

# Heart Failure Education Event

## Evaluation Form

Please check or circle the most appropriate response:

I am...  A patient with heart failure  A care-provider/ family/ friend  
 Just interested to learn about heart failure  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 in 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 Speakers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The Room/Location	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The Audiovisual	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The meeting link (for virtual/webinar)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Was there a 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: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

How did you hear about the event held today?

Please share any other comments you have:

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

**HEART  
FAILURE  
AWARENESS  
WEEK**