



Section VI

Evaluation of the Tool Kit

Chronic Disease Prevention and Management Framework Tool Kit Evaluation

We welcome your feedback. This evaluation should take about 5 minutes.

How did you hear about the Tool Kit?

- Conference/Workshop
- Healthy Living Partnership
- Grey Bruce Integrated Health Coalition
- Flyer/Newsletter
- E-mail/ E-bulletin
- Colleague/ Word of Mouth

I plan to use the Tool Kit sometime in the future.

- Yes
- Maybe
- No
- Don't know

Even before using the Tool Kit, I think/thought that it would be useful to me.

- Yes
- Maybe
- No
- Don't know

I understood how to use the Tool Kit.

- Yes
- No
- Don't know

I have shared the Tool Kit with my colleagues (those who were unaware of it)

- Yes
- No
- I plan to

I have discussed the contents of the Tool Kit with my colleagues.

- Yes
- No

I have changed my way of thinking on how to use the Grey Bruce Chronic Disease Prevention and Management Framework in planning.

- Yes
- Partially
- No
- I plan to

What other tools or resources have you used in planning your program?

Other Additional Comments:

Please tell us about yourself

Focus of your work

Employer:

Area in Grey Bruce

If you would like us to contact you about your comments, please tell us how to get in touch with you.

Name

E-mail

Phone:

Fax

Return to:

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Thank you again for your valuable input and we will be in touch with you as soon as possible.

(Adapted from Towards Evidence-Informed Practice – A project of the Ontario Public Health Association)