

Workshop Evaluation Form

First Name		Last Name	
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What did you like most about the workshop?

What specific things did you like least about the workshop?

Circle the number to indicate your level of agreement/disagreement with each statement.

After completing a Montana: Living Life Well Workshop:	Strongly Disagree					Strongly Agree
I feel more confident about making decisions to improve my health	1	2	3	4	5	5
I have a better understanding of how to create a realistic action plan for myself	1	2	3	4	5	5
I learned new tools for better problem solving	1	2	3	4	5	5
I feel confident that I can identify and break the symptom cycle	1	2	3	4	5	5
I learned more about how to deal with my difficult emotions	1	2	3	4	5	5
I will recommend this workshop to my friends and family	1	2	3	4	5	5

Overall I would rate this workshop as: (circle one)				
Excellent	Very Good	Good	Fair	Poor

Would you be interested in learning more about becoming a volunteer leader for future Montana: Living Life Well workshops?	Yes	No
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