



ORGANIZE Your Important Household Papers

ID Number
(KSU use only)

Thank you for participating in an educational program sponsored by your local K-State Research and Extension office. Help us improve this program by completing this feedback form.

1. What **benefits** did you get from this program?

Benefits	Definitely Disagree	Disagree	Neutral	Agree	Definitely Agree
I have increased my understanding about the importance of getting my household papers organized.					
I have information about which papers are important so I make a list of paperwork tasks that I can accomplish.					
I have received important information to help me become better organized and prepared.					
I have received inspiration to schedule time to accomplish some important paperwork organizational tasks.					
Overall this program has been helpful to me.					
I would recommend this program to a friend or relative.					

2. Tell us the **most important idea(s)** that you learned from this program.

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3. As a result of participating in this course, please check which of the following **actions** you PLAN to take.

Planned Actions	Have in place & remain satisfied	Will start or update NOW!	Plan to do later When?	Have No plans (or Does Not Apply)
Make a list of well-defined goals and actions I need to take to get my records and legal affairs in order.				
Complete the Inventory of Important Papers				
Organize my family records				
Organize my financial records				
Organize my property records				
Develop an organized household recordkeeping system				
Complete a household inventory (written/ photo/ video)				
Other action: •				

Demographic Information: Please circle your answer.

Gender:	Male	Female					
Age:	Under 35	35-44	45-54	55-64	65-74	75-84	85+
Education:	Mainly life experience	High school/GED diploma	Some college	College degree	Graduate degree		
Marital Status:	Currently married	Formerly married	Never married				

7. May a KSU representative contact you later to talk with you about this program? ___ Yes ___ No

If yes, please provide your contact information:

Name _____ Phone _____ Email _____
 Mailing Address _____
 City _____ State _____ ZIP _____