

# **AFTER SERVICE EVALUATION OF SFO TRIP**

Dates of Service: \_\_\_\_\_

1. Do you feel that your trip was beneficial?  Yes  No

Explain: \_\_\_\_\_

2. Overall, rate your entire stay on the islands.

Excellent  Good  Fair  Poor  Bad

3. What did you learn about the island that was not made clear in the volunteer manual? \_\_\_\_\_

4. What other information about the country would be helpful to add to the volunteer manual? \_\_\_\_\_

5. Did you feel comfortable with the amount of work or would you have liked to do more? \_\_\_\_\_

6. What was accomplished by your team?

Total Dental Exams	_____	_____	Health Lectures Given
Total Fillings	_____	_____	Gardening Classes
Total Extractions	_____	_____	Composting Toilets Built
Total Prophylaxis	_____	_____	Other _____

Total Number of Patients seen \_\_\_\_\_

## Ailments by Percentage

(i.e. 50% Hepatitis, 25% Diabetes, 15% High Blood Pressure, 10% Minor Cuts and Scrapes)

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7. List of medicines you recommend that was not out there on the islands.

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8. Of the following, what do you think could use improvement?

Hosts       Housing       Food       Transportation

Other Explain: \_\_\_\_\_

9. Would you recommend a friend to volunteer in an SFO mission trip?

Yes       No Explain: \_\_\_\_\_

10. Would you consider volunteering on another SFO mission trip?

Yes       No Explain: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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