

MY WAY SAMPLE EVALUATION

BALLARD HIGH SCHOOL TEXTING FOR HEALTH PROGRAM PILOT
2014 – 2015

Below is a sample evaluation created from the evaluation used in the My Way program. You can use as many or as few of these questions as you want. Students may be more inclined to fill out a shorter survey, so try to choose questions that will tell you what you need to know.

Welcome!

Thank you for participating in the My Way texting program! This program is for you, so we look forward to hearing your feedback. Your answers are confidential, but we will use them to improve the program in the future. Now, it's your turn to tell us what you thought about the program!

Phone Use

First, we're hoping to get some general information about how you use your phone. (If you signed up for this program through your health class, your phone number is necessary to let your teacher know that you took the survey.)

* 1. Phone number

2. Does your phone have internet access?

- Yes
- No

3. If you answered yes to Question 3, do you use the internet on your phone?

- Never
- Rarely
- Sometimes
- Often

General Information

Next, we would like to know how you signed up, what you signed up for, and if you read the messages.

4. How did you sign up for My Way?

- I signed up in my health class.
- I signed up after I saw a flyer.
- I signed up at the Teen Health Center.
- Other (please specify)

5. What categories did you sign up for? (check all that apply)

- Eating Right

- Getting Active
- Stressing Less
- Dealing with Drugs and Alcohol

6. Did you read the text messages?

- Never
- Rarely
- Sometimes
- Often
- Always

Text Messages

In this section, we would like to learn what you thought about the text messages.

7. Below, select the option that reflects your opinion.

	Strongly Disagree	Disagree	Agree	Strongly Agree
The text messages taught me something new about the subject matter(s) I chose.				
I enjoyed receiving the text messages.				
I would sign up for My Way again.				
I remember the information from more than half of the text messages I received.				

8. How would you rate the quality of text messages you received? (Please indicate your opinion for all categories that you received text messages on.)

	Poor	Fair	Good	Excellent
Eating Right				
Getting Active				
Stressing Less				
Dealing with Drugs and Alcohol				

9. Did you use the information or advice provided in the text messages?

- Never
- Rarely
- Sometimes
- Often
- Always

10. Please share a message that you liked or that you felt had potential. (If you can't remember exactly what it said, you can summarize it.)

11. Please share a message that you did not like and any thoughts you might have on how to improve it. (If you can't remember exactly what the message said, you can summarize it.)

The Future of the Program

You're almost done! My Way is a program for you. In this section, we're hoping you can tell us how we can improve it for the future.

12. How many messages a week would you want to get?

- 1-2
- 3-4
- 5-6
- 7+

13. When would you like to receive the messages?

- Before school
- Afternoon
- Evening

14. What topics would you want the program to have?

15. Additional thoughts or suggestions.