YOUNG WOMEN'S HEALTH TEAM
Short Feedback Form

ID NUMBER: _____

DATE: _____/_____/_____

SESSION TOPIC: _____

1. Before you came to this session, how much did you know about the topic we discussed?

1 2 3 4 5 6 7 8 9 10
No knowledge at all — Extremely knowledgeable

2. After the session, how much did you know about the topics we discussed?

1 2 3 4 5 6 7 8 9 10
No knowledge at all — Extremely knowledgeable

3. Overall, how valuable was the session today?

1 2 3 4 5 6 7 8 9 10
Not useful at all — Extremely useful

4. Do you think you will change based on what you learned today?

❑ No ❑ Yes

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