

Health Literacy Feedback Questionnaire

Date _____

Topic/Activity _____

1. I learned something new through this

- Strongly Agree Agree Neither Agree Nor Disagree
 Disagree Strongly Disagree

2. I am confident about using what I learned

- Strongly Agree Agree Neither Agree Nor Disagree
 Disagree Strongly Disagree

3. I am likely to apply what I learned

- Strongly Agree Agree Neither Agree Nor Disagree
 Disagree Strongly Disagree

4. I am more aware of resources/services at

- Strongly Agree Agree Neither Agree Nor Disagree
 Disagree Strongly Disagree

5. I am likely to use other resources/services at

- Strongly Agree Agree Neither Agree Nor Disagree
 Disagree Strongly Disagree