



Michigan Partners on the PATH  
**Workshop Evaluation Form - Step 6**  
 For All PATH Workshops

Please answer the following questions to let us know about your experience with this workshop. Thank you for your time.

➔ Mark like this: ●  
 Not like this: ☒ ☑

**1. Think back to the start of this workshop. Which symptoms were causing problems in your life? (mark all that apply)**

- Poor sleep
- Fatigue (being tired)
- Shortness of breath
- Depression
- Difficult emotions (frustration, anger, fear, worry)
- Stress or anxiety
- Pain
- Physical limitations (trouble with everyday tasks)

**2. In the workshop, you learned about many self-management tools. Which tools will you keep using after the workshop ends? (mark all that apply)**

- Physical activity
- Problem solving
- Healthy eating
- Communication
- Using your mind
- Weight management
- Making action plans
- Understanding emotions
- Proper use of medications
- Working with health professionals
- Breathing techniques
- Decision making
- Sleep
- None

Please mark one answer for each question below.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
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<b>3. The leaders made me feel welcome and comfortable.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>4. The leaders were on time and ready to start each week.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>5. After taking the workshop, I am more confident that I can manage my health conditions.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**6. Would you recommend this workshop to your family and friends?**  Yes  No

Comments:

*For Office Use*

Course ID#	Location ID#	Start Date of Workshop	Participant ID#
□ □ □ □	□ □ □ □ □ □	□ □ / □ □ / □ □ □ □ Month Day Year	□ □

Workshop Location: \_\_\_\_\_

**Thank you!**

