



Michigan Partners on the PATH
Workshop Evaluation Form
 For PATH and Diabetes-PATH Workshops

Step 6

This section to be completed by the leader:

Workshop Location: _____

Course ID#

Start Date of Workshop Start Time

/ / : AM PM

Month Day Year

Location ID#

1. How many sessions did you attend? (Mark one)

1 2 3 4 5 6

Mark like this: ●
 Not like this: ☒ ☑

2. If you did not attend all 6 sessions, what were the main reasons you were unable to attend? (Mark all that apply)

Illness (self) Did not like workshop
 Illness (family member) No transportation
 Schedule conflict (doctor appointment, work, etc.) Bad weather
 Other: _____

3. Would you recommend this workshop to your family and friends?

Yes No

4. Will you use the tools you learned in this workshop?

Yes No

5. Which tools are you currently using? (mark all that apply)

Making Action Plans Problem solving Relaxation
 Physical activity Healthy eating Breathing
 Guided imagery Distraction Self-Talk
 Better communication with family or friends
 Better communication with health care provider
 Other: _____

6. What did you like BEST about the workshop? (mark all that apply)

Instructor Sharing
 Workshop topics Location
 Day or time Other: _____

7. What did you like LEAST about the workshop? (mark all that apply)

Instructor Sharing
 Workshop topics Location
 Day or time Other: _____

Thank you!