



EXTENSION

Today's Date: _____ Participant Code: _____

Oklahoma Cooperative Extension Service

Please use pencil, blue ink, or black ink.

Please take a moment to complete this evaluation.

INSTRUCTIONS:

BEFORE THIS PROGRAM: Fill in the circle that best matches your awareness level.

AFTER ATTENDING THIS PROGRAM: When choosing your answer, think about what you have learned.

Fill in the circle that best matches your current level of awareness with dealing with stress.

Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree
Not Covered

Before this program						Dealing with Stress						After attending this program					
①	②	③	④	⑤	I am familiar with stress and its consequences on the body	①	②	③	④	⑤	⑥	①	②	③	④	⑤	⑥
①	②	③	④	⑤	I am aware of techniques to deal with stress	①	②	③	④	⑤	⑥	①	②	③	④	⑤	⑥
①	②	③	④	⑤	I use destressing techniques to deal with stress	①	②	③	④	⑤	⑥	①	②	③	④	⑤	⑥
①	②	③	④	⑤	I understand the importance of dealing with stress	①	②	③	④	⑤	⑥	①	②	③	④	⑤	⑥

We need to collect some basic information for our reporting:

Gender	Ethnicity	Race
<input type="radio"/> Male	<input type="radio"/> Are You Hispanic?	<input type="radio"/> American Indian/Alaska Native
<input type="radio"/> Female	<input type="radio"/> No	<input type="radio"/> Asian
<input type="radio"/> Other	<input type="radio"/> Yes	<input type="radio"/> Black/African American
		<input type="radio"/> Hawaiian/Pacific Islander

Thank you for your participation.