

Health information feedback form

Thank you for taking the time to help us create health information that is easy to read and understand. We appreciate your honest feedback.

Name of health resource: _____

Interpreter present? yes / no / not needed If yes, list language: _____

Date: _____ Your age: _____

Please put a circle around your answer to the following questions.

1. Is the information easy to understand?	Yes	Not sure	No
2. Is it clear what you need to know or do after reading this information?	Yes	Not sure	No
3. Is this resource engaging to look at?	Yes	Not sure	No
4. Is the text a good size?	Too small	Just right	Too big
5. Do the headings make it easy to find information?	Yes	Not sure	No
6. Is this information helpful?	Yes	Not sure	No
7. Is there anything missing from the information? If yes, please tell us below:	Yes	Not sure	No
8. Is there any information that does not need to be there? If yes, please tell us below:	Yes	Not sure	No
9. Are there any words that people may not understand? If yes, please list them below:	Yes	Not sure	No
10. What do you think are the main messages?			
11. What would improve this information?			