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.

1. Did you learn anything new today?
   - Yes – I learned a lot
   - Yes – I learned a little
   - No – I knew it already

2. Will you be able to use this information on your job?
   - Yes
   - No

3. How would you rate this training?
   - Very Good
   - Good
   - Okay
   - Poor

4. How would you rate the hand-outs?
   - Very Good
   - Good
   - Okay
   - Poor

5. Which of the following best describes your learning experience today?
   - Trainer was easy to understand.
   - I could understand most information.
   - I was confused sometimes.
   - I was confused most of the time.

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.

<table>
<thead>
<tr>
<th>Fix the Job, Not the Worker</th>
<th>Use your brain, not your back</th>
</tr>
</thead>
<tbody>
<tr>
<td>o TRUE</td>
<td>o TRUE</td>
</tr>
<tr>
<td>o FALSE</td>
<td>o FALSE</td>
</tr>
<tr>
<td>o I DON’T KNOW</td>
<td>o I DON’T KNOW</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If you lift properly, you will never get hurt</th>
<th>Work smarter, not harder</th>
</tr>
</thead>
<tbody>
<tr>
<td>o TRUE</td>
<td>o TRUE</td>
</tr>
<tr>
<td>o FALSE</td>
<td>o FALSE</td>
</tr>
<tr>
<td>o I DON’T KNOW</td>
<td>o I DON’T KNOW</td>
</tr>
</tbody>
</table>

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?
   o Yes
   o No

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