

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**
May 4-10, 2025