



# Take Control of Your Health

## Peer Leader Training Evaluation

Please help evaluate the 4-day Peer Leader Workshop by completing this form.

Site: \_\_\_\_\_ Date: \_\_\_\_\_

Peer Leader Name: \_\_\_\_\_

1. Was the workshop information presented clearly and at a level you could understand?  Yes  No
2. Did the trainers demonstrate knowledge and answer questions appropriately?  Yes  No
3. Did the trainers assist you in using the problem-solving process and making an action plan?  Yes  No

4. Were you satisfied with the Workshop overall?

<b>Not at all Satisfied</b>	1	2	3	4	5	<b>Completely Satisfied</b>
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Comment: \_\_\_\_\_

5. Overall, to what extent were you engaged when taking this Workshop?

<b>Not at all Engaged</b>	1	2	3	4	5	<b>Completely Engaged</b>
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Comment: \_\_\_\_\_

6. How comfortable do you think you will be teaching this Program?

<b>Not at all Comfortable</b>	1	2	3	4	5	<b>Completely Comfortable</b>
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Comment: \_\_\_\_\_

7. How confident are you that you will be able to describe these concepts to Program participants?
- |                             | <b>Not Confident</b>     | <b>Somewhat Confident</b> | <b>Confident</b>         | <b>Very Confident</b>    | <b>Totally Confident</b> |
|-----------------------------|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|
| a. Action Plans             | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Problem Solving/Feedback | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Follow Up/Communication  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Buddy System             | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. How confident are you that you can lead participants in each of these components of the program?

	<i>Not Confident</i>	<i>Somewhat Confident</i>	<i>Confident</i>	<i>Very Confident</i>	<i>Totally Confident</i>
a. <b>Session 1</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Introduction/Identifying Common Problems					
• Workshop Overview and Responsibilities					
• Differences Between Acute and Chronic Conditions					
• Using Your Mind to Manage Symptoms and Distractions					
b. <b>Session 2</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Dealing with Difficult Emotions					
• Introduction to Physical Activity and Exercise					
c. <b>Session 3</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Better Breathing					
• Muscle Relaxation					
• Pain and Fatigue Management					
• Endurance Activities					
d. <b>Session 4</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Future Plans for Health Care					
• Healthy Eating					
• Communication Skills					
e. <b>Session 5</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Medication Usage					
• Making Informed Treatment Decisions					
• Depression Management					
• Positive Thinking					
• Guided Imagery					
f. <b>Session 6</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Working With Your Health Care					
• Professional and the Health Care System					
• Looking Back and Planning for the Future					

Other Comments: \_\_\_\_\_  
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\_\_\_\_\_  
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***Thank you!***