

Date of workshop: _____

County of workshop: _____

Navigating Trauma After a Natural Disaster

Lesson Evaluation

We need your help to provide feedback on the lesson you just completed. Please take a few moments to complete this survey.

For each item below, please circle the number in the middle column that best represents your level of understand or ability BEFORE the program. Then in the last column, please circle the number that represents your level of understanding or ability AFTER the program.

Level of Understanding

Poor=1, Average=2, Good=3, Excellent=4

Level of Understanding or Ability	BEFORE the Lesson	AFTER the Lesson
What causes trauma	1 2 3 4	1 2 3 4
The immediate signs of trauma	1 2 3 4	1 2 3 4
How trauma affects the body	1 2 3 4	1 2 3 4
The long-term signs of trauma	1 2 3 4	1 2 3 4
How to use coping skills after a natural disaster	1 2 3 4	1 2 3 4
How to help others who experience trauma after a natural disaster	1 2 3 4	1 2 3 4

Behavioral Intention

Please check whether you plan to change the following behaviors because of this lesson.

Intention	Yes	Possibly	No
Look for signs of trauma in others after a disaster			
Use the coping tips to help myself cope after a natural disaster			
Help others cope with trauma after natural disaster by using the coping tips			

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Level of Satisfaction

For each statement, please select the box representing your level of satisfaction with the lesson.

Satisfaction	Agree	Neutral	Disagree
The speaker effectively communicated the lesson.			
The information was practical.			
I would recommend the lesson to others.			

Takeaway/Comments

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