

Please let us know how you feel about today’s workshop so we can meet your health education needs. **All responses will be kept confidential and anonymous.** Thank you for your time.

Please circle your response.

**1. The instructor was helpful.**

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

**2. The information was useful to me.**

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

**3. I consider the VA to be a good source for health information.**

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

**4. I had trouble hearing the information during this workshop.**

YES NO

**5. I had trouble reading the information used in this workshop.**

YES NO

**6. Please share any comments, concerns, or compliments.**

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