

# HEART FAILURE EDUCATION EVENT

## EVALUATION FORM

Please check (✓) or circle the most appropriate response:

**I am:** a patient with heart failure  
just interested to learn about heart failure

a care-provider/ family/ friend  
a healthcare provider/professional

**Please indicate your age (optional):** \_\_\_\_\_ **Please indicate your gender (optional):** \_\_\_\_\_

**On a scale of 1-5, how helpful/ informative did you find today's event?**

1                      2                      3                      4                      5  
*not at all*                      *somewhat*                      *very much*

**Please indicate how you felt about the duration of the event:**  
too short      too long      just right

**Do you recommend we offer this event again next year or at some point in the future?**  
yes                      no

**Please indicate any other topics related to heart failure that you suggest we present next time:**

**How would you rate the following (on a scale from 1-5, where 1 is poor and 5 is excellent):**

The speaker(s):	1	2	3	4	5
The room/location:	1	2	3	4	5
The audiovisual:	1	2	3	4	5
The meeting link: <i>(for virtual, webinar)</i>	1	2	3	4	5

**Was there a specific topic from the presentation today that interested you the most?**

**Would you be interested in attending future heart failure education events?**  
yes                      no

**If interested, please provide your contact information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
Email address: \_\_\_\_\_

**How did you hear about the event held today?**

**Please share any other comments you may have:**

**THANK YOU** for taking the time to complete this evaluation.