

LIVING HEALTHY PROGRAM PARTICIPANT SATISFACTION SURVEY

Name (optional):		Location:				Date:	
Facilitators: _____ and _____							
#	Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Comments
1	I found the content of the workshop very useful for helping me with my chronic condition(s)						
2	I found the facilitators helpful and knowledgeable						
3	I found the facility clean and comfortable						
4	I found the length of the class (2.5 hours) to be OK for me						
5	I would recommend this program to my friends and family						
6	I think I can now work better with my physician to take care of my health and well-being						
7	I would like to participate in some other group follow-up sessions						
8	The parts of the program that I like the most are:						
9	Suggestions for improving the program are:						