

# EVALUATION

## Ergonomics Worker Training for Nursing Home Workers

<b>Facility:</b>	
<b>Department:</b>	<b>Instructor (Last Name):</b>
<b>Date:</b>	

Please answer this 2 page questionnaire to help us see how useful this training was to you today. You DO NOT have to write your name.

<p><b>1. Did you learn anything new today?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes – I learned a lot</li> <li><input type="radio"/> Yes – I learned a little</li> <li><input type="radio"/> No – I knew it already</li> </ul>	<p><b>2. Will you be able to use this information on your job?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>
<p><b>3. How would you rate this training?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Very Good</li> <li><input type="radio"/> Good</li> <li><input type="radio"/> Okay</li> <li><input type="radio"/> Poor</li> </ul>	<p><b>4. How would you rate the hand-outs?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Very Good</li> <li><input type="radio"/> Good</li> <li><input type="radio"/> Okay</li> <li><input type="radio"/> Poor</li> </ul>
<p><b>5. Which of the following best describes your learning experience today?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Trainer was easy to understand.</li> <li><input type="radio"/> I could understand most information.</li> <li><input type="radio"/> I was confused sometimes.</li> <li><input type="radio"/> I was confused most of the time.</li> </ul>	

PLEASE TURN OVER

**6. What was the most interesting or useful part of this training? (Please Print Clearly)**

**7. Read each statement below. Please mark TRUE, FALSE, or I DON'T KNOW for each statement.**

**Fix the Job, Not the Worker**

- TRUE
- FALSE
- I DON'T KNOW

**Use your brain, not your back**

- TRUE
- FALSE
- I DON'T KNOW

**If you lift properly, you will never get hurt**

- TRUE
- FALSE
- I DON'T KNOW

**Work smarter, not harder**

- TRUE
- FALSE
- I DON'T KNOW

**8. Do you have anything you would like to add about the training?**

**9. Would you like to have more training to improve your health and safety at work?**

- Yes
- No

**If you answered YES above, tell us what training you would like:**