

## Brown Bag Checkup - Participant Evaluation

**Date:** \_\_\_\_\_ **Participant #:** \_\_\_\_\_ **Event Site:** \_\_\_\_\_

Thank you for participating in today's Brown Bag Checkup. Your opinion is important to us. Please, take a minute to fill out the evaluation. This will help us improve other events like this in the future and help us learn if today's program was helpful to you.

	1. Strongly Disagree	2. Disagree	3. I do not agree or disagree	4. Agree	5. Strongly Agree
1. Was the Brown Bag Check-up helpful to you?					
2. Was the information clear?					
3. Did you learn anything from today's session?					
4. Can you now update your Medication Passport based on today's conversation at the Brown Bag Check-up?					
5. When you completed the Brown Bag Check-up, did you clearly understand the purpose for taking each of your medicines?					

