




Participant Evaluation Form

Date: _____

Participant #: _____

Location: _____

Thank you for participating in today's Blue Bag Checkup. Your opinion is important to us. Please complete this evaluation form and give to staff before leaving today. This will help us improve similar programs in the future and learn if today's Blue Bag Checkup was helpful to you.

	Yes	No	I don't know
			
1. Was the Blue Bag Checkup helpful to you?			
2. Was the information clear?			
3. Did you learn anything from today's session?			
4. Will you change the way you take your medications based on today's check-up?			
5. When you completed the Blue Bag Checkup, did you understand the reason for taking each of your medications?			