

Evaluation Form



Please check one response per question.

Materials

- 1. Were the materials you received interesting? Yes No Not applicable
- 2. Did they help your learning? Yes No Not applicable

Community Health Workers

- 3. Was your community health worker a good teacher? Yes No
- 4. Did the community health worker appear to know the material she was teaching? Yes No
- 5. Did the community health worker answer all of your questions? Yes No Not applicable
- 6. Did the community health worker listen to your opinions? Yes No Not applicable

General

- 7. Were you at ease in the group? Yes No Not applicable
- 8. Would you recommend this program to your friends? Yes No
- 9. What did you like most about the program? _____
- 10. What did you like least about the program? _____

Additional comments: _____

Name (optional): _____

Phone number (optional): _____

Email address (optional): _____