# **EVENT FEEDBACK SURVEY**

**When & How to use this form**

Purpose

This optional survey can be used at one-time or a limited number of events, such as educational or networking events.

Participants

Providers, health authority representatives, patient partners and other key stakeholders.

Method

This tool is best used immediately or soon after the event has taken place. It can be administered through paper form if the event is in person, via electronic platforms during the event such as Slido or via Zoom, or after the event through Survey Monkey, Checkbox or other online survey tools.

Results

This survey offers an easy to use tool to capture participants’ perspectives – the results can assist the project support staff in making improvements to the meeting structure if participants highlight a need. The results of this survey should be included in the project’s final project report.

# **EVENT FEEDBACK SURVEY**

Event Name:

Event Date: Click or enter date

**1. Please identify the group that represents you best:**

Physician  Other provider  Health Authority Partner  Patient partner

Other :   Enter name

**2. Please rate the extent to which you agree with the following:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Overall I am satisfied with this event/meeting/workshop. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 2. This meeting/event is a valuable use of my time. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 3. This meeting/event met the stated objectives. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 4. I would recommend this EVENT/MEETING to a colleague. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 5. I am satisfied with the venue, location, food and overall organization of this event. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |

**3. What could have improved your meeting/event experience?**

Enter comments

**4. Other comments.**

Enter comments