

Resident Wellness Program Sleep Hygiene Workshop Evaluation

In an effort to enhance the Resident Wellness Program curriculum, we are seeking feedback from those who have participated in today's workshop. Your input is important to us. All information is anonymous; do NOT sign your name. Please help us determine what is most and least helpful about this workshop by completing this form.

Name of Workshop: Sleep Hygiene

1. List one concept or strategy which you learned today that you plan to put into action as you begin your residency program.

2. What helped you the most?

3. What helped you the least?

4. I would recommend this workshop to other incoming Residents/Interns.

Strongly Agree _ Agree ____ Neutral Disagree ____ Strongly Disagree

5. Rate your confidence in improving your sleep based on your completed action plan: _____

0 = not at all confident

5 = somewhat confident

10= extremely confident

5. Please provide additional comments or suggestions.

Thank you for your participation in the program and for completing this form.