

SAMPLE ASSESSMENT

:: source unknown ::

This questionnaire is to help determine your health needs and health education needs. Please check the appropriate column. Thank you for your help.

| | High Interest | Some Interest | No Interest |
|---|--------------------------|--------------------------|--------------------------|
| LIFESTYLE | | | |
| Stop Smoking Clinic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stress Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grief Issues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nutrition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Coping with Cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FAMILY ISSUES | | | |
| Family Life Stages: Getting Close; Letting Go | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Care for Aging Parents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Step-Families | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FOR ADULTS | | | |
| Assertiveness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Anxiety, Depression, & other Uneasy Thoughts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Midlife: Stumbling Blocks; Stepping Stones | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your Medicine Cabinet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Single Parenting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| From This Day Forward: Marriage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communication in Marriage: The Spice of Life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WHEN ILLNESS STRIKES | | | |
| Surgery and Self-esteem | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Early Warning Signs/Prevention of Cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Low Back Problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specific Conditions or Disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Be Heart Smart | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Osteoporosis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FOR PARENTS OF TEENS | | | |
| Conflict or Communication? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Depression and Suicide | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Teen Assertiveness Training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FOR PARENTS OF YOUNG CHILDREN | | | |
| Home Alone (American Red Cross) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Babysitting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-awareness and Self-esteem | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

EVALUATION

1. What would you like to see that was not offered?
2. Were the people who assisted you helpful/professional?
3. What did you feel was the most valuable?
4. Any comments about the Health Fair?