

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



## Post Workshop Evaluation

Please select appropriate response.

|  | Strongly<br>Agree     | Agree                 | Neutral               | Disagree              | Strongly<br>Disagree  |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. This workshop lived up to my expectations.                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. The content is relevant to my chronic illness.                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Skills and concepts presented during the workshop were clear to me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. The workshop objectives were clear to me.                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. The workshop activities stimulated my learning.                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. The workshop activities gave me sufficient practice and feedback.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. The pace of this workshop was appropriate.                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. The instructors were well prepared.                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. The instructors were effective in explaining concepts to me         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. I will be able to use what I learned in this workshop.             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. The workshop presented skills and concepts that were new to me     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. What improvements would you recommend for this workshop?           |                       |                       |                       |                       |                       |

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13. What did you find least valuable about this workshop?

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14. What did you find most valuable about this workshop?

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