

**World Breastfeeding Week 2011
The "Big Latch On": Saturday, August 6th 2011**

Evaluation Form

Please take a few moments to answer the following questions. Use back if needed.

General Information	
1. Name of Organizer	
2. Name of Organization (if applicable)	
3. Type of location. Please mark one box with "X".	
Community Includes Community centers, halls & churches	<input type="checkbox"/>
Public Area Includes shopping malls, cafes & restaurants	<input type="checkbox"/>
Health Care Facility Includes maternity clinics/wards, hospitals, WIC and other health centers	<input type="checkbox"/>
Private home	<input type="checkbox"/>
Workplace	<input type="checkbox"/>
Other - Please specify:	<input type="checkbox"/>

Preparation and support for the event						
1. How much time did you spend preparing for the event? Please mark one box with "X".						
Less than 1 hour	2 - 4 hrs	5 - 7 hrs	7 - 9 hrs	10 - 14 hrs	15 - 19 hrs	More than 20 hours. Please estimate the time taken.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did Big Latch On provide adequate support? Please mark one box with "X".						
Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. What kind of support would you have liked to receive from Big Latch On/ LLLUSA WBW?						
4. How could Big Latch On/LLLUSA WBW improve the event?						
5. How did you promote your event?						
6. Did you receive sponsorship/donations/gifts for the event? Please mark one box with "X".						
Yes	<input type="checkbox"/>				No	<input type="checkbox"/>
If yes, who was the sponsor / donor and what did they provide?						
Sponsor / donor				Item/s		

Experience while holding the event

1. What did you feel went well in terms of:

(a) Organizing (preparing for the event)

(b) Hosting (coordinating the event on the day)

2. What would you have done differently in terms of:

(a) Organizing (preparing for the event)

(b) Hosting (coordinating the event on the day)

3. Were there any difficulties you encountered while holding the event? Please explain.

4. Are there suggestions for improvement?

5. Was the experience of the event enjoyable? **Please mark one box with "X".**

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

6. Are you likely to participate in next year's event? **Please mark one box with "X".**

Very Likely	Likely	Unsure	Unlikely	Very Unlikely

Comments

Thank you for your time and cooperation!
Gratefully adapted from Big Latch On, Women's Health Action New Zealand.