



Date \_\_\_\_\_

## **"Managing Stress" Evaluation**

### **A. As a result of "Managing Stress: Turning Challenges into Blessings"**

1. My knowledge of managing stress has increased.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

2. I plan to do one or more new things to improve how I deal with stress and challenges.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

3. If you plan to do something new, please describe what it is.

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4. Contact information (if you are willing to participate in a brief follow-up evaluation):

- Name: \_\_\_\_\_
- E-mail address: \_\_\_\_\_
- Phone number: \_\_\_\_\_

**(OVER)**

**B. Tell us about you?**

1. What is your age?

- 18 years or younger
- Over 18 years

2. I am: (Fill in ONE)     Male         Female

3. I am Hispanic/Latino: (Fill in ONE)     Yes         No

4. My race is: (Fill in ONE):

- Black/African-American         White
- Native-American                 Unknown
- Asian-American                  Bi-racial/Other

5. My highest education level is: (Fill in ONE)

- Not a H.S. graduate         Associate Degree         Graduate Degree
- H.S. graduate                 Bachelor's Degree

6. In what state and county do you live? \_\_\_\_\_