

What Are Your Rights Over Your Remains Program Evaluation



Date _____ Group: _____ Presenter _____

A. In my opinion, the usefulness of the **What Are Your Rights Over Your Remains** is (circle one):

No Use at All Useful Very Useful
 1 2 3 4 5

B. Because of the information I learned about the **What Are Your Rights Over Your Remains**, I intend to (check the appropriate boxes):

YES NO

- 1. Express my wishes with a prepaid funeral contract.
- 2. Express my wishes with a written disposition direction (letters of last instructions, a will, a trust document, a power of attorney, or a health care directive)
- 3. Express my wishes with a videotaped disposition direction.
- 4. Express my wishes with a signed affidavit.
- 5. Contact one of the organizations listed in the MontGuide for additional information.
- 6. Other, please describe _____

C. I intend to share information about the **What Are Your Rights Over Your Remains** with (check all that apply):

- a. Spouse/partner
- b. Adult Children
- c. Neighbors
- d. Friends
- e. Other family members
- f. Colleagues at work
- g. Other (please describe) _____

E. About you: a. Male b. Female

F. Age: a. under 17 e. 48 - 58
 b. 18 - 25 f. 59 - 69
 c. 26 - 36 g. 70 and over
 d. 37 - 47

G. The most important thing I gained from the **What Are Your Rights Over Your Remains** program is.....

H. My suggestion for improving the **What Are Your Rights Over Your Remains** program is.....

I. Other comments I would like to share about the **What Are Your Rights Over Your Remains** program (feel free to write on back).....