

Feedback Form—What Did You Think About the Training? (for Strategy 1)

Participant identification (ID) number (*optional*): _____

Date (MM/DD/YYYY): ____ / ____ / ____

City: _____ State: _____

Circle only one answer for each question.

	Poor	Fair	Good	Very Good	Excellent	N/A
1. The training you attended was	1	2	3	4	5	0
2. The handouts in the manual were	1	2	3	4	5	0
3. The picture cards were	1	2	3	4	5	0
4. The demonstrations were	1	2	3	4	5	0
5. The audiovisuals were	1	2	3	4	5	0
6. The content presented was	1	2	3	4	5	0
7. The educational materials were	1	2	3	4	5	0
8. The trainer's knowledge of the manual content was	1	2	3	4	5	0
9. The way the trainer taught the manual was	1	2	3	4	5	0
10. The activities you participated in (e.g., role plays, pledges, etc.) were	1	2	3	4	5	0

Write your answers to the following questions.

11. What did you like best about the training?

12. What did you like least about the training?

13. Are there any areas that should be improved for future trainings?

Feedback Form—What Did You Think About the Training? (for Strategy 1) *(continued)*

Circle only one answer for each question.

	I will not	Most likely I will not	Don't know	Most likely I will	I will
14. Will you teach the Your Heart, Your Life course to community members?	1	2	3	4	5
15. Will you change your health habits?	1	2	3	4	5
16. Will you share the information from the training with your family?	1	2	3	4	5
17. Will you share the information from the training with friends?	1	2	3	4	5
18. Will you share the information from the training with promotores?	1	2	3	4	5

19. Are there other ways that you can share the information? ₁ Yes ₂ No

19a. If yes, please explain: _____

20. What changes will you make as a result of participating in the training?

21. Other comments:
