Kindle Health Workshop Evaluation Form

Your feedback is critical for Kindle Health to ensure we are meeting your needs. We would appreciate if you could take a few minutes to share your thoughts with us so we can improve our service.

**Please return this form to the instructor or organizer at the end of the event. Thank you!**

Event title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facilitator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Strongly Strongly**

**agree disagree**

1. The content was as described in publicity materials 1 2 3 4 5
2. The topic(s) were applicable to my life 1 2 3 4 5
3. I will recommend this workshop to others 1 2 3 4 5
4. The program was well paced within the allotted time 1 2 3 4 5
5. The facilitator communicated the material well 1 2 3 4 5
6. The material was presented in an organized manner 1 2 3 4 5
7. There was a good mix of content and activity 1 2 3 4 5
8. I would be interested in attending a follow-up, more

advanced workshop on this same subject 1 2 3 4 5

1. Given the topic, was this workshop: ❑ a. Too short ❑ b. Right length ❑ c. Too long
2. The workshop content was at this level: ❑ a. Introductory ❑ b. Intermediate ❑ c. Advanced

# Please rate the following:

Excellent Very Good Good Fair Poor

1. Activities ❑ ❑ ❑ ❑ ❑
2. Content ❑ ❑ ❑ ❑ ❑
3. Location/space ❑ ❑ ❑ ❑ ❑
4. Handouts ❑ ❑ ❑ ❑ ❑
5. The program overall ❑ ❑ ❑ ❑ ❑

12. What did you most appreciate/enjoy/think was best about the event? Any suggestions for improvement?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**OVER, Please** 🡺🡺🡺

# Your Background

1. Which of the following best describes your current position? (you can pick more than one!)

❑ a. Horse related ❑ e. Business or Administration

❑ b. Healthcare ❑ f. Student (are you: ❑ Undergrad ❑ Graduate ❑ Post-grad)

❑ c. Retired ❑ g. Service industry

❑ d. Educator ❑ h. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Future Needs**

1. I would be able to do my work better if I knew more about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. I would feel better, or have improved health or wellness if I knew more about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. I would enjoy life more if I managed this better: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. My spouse/partner/best friend would be interested in attending an event with me if it was on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please describe the top two topics you would like to learn more about in the next 12 months:

Topic 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred level: ❑ a. Introductory ❑ b. Intermediate ❑ c. Advanced

Preferred format: ❑ a. Seminar/workshop (how many days?\_\_\_\_\_\_\_\_\_)

❑ b. Self-study materials

❑ c. Interactive distance learning (i.e., Web-based)

❑ d. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Topic 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred level: ❑ a. Introductory ❑ b. Intermediate ❑ c. Advanced

Preferred format ❑ a. Seminar/workshop (how many days?\_\_\_\_\_\_\_\_\_)

❑ b. Self-study materials

❑ c. Interactive distance learning (i.e., Web-based)

❑ d. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you!**

# Please return this form to the instructor or coordinator at the end of the workshop, or, if completing one online, please email to [kindlemyhealth@gmail.com](mailto:kindlemyhealth@gmail.com)

## 