

**Health Through Faith and Community
Participant Evaluation**

We appreciate your feedback. Please take a few minutes and complete this form so we can evaluate this study.
Thank you for completing this evaluation!

Name: _____ **Location:** _____ **Date:** _____
(Optional)

- 1) Rate the **importance of the topic presented.**

____ Very ____ Moderately ____ Slightly ____ Not at all
Comments

- 2) Rate the **overall effectiveness of the study leader** for the presentations that you attended.

____ Excellent ____ Good ____ Fair ____ Poor
Comments

- 3) Rate the **overall quality** of the instructional elements for this study.

(Handouts, discussions, activities, etc)

____ Excellent ____ Good ____ Fair ____ Poor
Comments

- 4) Rate **how likely** you are to take action to improve your personal health as a result of this study.

____ Very likely ____ Somewhat likely ____ Not likely
If so, what do you have in mind?

- 5) Rate **how likely** you are to take action intended to improve the health of the local community, nation or world as a result of this study.

____ Very likely ____ Somewhat likely ____ Not likely
If so, what do you have in mind?

- 6) Did the study **change your perception** of health and the determinants of health? If so, in what way?

Comments

Please provide any additional comments that will help us improve the quality and/or effectiveness of the study.

Comments