



Take Control of Your Health

Workshop Evaluation

***Thank you for participating in the "Take Control of Your Health" program.
Please tell us your thoughts about the workshop.***

1. The leaders were well prepared.

Strongly Agree Agree Disagree Strongly Disagree

2. The classes were well organized.

Strongly Agree Agree Disagree Strongly Disagree

3. As a result of this workshop, I have made changes in my lifestyle, i.e., healthy eating, exercise, etc.

Strongly Agree Agree Disagree Strongly Disagree

4. I would recommend this workshop to a friend or relative.

Strongly Agree Agree Disagree Strongly Disagree

What other changes have you made as a result of this class?

Other comments or suggestions:

For Workshop Leaders Only:

Date:

Site: