



Community Feedback Survey

Your feedback on APDA programs and services is vital to the Illinois Chapter. There are 3 ways you can complete this 5-minute survey

- 1) Fill out this paper copy, mail it to P.O. Box 814, River Grove, IL 60171.
- 2) Call us at 708-329-9527 and we will fill it out with you.
- 3) Or scan the QR Code on your smartphone and go directly to the online survey (<https://www.surveymonkey.com/r/ILAPDAsurv>).

1. I am a...

- Person with Parkinson's disease (PD)
 Other relative of someone with PD
 Spouse/Significant Other
 Friend of someone with PD
 Other (please specify) _____

2. In what **year** were you or your loved one diagnosed with PD? _____

3. Please rate how impactful each program was to you over the past 12 months, if you participated in them. Check N/A if you didn't participate in the program.

	Not at all Impactful	Had little impact	Somewhat Impactful	Very Impactful	N/A
a. Educational Programs (Conference, Speakers)					
b. Support Groups					
e. News You Can Use email					
f. Your contact with the office (for info or referral)					

4. Please share any likes, dislikes, comments or suggestions you have about APDA and the programs and services offered.

5. How strongly do you agree or disagree with the following statements about your engagement with the APDA?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I feel empowered to take action to address the symptoms I/my loved one experiences					
b. I learned about things I can do to improve my/my loved one's daily activities					
c. I implemented things I learned to improve my/my loved one's daily activities					
d. I feel the APDA is a community of people who understand what I am experiencing					
e. I was connected to helpful resources					
f. Overall, my expectations were met					

6. How often do you visit the APDA website?

- Daily
 About once or twice a year
 Weekly
 I don't ever visit the website
 Monthly
 Other (please specify) _____

7. How often do you experience the following when visiting the website. (If you have not ever used the website, please skip to Question 9.)

	Never	Occasionally	Sometimes	Most of the Time	Always
a. I find what I was looking for on the website					
b. I feel the website is easy to navigate					
c. The website has helpful information					
d. I learn about upcoming programs and events					

8. Please share any likes, dislikes, comments or suggestions you have about the APDA website.

9. Which of the following social media platforms do you use? (Check all that apply.)

- Facebook Instagram LinkedIn
 X (formerly Twitter) Tik Tok Other (please specify) _____

10. How often do you experience the following when on social media. (If you have not ever used social media, please skip to Question 12.)

	Never	Occas- ionally	Sometimes	Most of the Time	Always
a. I see APDA Illinois Chapter posts on social media					
b. I feel the APDA Illinois posts I see are helpful					
c. I share the APDA Illinois Chapter posts					
d. I learn about upcoming programs and events from social media posts					

11. Please share any likes, dislikes, comments or suggestions you have about the APDA's social media posts.

12. What is your age range?

- Under 45 45-54 55-64 65-74 75-84 85 and over

13. What is your race?

- Caucasian/White Native American/Native Alaskan
 African American/Black Native Hawaiian or Other Pacific Islander
 Asian Prefer not to answer
 Other (please specify) _____

14. Ethnicity

- Hispanic or Latino Non-Hispanic or Latino Prefer not to answer

15. What is your zip code? _____