



HELP US SERVE YOU BETTER

Program Evaluation

Please complete the information below to help us develop programs that will serve your future needs:

Program Title: *Is Your Air Healthy?* **County:** _____

Sex: ___F ___M **Age:** ___under 20 ___21 to 40 ___41 to 60 ___61 and over

On a scale of 1 to 5, how would you rate the lesson? Circle your response below.

<i>Not Very Good</i>					<i>Very Good</i>
1	2	3	4	5	

Check all that apply:

As a result of this program, I

_____ will make sure combustion appliances are vented properly and maintained.

_____ plan to buy and install at least one carbon monoxide detector.

_____ will ban cigarette smoking in my home.

_____ will attempt to purchase low or no-emission furnishings, building materials, paints, varnishes, and carpets.

_____ plan to have my home checked for asbestos.

_____ will have my home tested for radon.

_____ intend to do a better job controlling dust and moisture in my home.

_____ commit to making sure my home is properly ventilated.

_____ Other: (Please write in the space below.)

.....
What was the most important thing you learned?

Thanks for your help!



KY-A-Syst for the Home
Environmental Stewardship
for Homeowners

Is Your Air Healthy?

Follow-up Feedback Form

It has been a few weeks since you attended this program offered by your County Extension Office. We'd like to know if this program has been helpful to you.

1. As a result of participating in this workshop, have you done anything that you consider an improvement? Yes No Please explain.

2. Have you prepared the Action Checklist and set target dates for taking action?
 Yes No

3. Have you discussed this information with anyone else? Yes No
If yes, who?

4. **On a scale of 1 to 5, how would you rate the lesson? Circle your response below.**

<i>Not Very Good</i>					<i>Very Good</i>
1	2	3	4	5	

5. As a direct result of this program:
 - a. Yes No I have reviewed the Ky-A-Syst for the Home publication.
 - b. Yes No I have talked with family members about improving indoor air quality.
 - c. Yes No I have taken at least one action around my home to improve indoor air quality.
 - d. Yes No I have shared basic methods for improving air quality in the home with friends and neighbors.
 - e. Yes No I have re-evaluated my ideas about the importance of healthy indoor air.
 - f. Yes No I would highly recommend this program to others.

Thanks for your feedback!