

WHAT DO YOU GET OUT OF THE RTK EVENTS

(Please circle your answer)

Do you feel that RTK events help maintain your physical well-being? YES/ NO

Do you feel more relaxed after the RTK events? YES/ NO

Do you feel that the RTK event improve/support your emotional well-being? YES/ NO

Do you feel that you have learned techniques and coping strategies that help you in your caring role? YES/ NO

Do you feel that the RTK days offer ongoing support and a chance to talk about issues around caring. YES/ NO

PRACTICAL ARRANGEMENTS

On a scale of 1 (not satisfactory) to 5 (very satisfactory), please give us your views on:

General running of RTK events	1	2	3	4	5
Facilitation style	1	2	3	4	5
Venue/environment	1	2	3	4	5
Catering arrangements	1	2	3	4	5
Volunteer staff	1	2	3	4	5

Any other comments on the practical arrangements?

.....

.....

.....

ABOUT YOU

It is very helpful for us to know who is giving feedback on our events. If you are willing, please could you tell us:

Gender male/female

Age range 18-25 25-40 40-65 over 65

Are you willing for your comments to be shared in publicity materials? Yes/No

Name and email address or home address. (Optional)

.....