# TOOL 17 – SOCIAL MODEL OF HEALTH WORKSHOP EVALUATION

Group: ....................................................................................... Trainer: ...................................

Venue: ....................................................................................... Date: ...................................

1.  What was your/your group's (delete as appropriate) knowledge of the Social Model of Health before the workshop? Please circle.

| 🙁 1 | 2 | 3 😐 | 4 | 5 🙂 |
|------|---|------|---|------|
| Not much | Some | Average | Very Good | Excellent |

Please comment:


2.  Following the training, how do you rate your awareness and understanding of the Social Model of Health after the workshop? Please circle.

| 🙁 1 | 2 | 3 😐 | 4 | 5 🙂 |
|------|---|------|---|------|
| Not much | Some | Average | Very Good | Excellent |

Please comment:


3.  How confident were you/your group in this topic before the workshop? Please circle.

| 🙁 1 | 2 | 3 😐 | 4 | 5 🙂 |
|------|---|------|---|------|
| Not much | Some | Average | Very Good | Excellent |

Please comment:


4.  After this workshop, how confident do you / your group now feel on this topic?

| 🙁 1 | 2 | 3 😐 | 4 | 5 🙂 |
|------|---|------|---|------|
| Not much | Some | Average | Very Good | Excellent |

Please comment:

5.  Was this workshop beneficial?
    Yes ❑     No ❑

    If No, how can this workshop be improved in the future?

6.  Would you recommend this training to others?

    1 🙁          2 😐          3 🙂

    No          Not Sure          Yes

    Other comments: