

Follow-up Activities

Because *STAY WELL!* is a new program, it is essential to seek feedback on it. The following pages contain actual evaluation forms that may be photocopied and handed out to program participants, facilitators and organizers. These forms should be useful for short-term as well as long-term review. Please feel free to modify the forms so they answer the questions that are most relevant to your group.

STAY WELL!

PARTICIPANT'S SECTION EVALUATION

Participant's Name:
Section Title:
Facilitator(s)' Name:
Date:

1. Was the content useful?

5 4 3 2 1
Extremely Not At All

2. Which parts in particular? (Please comment.)

3. What is one idea or activity you plan to make part of your normal routine within the next year?

4. Please comment on the section facilitators (delivery, pace, style, ability to relate to the group; willingness and ability to individualize material to meet your needs):

5. Overall, how would you rate the section?

5 4 3 2 1
Excellent Good Average Below Average Poor

6. What would you change about this section?

Participant's Section Evaluation--page two

7. Would you recommend this section to others?

5 4 3 2 1
Yes Perhaps No

8. If yes, why? If no, why not?

9. What other related topics, subjects, or activities should be covered by *STAY WELL!* facilitators in this section?

10. Did you feel strengthened, refreshed and enlivened at the finish of this section?

5 4 3 2 1
Extremely Not At All

11. If yes, why? If no, why not?

12. Other things you would like us to know...

Please return this form to the program facilitators. THANK YOU!

Reminder: Users of the "Stay Well" manual are advised to consult with their physician or other treating health professional before attempting any of the health assistance programs described in the program manual. Described health assistance programs are designed to complement ongoing medical advice and treatment from your physician or other treating health professional. Further, described health assistance programs cannot replace medical advice and treatment.

STAY WELL!

FACILITATOR'S SECTION EVALUATION

Facilitator's Name:
Street Address:
City, State and Zip Code:
Telephone Number(s):
Date:
Title of Unit or Section That You Facilitated:

1. Was the section curriculum clearly presented (easy to read, understand, and well-organized)?

5	4	3	2	1
Excellent	Good	Average	Below Average	Poor

Please comment:

2. Was the curriculum content applicable for participants; relevant to their needs?

5	4	3	2	1
Excellent	Good	Average	Below Average	Poor

Please comment:

3. Did the participants experience any changes during their time in the section? If yes, were the changes for the better or for the worse?

Please comment:

Facilitator's Section Evaluation--page two

4. Do you believe that the participants felt strengthened, refreshed and enlivened as they ended the section?

5 4 3 2 1
Extremely Not At All

Please comment:

5. Was the curriculum content of high professional and state-of-the-art quality?

5 4 3 2 1
Excellent Good Average Below Average Poor

Please comment:

6. Were you able to modify section curriculum with ease?

5 4 3 2 1
Yes Somewhat No

Please comment:

7. What recommendations would you make to future facilitators of this section?

8. Did you have the materials, equipment, and enough volunteer assistants to help you facilitate sessions effectively?

Please comment:

9. What were areas, activities, parts of the section that went especially well?

Why?

Facilitator's Section Evaluation--page three

10. What would you change about this section?

How?

11. Overall, how would you rate the section?

5	4	3	2	1
Excellent	Good	Average	Below Average	Poor

12. Other things you would like us to know...

Please return this form to the program organizers. THANK YOU!

Participant's Program Evaluation--page two

7. Would you recommend this program to others?
- 5 4 3 2 1
Yes Perhaps No
8. If yes, why? If no, why not?
9. What other topics, subjects, or activities should be covered or further emphasized by *STAY WELL!* facilitators?
10. Do you feel strengthened, refreshed and enlivened as you end the program?
- 5 4 3 2 1
Extremely Not At All
11. If yes, why? If no, why not?
12. Please comment on the facility where this program has been held. Was it adequate?
13. If yes, why? If no, why not?
14. Other things you would like us to know...

Please return this form to the program organizers. THANK YOU!

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STAY WELL!

FACILITATOR'S PROGRAM EVALUATION

Facilitator's Name:
Street Address:
City, State and Zip Code:
Telephone Number(s):
Date:
Title of Unit or Section That You Facilitated:

1. Was the program curriculum clearly presented (easy to read, understand, and well-organized)?

5	4	3	2	1
Excellent	Good	Average	Below Average	Poor

Please comment:

2. Was the curriculum content applicable for participants; relevant to their needs?

5	4	3	2	1
Excellent	Good	Average	Below Average	Poor

Please comment:

3. Did the participants experience any changes during their time in the program? If yes, were the changes for the better or for the worse?

Please comment:

Facilitator's Program Evaluation--page two

4. Do you believe that the participants felt strengthened, refreshed and enlivened as they ended the program?

5 4 3 2 1
Extremely Not At All

Please comment:

5. Was the curriculum content of high professional and state-of-the-art quality?

5 4 3 2 1
Excellent Good Average Below Average Poor

Please comment:

6. How well was the overall program organized? (Did things flow well? Was enough attention paid to details? Etc.)

5 4 3 2 1
Excellent Good Average Below Average Poor

Please comment:

7. Please comment on the facility where the program was held. Was it adequate?

8. If yes, why? If no, why not?

9. Did you have the materials, equipment, and enough volunteer assistants to help you facilitate sessions effectively?

Please comment:

9. What were areas, activities, parts of the program that went especially well?

Why?

Facilitator's Program Evaluation--page three

10. What would you change about this program?

How?

11. Overall, how would you rate the program?

5	4	3	2	1
Excellent	Good	Average	Below Average	Poor

12. Other things you would like us to know...

Please return this form to the program organizers. THANK YOU!

STAY WELL!
FACILITATOR'S AND ORGANIZER'S EVALUATION
OF THE PROGRAM MANUAL

Please complete this form and return it to:

STAY WELL! Development Staff
c/o The Polio Network, Inc.,
2877 S. Ennis
Ithaca, Michigan 48847

Name:
What Was Your Role in the Program?
Street Address:
City, State, and Zip Code:
Date:

1. The program manual is professional in appearance and content.

5	4	3	2	1
Superior	Excellent	Good	Fair	Poor

2. The manual is easy to read and use.

5	4	3	2	1
Superior	Excellent	Good	Fair	Poor

Please comment:

3. Is it fairly priced?

Please comment:

4. The manual is thorough in its coverage of necessary topics.

5	4	3	2	1
Superior	Excellent	Good	Fair	Poor

Please comment:

5. I would recommend this manual to others who desire to conduct a post-polio wellness program in their community.

Manual Evaluation--page two

6. I would add the following to the manual:

7. I would subtract the following from the manual:

8. Other things you would like us to know...

THANK YOU!

Please send information on how to purchase a copy of *Stay Well! The Polio Network's Manual for a Health Promotion Program* to:

Name:	
Address:	
City:	State:
Zip:	Phone: ()

Name:	
Address:	
City:	State:
Zip:	Phone: ()

STAY WELL!

ORGANIZERS' LONG-TERM FOLLOW-THROUGH SURVEY

This could be a telephone survey or a mailed questionnaire. Its purpose is to follow up six months to one year after the program to see if participants have followed through on STAY WELL! practices.

Participant's Name:
Street Address:
City, State and Zip Code:
Telephone Number(s):
Date:

1. Are you practicing the exercises that you learned in the exercise unit?
2. Have you followed through on any other practices that you learned in the *Stay Well!* program?

3. If yes, which ones?

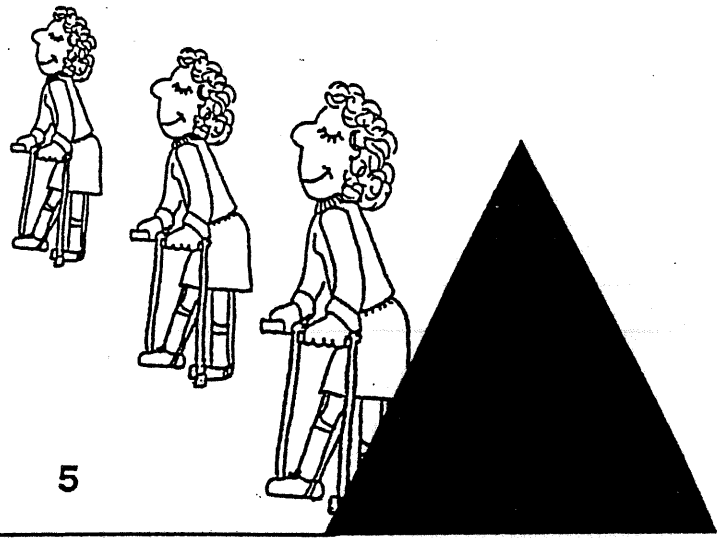
Do you feel better?

Have you noticed changes? If yes, what?

What has motivated you to continue long-term with this practice?

4. If you haven't followed through, why not?

What would be effective in helping you to follow through?



Conclusion

Progress happens slowly as caring people make firm commitments to one another and, with clear vision, begin to take action. This conclusion is an invitation to all readers of the *STAY WELL!* manual to use the ideas it presents in order to be part of the forward-moving solution for polio survivors' good health and long-term wellness.

There is hope and there is help. We can stay well as we age with the effects of polio. That positive vision starts here. That reality starts now. They belong to us. May we advance together and sincerely enjoy the process.

--Sunny Roller