EVALUATION FORM

Please complete this form and return it at the end of the program. Your feedback is important!

Name: (optional)_____________________________________________________________________________________________

Job Title:_____________________________________________________________________________________________ Degree:____________________(BA, RN, MPH, etc.)

Organization: _______________________________________________________________________________________________

City: ______________________________________________ State: __________________ Zip Code: _______________________

COMMON STDS

Please circle the number that best reflects your opinion
( 5 = strongly agree  3 = neutral   1 = strongly disagree)

1. Information was practical and useful to me
   5 4 3 2 1

2. Speaker demonstrated mastery of subject
   5 4 3 2 1

3. Presentation was clear and well-organized
   5 4 3 2 1

4. Speaker was receptive to questions and discussion
   5 4 3 2 1

5. Learning objectives were met
   5 4 3 2 1

Comments____________________________________________________________________________________________________________
__________________________________________________________________________________________

CURRENT EPIDEMIOLOGY OF SELECTED STDS

Please circle the number that best reflects your opinion
( 5 = strongly agree  3 = neutral   1 = strongly disagree)

6. Information was practical and useful to me
   5 4 3 2 1

7. Speakers demonstrated mastery of subject
   5 4 3 2 1

8. Presentation was clear and well-organized
   5 4 3 2 1

9. Speaker was receptive to questions and discussion
   5 4 3 2 1

10. Learning objectives were met
    5 4 3 2 1

Comments
SEX IN THE CITY: THE HIV/STD INTER-RELATIONSHIP

Please circle the number that best reflects your opinion
(5 = strongly agree  3 = neutral  1 = strongly disagree)

11. Information was practical and useful to me
   5 4 3 2 1
12. Speakers demonstrated mastery of subject
   5 4 3 2 1
13. Presentation was clear and well-organized
   5 4 3 2 1
14. Speaker was receptive to questions and discussion
   5 4 3 2 1
15. Learning objectives were met
   5 4 3 2 1

Comments_____________________________________________________________________________________________________________
__________________________________________________________________________________________

EXPANDING OPPORTUNITIES FOR STD PREVENTION

Please circle the number that best reflects your opinion
(5 = strongly agree  3 = neutral  1 = strongly disagree)

16. Information was practical and useful to me
   5 4 3 2 1
17. Speaker demonstrated mastery of subject
   5 4 3 2 1
18. Presentation was clear and well-organized
   5 4 3 2 1
19. Speaker was receptive to questions and discussion
   5 4 3 2 1
20. Learning objectives were met
   5 4 3 2 1

Comments_____________________________________________________________________________________________________________
__________________________________________________________________________________________

STATE AND LOCAL STD PREVENTION PROGRAMS

Please circle the number that best reflects your opinion
(5 = strongly agree  3 = neutral  1 = strongly disagree)

21. Information was practical and useful to me
   5 4 3 2 1
22. Speakers demonstrated mastery of subject
   5 4 3 2 1
23. Presentation was clear and well-organized
   5 4 3 2 1
24. Speaker was receptive to questions and discussion
   5 4 3 2 1
25. Learning objectives were met
   5 4 3 2 1

Comments_____________________________________________________________________________________________________________
__________________________________________________________________________________________
OVERALL PROGRAM EVALUATION

Please circle the number that best reflects your opinion (5 = strongly agree; 3 = neutral; 1 = strongly disagree).

1. This program met my personal objectives

   5 4 3 2 1

2. Overall, content was relevant to objectives

   5 4 3 2 1

3. The knowledge learned in this course will enhance my practice

   5 4 3 2 1

4. The question and discussion periods were well organized

   5 4 3 2 1

5. Will your participation in this course help you in your own work setting? If so, how?

___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

6. Please make suggestions to improve the program:

___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

7. What portion of this program was most helpful to you? Why?

___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

8. What portion of this program was least helpful to you? Why?

___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

9. Overall, how would you rate the quality of this activity and its educational content? (Please circle one)

   Excellent    Good    Fair    Poor

Thank you for completing this evaluation form!