

# Autoimmune Recovery Program Evaluation

**Program Location:**

**Name of Facilitator:**

**Date:**

1. Was the Autoimmune Recovery Program a positive experience for you? Please rate on a scale of 1-5 with 5 the most positive.
2. What about the program led you to give the rating that you did?
3. Was the program difficult to understand or follow? If so, why?
4. In what way(s) can we improve this program?
5. Would you recommend this program to others? Please rate on a scale of 1-5, 5 being highly recommended and 1 being not at all.
6. Would you be interested in any future health programs?
7. Would be interested in a complete and comprehensive ARP program?

Additional Comments:

I give permission to Med Missionary to use my comments from this evaluation form for program development and promotion.

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Name of Participant

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Date