

Your Name \_\_\_\_\_



# Program Experience

Thank you for participating in the Malone Health and Healing Program. Malone Health and Healing values your feedback and we would like to know about your experience with us.

Kindly indicate your level of satisfaction by providing a rating for:

Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree

I found the information easy to understand.

              

I feel more confident about my health after participating in this program.

              

I received useful information about preventive measures for chronic diseases.

              

I believe the information given today matched with other information I've heard.

              

I feel confident I can make healthy lifestyle changes.

              

I believe the information offered by Malone Health and Healing is different from other resources.

              

I would recommend this program to other people looking to learn about similar topics.

              

I am likely to sign-up for future programs offered by Malone Health and Healing.

              

Additional suggestions that you may have to enhance the quality of our

**THANK YOU FOR YOUR TIME!**