

**Promoting Healthy Weight at CHDP Well-Child Exams  
Workshop Evaluation Form**

Date \_\_\_\_\_

Location/Clinic \_\_\_\_\_

I am a (Please check one):

- |  |   |
|--|---|
| <input type="checkbox"/> Doctor                        | <input type="checkbox"/> Health Educator        |
| <input type="checkbox"/> Medical Assistant             | <input type="checkbox"/> Nurse                  |
| <input type="checkbox"/> Nurse Practitioner            | <input type="checkbox"/> Nutritionist/Dietitian |
| <input type="checkbox"/> Other staff (Please specify): | _____   |

1. What barriers do you encounter when you address obesity prevention?
- |   |  |
|---|--|
| <input type="checkbox"/> No counseling time   | <input type="checkbox"/> Lack of resources or follow-up                        |
| <input type="checkbox"/> Not sure what to say | <input type="checkbox"/> Patient lack of interest                              |
| <input type="checkbox"/> Too complicated      | <input type="checkbox"/> Insufficient or inadequate patient education material |
2. After this presentation, do you feel more confident in your ability to deliver obesity prevention messages during well-child exams?

YES      NO

What increased your confidence? \_\_\_\_\_

\_\_\_\_\_

3. Was the time allowed for the presentation sufficient for you to understand the material?

YES      NO

Comments: \_\_\_\_\_

\_\_\_\_\_

4. Did the presenter deliver the presentation in an effective manner?

YES      NO

What could be improved? \_\_\_\_\_

\_\_\_\_\_

5. Would you recommend this presentation to other health care providers?

YES      NO

6. Other Comments /Suggestions:

\_\_\_\_\_

\_\_\_\_\_

Thank you!