

# Take Charge of Your Health: Live Well, Be Well Workshop Evaluation

Please answer the following questions honestly. Your feedback will help us to make sure the program is meeting the needs of those we serve.

Workshop location: \_\_\_\_\_ Date: \_\_\_\_\_

**1. Please rate the workshop by circling one number for each item below:**

	Poor				Excellent
a. Overall workshop evaluation	1	2	3	4	5
b. The time/day workshop was held	1	2	3	4	5
c. The location of the workshop	1	2	3	4	5
d. The self-management skills I learned	1	2	3	4	5

**2. Please rate the workshop leaders by circling one number for each item below:**

Leader #1 name: \_\_\_\_\_

	Poor				Excellent
a. Communication	1	2	3	4	5
b. Organization and preparation	1	2	3	4	5
c. Ability to answer my questions	1	2	3	4	5
d. Respected group members needs	1	2	3	4	5
e. Overall leader #1 evaluation	1	2	3	4	5

Leader #2 name: \_\_\_\_\_

	Poor				Excellent
a. Communication	1	2	3	4	5
b. Organization and preparation	1	2	3	4	5
c. Ability to answer my questions	1	2	3	4	5

- d. Respected group members needs      1      2      3      4      5
- e. Overall leader #2 evaluation            1      2      3      4      5

**3. Please circle one number that best shows how much you agree with the following statements:**

- a. After completing the workshop, I am more confident in my abilities to manage my chronic health condition:

Disagree    1            2            3            4            5    Agree

- b. I plan to use at least one of the skills I learned in the next month:

Disagree    1            2            3            4            5    Agree

- c. The workshop provided me with skills that will help me to better communicate with my health care team:

Disagree    1            2            3            4            5    Agree

- d. I would recommend this workshop to a friend:

Disagree    1            2            3            4            5    Agree

**4. What did you like best about the *Take Charge of Your Health* workshop?**

**5. What improvements would you like to see to the workshop?**

**6. How many workshop sessions were you able to attend: (circle one) 1 2 3 4 5 6**

**If you were unable to attend all sessions, please indicate reason below.** (check all that apply):

- Illness/didn't feel well       The workshop did not meet my needs  
 Scheduling conflicts           Other: \_\_\_\_\_

**7. Would you be interested in becoming a workshop leader/volunteer:      YES      NO**

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