

The ILC Virtual Support Group Program Evaluation

Please answer the following questions by clicking your demographic, preferred number and day choice, and writing the response that best describes your feelings about the program. Your comments are confidential and will help us improve the quality of The ILC Virtual Support Group Program.

1. **What province do you live in?**

AB BC MB NB NL NS NT NU ON PE QC SK YT

2. **How do you feel about the Virtual Support Groups you have attended?**

Very Good	Good	Okay	Bad	Very Bad
5	4	3	2	1

3. **What is your preferred day(s) to attend a Virtual Support Group?**

M T W Th F

4. **What is your preferred time (ET):** _____

5. **What do you like about the Virtual Support Group?**

6. **What didn't you like about the Virtual Support Groups?**

7. What ideas or changes can you suggest to improve The ILC Virtual Support Groups?

Thank you for your valuable feedback