



WELLNESS AWARENESS / EDUCATIONAL TRAINING FEEDBACK FORM

date: Wednesday, September 12, 2001

Training TITLE →

HEART DISEASE PREVENTION
"Healthy Heart" by Gloria Wagner
 Preston County Extension Agency

1.) Did you learn any valuable health information from this session ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.) Was the speaker well-informed and knowledgeable of the subject ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.) Would you attend this session or a similar session again in the future ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.) Would you like to receive more awareness training on the same or a related subject ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.) Please list 'one' Wellness Topic which you would like to receive some sort of awareness / educational training on ?	

your Name (optional) _____.

- **NOTE:** Your input is needed on this survey in order to continue to make improvements to your wellness program; therefore, completion of this form is necessary in order for us to continue to have successful **Wellness Breaks & Wellness Lunch-n-Learns** __ thank you!
- All surveys are to be filled out either now or during your early morning crew meeting and turned in to *Linda Wolfe* (Fort Martin) or *Linda Sanders* (Albright).

*Thank you,
Your Regional Wellness Team*