Feedback Form
What Did You Think About the Training?

For Strategy 1

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

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

City: _____ **State:** _____

Mark your answer with an X.

1. The training you attended was:

❑ (1) Poor

❑ (2) Fair

❑ (3) Good

❑ (4) Very Good

❑ (5) Excellent

❑ (6) N/A

3. The picture cards were:

❑ (1) Poor

❑ (2) Fair

❑ (3) Good

❑ (4) Very Good

❑ (5) Excellent

❑ (6) N/A

2. The handouts in the manual were:

❑ (1) Poor

❑ (2) Fair

❑ (3) Good

❑ (4) Very Good

❑ (5) Excellent

❑ (6) N/A

4. The demonstrations were:

❑ (1) Poor

❑ (2) Fair

❑ (3) Good

❑ (4) Very Good

❑ (5) Excellent

❑ (6) N/A

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What Did You Think About the Training? (continued)

For Strategy 1 (continued)

5. The visuals were:

❑ (1) Poor

❑ (2) Fair

❑ (3) Good

❑ (4) Very Good

❑ (5) Excellent

❑ (6) N/A

7. The educational materials were:

❑ (1) Poor

❑ (2) Fair

❑ (3) Good

❑ (4) Very Good

❑ (5) Excellent

❑ (6) N/A

6. The content presented was:

❑ (1) Poor

❑ (2) Fair

❑ (3) Good

❑ (4) Very Good

❑ (5) Excellent

❑ (6) N/A

8. The trainer's knowledge of the course content was:

❑ (1) Poor

❑ (2) Fair

❑ (3) Good

❑ (4) Very Good

❑ (5) Excellent

❑ (6) N/A

Feedback Form
What Did You Think About the Training? (continued)

For Strategy 1 (continued)

9. The way the trainer taught the course was:

- ❑ (1) Poor
- ❑ (2) Fair
- ❑ (3) Good
- ❑ (4) Very Good
- ❑ (5) Excellent
- ❑ (6) N/A

10. The activities you participated in (role plays, pledges, etc.) were:

- ❑ (1) Poor
- ❑ (2) Fair
- ❑ (3) Good
- ❑ (4) Very Good
- ❑ (5) Excellent
- ❑ (6) N/A

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? (continued)

For Strategy 1 (continued)

14. Will you teach the With Every Heartbeat Is Life course to community members?

❑ (1) I will not
❑ (2) Most likely I will not
❑ (3) May or may not
❑ (4) Most likely I will
❑ (5) I will

15. Will you change your health habits?

❑ (1) I will not
❑ (2) Most likely I will not
❑ (3) May or may not
❑ (4) Most likely I will
❑ (5) I will

16. Will you share the information from the training with your family?

❑ (1) I will not
❑ (2) Most likely I will not
❑ (3) May or may not
❑ (4) Most likely I will
❑ (5) I will

17. Will you share the information from the training with friends?

❑ (1) I will not
❑ (2) Most likely I will not
❑ (3) May or may not
❑ (4) Most likely I will
❑ (5) I will

18. Will you share the information from the training with community health workers?

❑ (1) I will not
❑ (2) Most likely I will not
❑ (3) May or may not
❑ (4) Most likely I will
❑ (5) I will

Feedback Form
What Did You Think About the Training? (continued)

For Strategy 1 (continued)

19. Are there other ways that you can share the information?

❑ ₁Yes

❑ ₂No

a. If yes, please explain:

_____

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

_____

_____

21. Other comments:

_____

_____