**Participant Satisfaction Survey Responses Summary Template**

*Agency Name:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date Completed*: \_\_\_\_\_\_\_\_\_\_\_\_\_

*Name of Person Completing Form:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Curriculum or Curricula Implemented:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date Range the Curriculum (Curricula) was implemented:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Number of Completed Surveys:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Table 1. Counts and Percentages of Responses to Instructor Questions*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Number (%)** | | |
| **Indicator** | **Yes** | **Somewhat** | **No** |
| *Example: Do you feel safe and respected?* | *20 (67%)* | *7 (23%)* | *3 (10%)* |
| 1. Did the instructor welcome you when you arrived? |  |  |  |
| 1. Did the instructor treat you with respect? |  |  |  |
| 1. Did you like how the instructor led the program? |  |  |  |
| 1. Was the instructor enthusiastic about the program? |  |  |  |
| 1. Did the instructor participate in the activities with you? |  |  |  |
| 1. Do you understand the information the instructor presented? |  |  |  |
| 1. Did the instructor answer all your questions? |  |  |  |
| 1. Did you understand the instructor’s answers? |  |  |  |
| 1. Are you comfortable sharing your thoughts and ideas with the group? |  |  |  |
| 1. Would you recommend this program to a friend? |  |  |  |

*Table 2. Means of Likert Scale Responses to Instructor Questions*

|  |  |
| --- | --- |
| **Indicator** | **Mean Response** |
| *Example: Do you feel safe and respected?* | *1.57* |
| 1. Did the instructor welcome you when you arrived? |  |
| 1. Did the instructor treat you with respect? |  |
| 1. Did you like how the instructor led the program? |  |
| 1. Was the instructor enthusiastic about the program? |  |
| 1. Did the instructor participate in the activities with you? |  |
| 1. Do you understand the information the instructor presented? |  |
| 1. Did the instructor answer all your questions? |  |
| 1. Did you understand the instructor’s answers? |  |
| 1. Are you comfortable sharing your thoughts and ideas with the group? |  |
| 1. Would you recommend this program to a friend? |  |

*Table 3. Categories of favorite aspects of program*

|  |  |
| --- | --- |
| **Open-ended Responses** | **Count** |
| *Example: Hands-on activities* |  |
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*Table 4. Categories of least favorite aspects of program*

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| **Open-ended Responses** | **Count** |
| *Example: The videos were outdated.* |  |
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*Table 5. Categories of recommended changes*

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| --- | --- |
| **Open-ended Responses** | **Count** |
| *Example: Use updated videos.* |  |
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*Table 6. Categories of most important program aspects learned*

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| **Open-ended Responses** | **Count** |
| *Example: The importance of and how to use condoms* |  |
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*Table 7. Categories of topics participants wanted to learn more about*

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| --- | --- |
| **Open-ended Responses** | **Count** |
| *Example: Information about all types of contraceptive methods* |  |
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