Date_________County workshop was held in: _______________________

1. The training was practical for my type of business or situation:

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
</tbody>
</table>

2. Rate the instructor’s ability to present material in an effective and interesting manner:

   (Instructor’s name)___________________________
   (Instructor’s name)___________________________
   (Instructor’s name)___________________________

<table>
<thead>
<tr>
<th>Poor</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7</td>
<td>1 2 3 4 5 6 7</td>
</tr>
</tbody>
</table>

3. How would you rate the overall program?

<table>
<thead>
<tr>
<th>1 2 3 4 5 6 7</th>
</tr>
</thead>
</table>

4. Would you recommend this program to others like yourself?

   ☐ Yes   ☐ No   ☐ Unsure

   If no or unsure, please comment on recommended improvements: ________________________________

5. Please rate your knowledge level on the training topic before and after you took the class:

   Knowledge before training (please pick one)
   - ☐ no knowledge of the topic
   - ☐ have heard about the topic, but know little about what it means
   - ☐ can define the concepts in the topic
   - ☐ can understand the basic terminology and concepts, can identify the steps to take to apply them
   - ☐ can understand and apply the concepts in my business

   Knowledge now (please pick one)
   - ☐ no knowledge of the topic
   - ☐ have heard about the topic, but know little about what it means
   - ☐ can define the concepts in the topic
   - ☐ can understand the basic terminology and concepts, can identify the steps to take to apply them
   - ☐ can understand and apply the concepts in my business

6. Please share any additional comments, or training topics, you think would help us offer practical, high quality training for your business:

   ____________________________________________

Please return the survey at the end of training. Your comments will help us improve our programs and processes. Your participation is voluntary and will not negatively impact any current or future services you might receive. All responses are anonymous. We estimate it will take you about three minutes to fill out this survey. If you believe a more detailed response would be beneficial, please add a separate sheet of paper. If you want to talk with someone about this training or this questionnaire, please contact Chris Bouchard, 573-884-1555 or bouchardc@missouri.edu or Graham McCaulley at 573-882-2005 or mccaulleyg@missouri.edu
Because of this program...

| 1. The decisions I make about my business’ health insurance will be affected. |
| 2. I have the information I need to make an informed decision for my business. |
| 3. I am confident in my ability to select the best health insurance option for my business. |

Please check the box for each statement below while thinking about your opinion both before and after the program you attended today (answer both “a” and “b”).

| 4. I know where to find assistance in accessing the SHOP, if I need to. |
| 5. I know where to send employees for health insurance questions. |
| 6. I understand how my business is affected by ACA guidelines. |

7. As a result of what you learned in this program, what actions do you plan to take? (check all that apply)
   - Enroll in the SHOP Marketplace
   - I will get more information about my options from an insurance broker, tax accountant, financial advisor, or a human resource specialist
   - I will provide education to my employees about insurance available to individuals through the Individual Health Insurance Marketplace.
   - I don’t know
   - None of the above
   - Other (please specify): ____________________________

8. Please check all the responses that describe your business’ current situation:
   - Health insurance is not currently offered, and we likely will not offer employee coverage in next year.
   - Health insurance is not currently offered, and we likely will offer employee coverage in the next year.
   - Health insurance is currently offered, and we do not anticipate changing it in the next year.
   - Health insurance is currently offered, and we do anticipate we will need to change in the next year.
   - I prefer not to respond.

9. Businesses size (# of employees): ___________