

STRENGTHENING THE FORCES

HEALTH PROMOTION COURSE EVALUATION FORM

Location (PSP use only)

Date (DD/MM/YY)

Your feedback on Strengthening the Forces' (StF) Health Promotion courses is important for continuing quality improvement. You are welcome to complete the survey in French or English.

Confidentiality and Privacy

The survey results are anonymous and will only be used in an aggregate format. Please do not include any personal information in your survey responses.

Instructions:

This feedback form should be filled out and placed in the envelope at the front of the class upon completion of an StF Health Promotion course.

Shade only one circle in the corresponding cell in the tables below: (●)

1. Select the applicable StF Health Promotion course you have completed today.

- | | |
|---|--|
| AODGGA for Supervisors <input type="radio"/> | Managing Angry Moments <input type="radio"/> |
| AODGGA General <input type="radio"/> | Mental Fitness & Suicide Awareness <input type="radio"/> |
| Butt-Out <input type="radio"/> | Stress: Take Charge! <input type="radio"/> |
| Injury Reduction Strategies <input type="radio"/> | Top Fuel for Top Performance <input type="radio"/> |
| Inter-Comm <input type="radio"/> | Weight Wellness Lifestyle Program <input type="radio"/> |

2. How would you rate your instructor(s)?

Instructor 1 Name: _____	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) The instructor seemed knowledgeable about the subject matter presented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) The instructor seemed well-prepared.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) The instructor created a supportive learning environment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Overall, I found the instructor effective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Instructor 2 Name: _____	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) The instructor seemed knowledgeable about the subject matter presented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) The instructor seemed well-prepared.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) The instructor created a supportive learning environment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Overall, I found the instructor effective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. How would you rate the course?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) The course objectives were clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) The course content was relevant to my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) The course was of suitable length.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) The course increased my knowledge of the subject matter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I feel I can apply what I learned in my daily living.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Overall Satisfaction

	Dissatisfied	Somewhat Dissatisfied	Neither Satisfied nor Dissatisfied	Somewhat Satisfied	Satisfied
Overall, how would you rate your level of satisfaction with this course?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Any additional feedback is important for improvement. Please add your comments below.