



## Living Well Workshop Evaluation

Thank you for participating in this workshop! Please take a few minutes to answer the questions below to help us continue to improve it.

Workshop location: \_\_\_\_\_ Today's date: \_\_\_\_\_

Please circle the number that best shows how much you agree with these statements:

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1. Workshop was offered at a convenient time.	1	2	3	4	5
2. Workshop location met my needs.	1	2	3	4	5
3. Workshop sessions were well-organized.	1	2	3	4	5
4. Leaders were knowledgeable and effective.	1	2	3	4	5
5. Leaders respected group members needs and differences.	1	2	3	4	5
6. I would recommend this workshop to others.	1	2	3	4	5
7. I now feel more confident in managing my health condition(s).	1	2	3	4	5
8. I will continue to use the self-management skills I learned in this workshop.	1	2	3	4	5

9. How many sessions did you attend?

- All 6 sessions
- 5 sessions
- 4 sessions
- 3 or fewer sessions

If you missed any sessions, what was the reason?

- Illness
- Family issues
- Forgot
- Workshop did not meet my needs
- Other: \_\_\_\_\_

10. What did you like most about this workshop?

11. What would you change about this workshop?

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

Thank you for sharing your comments!