Date___________

“Getting Our Hearts Right” Evaluation

A. As a result of "Getting Our Hearts Right: Three Keys to Better Relationships"

1. My knowledge of the keys to better relationships has increased.
   - Yes
   - No

2. I plan to do one or more new things to strengthen my relationship(s).
   - Yes
   - No

3. If you plan to do something new to strengthen your relationship(s), please briefly describe what it is.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

4. Contact information (if you are willing to participate in a brief follow-up evaluation):
   - Name:_______________________________
   - E-mail address: __________________________

(OVER)
B. Tell us about you

1. What is your age?
   - O 18 years or younger
   - O Over 18 years

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

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

4. My race is: (Fill in ONE):
   - O Amer. Indian/Alaska Native
   - O Asian
   - O Black/African-American
   - O Hawaiian/Pacific Islander
   - O White
   - O Two or more mixed race/Other

5. In what state and county do you live? _________________