

## Appendix O: Program Evaluation Survey Form (Therapists)

Program: Stepping On after Stroke Program

Name (optional): \_\_\_\_\_

	Strongly disagree 1	Disagree 2	Somewhat agree 3	Agree 4	Strongly agree 5
<b>Program</b>					
1. Duration of each session was adequate					
2. Frequency of the program was adequate					
3. The weekly contents were well organized and relevant for community stroke clients in preventing falls.					
4. The exercises taught in the session are graded to meet my client's needs					
5. The tea break allowed my clients to talk freely with each other.					
6. The handouts and reading materials that my client received in the sessions were helpful					
7. There was enough time for my clients to ask questions at the end each session.					
8. The involvement of caregiver/helpers in the weekly session increased my stroke client's compliance rate of doing home exercises.					
9. The program didn't affect my daily work efficiency.					
10. In general, I feel that my clients have benefited from the program.					
Any feedbacks or suggestions:					

### Facilitator Training

1. The Stepping On after Stroke facilitator training was adequate.					
2. I feel confident in facilitating the discussion and learning after the training.					
3. The Stepping On after Stroke manual is very handy and useful.					
Any feedbacks or suggestions:					

### Community outings

1. Community outings made my clients more confident in outdoor activities.					
2. The number of community outing sessions was adequate.					
Any other feedbacks or suggestions:					

***Educational session for family members and caregivers***

1. The additional educational sessions for family members and caregivers was useful to improve their understanding of how the Stepping On after Stroke program works and their roles in helping their loved ones reduce fall and increase community participation.					
Any other feedbacks or suggestions:					

***Home visits (Post-intervention)***

1. Home visit after 7 weeks intervention was essential.					
2. Home visit allowed me to follow up with my stroke clients in home modifications and behavioural changes.					
Any other feedbacks or suggestions:					

***Three-month booster session***

1. The booster session has helped my clients refresh the falls prevention strategies that they learned from the 7-week program.					
Any other feedbacks or suggestions:					

Do you think the “Stepping On after Stroke program” can be adopted as part of your rehabilitation program for community stroke survivors?

- Yes (Please give your reasons: \_\_\_\_\_)
- No (Please give your reasons: \_\_\_\_\_)

What will be your main concerns if you were to run the *Stepping On after Stroke program* in your setting?

---



---



---

Any other recommendations:

---



---



---

*Thank you for your time and valuable feedbacks!*