

MEN'S HEALTH EVALUATION SURVEY

Date Wednesday, March 17th, 2010 Location McLaughlin

1. How did you find out about today's event?

Flyer Radio Family member or friend
 Tribal Health Letter Newspaper Community Health Representative
CHR NAME _____

2. Please rate your experience with the activities from the Men's Health Clinic.

- | | | | |
|---|------------|-----------|---|
| a) Did you have a doctor's appointment? | Yes | No | If yes, please rate.
<i>Poor Fair Good</i> |
| b) Did you visit Diabetes Education Station? | Yes | No | If yes, please rate
<i>Poor Fair Good</i> |
| c) Did you visit the Colorectal Cancer Education Station? | Yes | No | If yes, please rate
<i>Poor Fair Good</i> |
| d) Did you visit the Heart Health Station? | Yes | No | If yes, please rate
<i>Poor Fair Good</i> |

3. Please list the things you liked about the Men's Health Clinic.

4. Was there anything you didn't like about this event? What could we do better?

5. Would you participate again? Yes No

6. Did you take Tribal Administrative leave for your appointment today? Yes No

7. Please list other men you would like us to invite to future Men's Health Clinics.

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____