

CAHF Disaster Preparedness Program – Participant Evaluation Form

Facility name: _____

Exercise date: _____

1. How prepared for an emergency situation did you feel before this Exercise? Please mark the appropriate box.

Very prepared	Prepared	Neutral	Unprepared	Very Unprepared	Not applicable
1	2	3	4	5	

2. I felt I have a better understanding of what it would take to respond to an emergency at my facility because I participated in this Exercise. Please mark the appropriate box.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
1	2	3	4	5	

3. I felt that the Exercise leader(s) led the discussion well, and challenged us to think critically in an emergency situation. Please mark the appropriate box.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
1	2	3	4	5	

4. What changes would you make to this Exercise?

Think about the process of locking down your facility, and what you learned or observed during the Exercise today:

- 5. What lessons did you learn?
- 6. What strengths do you feel exist at your facility to be prepared for an emergency?
- 7. What top priorities do you see for better preparing the facility for an emergency?
- 8. Please share any additional comments or insights at this time.