



Host Foot Care Event
Evaluation

Organization's name: _____ Date of clinic: _____

Event Location: _____

Clinic time length: _____

Please rate the overall quality of the clinic:

- a. Very successful
- b. Somewhat successful
- a. Not successful at all

Please explain: _____

Please list where applicable:

Any successes during today's clinic: _____

Any setbacks during today's clinic: _____

The things that worked well today: _____

The things that need improving: _____

Were there any SOADI Educational activities at this clinic today? Yes ___ No ___

How useful were the /activities/games/workshops:

- b. Very useful
- c. Fairly useful
- d. Not at all useful

Please rate the length of the event:

- a. Just right
- b. Too long
- c. Too short



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Was the meal today cooked on site: _____ or catered: _____

Please explain: _____

Please rate the meal in respect to nutritional value:

- a. Very nutritious
- b. Somewhat nutritious
- c. Very little nutrition
- d. Not nutritious at all

Please rate the Service Provider(s):

- a. Very helpful
- b. Fairly helpful
- c. Not at all helpful

Notes: _____

Please rate the SOADI Team:

- a. Very helpful
- b. Fairly helpful
- c. Not at all helpful

Notes: _____

Any other comments from you and or your community members: _____

**Thank you for taking the time to fill out our Host Clinic Evaluation. Please send the completed copy to SOADI via fax, mail or email.
We look forward to your feedback.**



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