

**Module Evaluation Questionnaire**  
**Nutrition Risk Factor Module**

Dear Reader:

Your comments on this module would be helpful. After completing the module, please respond to the following questions and fax or mail them to:

Training Coordinator  
Colorado Department of Public Health & Environment  
FCHSD-NS-A4 WIC Program  
4300 Cherry Creek Drive South  
Denver, CO 80246-1530  
(FAX: 303-756-9926)

Check the appropriate title for your position:      \_\_\_\_\_ Educator, Clerk, Assistant  
   \_\_\_\_\_ Nutritionist  
   \_\_\_\_\_ Nurse  
   \_\_\_\_\_ Supervisor  
   \_\_\_\_\_ Director

1. How many hours did it take you to complete the module (actual hours spent)? \_\_\_\_\_

2. On a scale of 1-3, how understandable were the concepts? Circle the number that most clearly describes your thoughts.

1 = Easy to understand      2 = Understandable      3 = Hard to understand

3. On a scale of 1-3, how understandable were the activities? Circle the number that most clearly describes your thoughts.

1 = Easy to understand      2 = Understandable      3 = Hard to understand

4. On a scale of 1-3, how readable was the module? Circle the number that most clearly describes your thoughts.

1 = Easy to read      2 = Okay to read      3 = Hard to read

5. Were there any explanations of the individual NRFs that were confusing or that needed more information? (List NRF number with comments)

6. On the back of this form include any comments or suggestions you have about the module.

**Thank you for your feedback and ideas!**