bring this worksheet with you to the next *Keys to Embracing Aging* program or send it to your local Extension agent.

I have...

In order to improve my daily life, I want to:	<b>MASTERED THIS!</b> I've made the change or accomplished my goal, and it's positively influencing my daily life.	<b>TRIED THIS!</b> I'm trying to make the change, and will keep trying to make it a daily habit.	<b>STILL WORKING ON IT!</b> This is harder than I thought, but I will keep trying to incorporate this change into my daily life.	<b>THIS IS NOT FOR ME!</b> I tried to make the change, but realized this goal is not for me.