

PARTICIPANT SATISFACTION QUESTIONNAIRE

When to Use: At the end of Session 7

Administered by: Facilitator

Completed by: Participants

Instructions: Have participants complete this form the same time they complete the second Knowledge, Attitudes, and Behavior (KAB) Survey at the end of Session 7. Explain that this information will help you to improve future sessions of Many Men, Many Voices (3MV). Tell participants they should feel free to provide honest responses. Reassure them that they can complete this form anonymously because no indentifying information is requested.

PARTICIPANT SATISFACTION QUESTIONNAIRE

Facilitator(s) Name(s): _____

Date: ____ / ____ / ____

Location: _____

Please take a moment to rate how effective we were in presenting information to you. Check the box the best represents your response to the question.

The facilitator(s)...	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Demonstrated expertise in the subject matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clearly answered any questions I had.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Used clear, simple language that I could understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were comfortable talking about sensitive topics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Gave all group members a chance to contribute and ask questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Listened carefully to what everybody said.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Used appropriate teaching strategies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Created a comfortable learning environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Were nonjudgmental.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Were friendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Were enthusiastic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Were respectful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a participant, I found ...	Strongly Disagree	Disagree	Agree	Strongly Agree
1. The group discussions interesting and informative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The activities and exercises enhanced my ability to learn the subject matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The handouts were helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall, how would you rate the performance of the facilitator(s)? *Please circle a number.*

Poor				Okay					Excellent
1	2	3	4	5	6	7	8	9	10

Overall, how would you rate the sessions? *Please circle a number.*

Poor				Okay					Excellent
1	2	3	4	5	6	7	8	9	10

Overall, how would you rate the 3MV Program? *Please circle a number.*

Poor				Okay					Excellent
1	2	3	4	5	6	7	8	9	10

What topics, content, or concepts could have been covered in more detail?

What topics, content, or concepts could have been covered in less detail?

Please share any additional comments you have about your experience.

As a result of participating in 3MV, did you make some positive changes in your life?

☐ No ☐ Yes *If yes, please describe the changes you made below.*

Thank you for your participation!