

Health Education Workshop Evaluation Form



Asian American Health Initiative

Together To Build A Healthy Community

Organization Name |

Attachment E

We appreciate your feedback! Please let us know how we can improve and better serve the community!

Tell us about yourself!

(Providing this information is completely voluntary. Please feel free to skip this section if you would like.)

I am... Female Male Other Prefer not to say

My age is... _____

My ethnicity is... Asian Indian Chinese Filipino Korean Vietnamese

Other: _____

What zip code do you live in? _____

Tell us about the quality of this event. (Circle one rating per line)

	Excellent	Good	Average	Fair	Poor
Value of the topic					
Quality of the presentation content					
Quality of the speaker(s)					

What did you gain from today's workshop? (Circle one rating per line)

After attending this event...	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
I learned new information about the topic.					
I plan to share what I learned with family and friends.					
I plan to access a service after this presentation.					
I know where to go to find additional resources on the topic.					
I feel confident in my ability to improve my health and wellness.					
Overall, I was satisfied with the services I received.					

What other health and wellness topics would you like to learn about? (Check all that apply)

- Adolescent Health Financial Assistance Housing Oral Hygiene
 Allergies Food Security Kidney Disease Physical Activity
 Eye Health High Cholesterol Nutrition Substance Abuse
 Other: _____

Any additional comments for the AAHI team? (Please write them in the space below)