



BUILT ON NOBEL PRIZE-WINNING SCIENCE

## PROGRAM ATTENDEE EVALUATION FORM

Please take a moment to answer the following questions regarding the program you just attended. **Your individual responses will not be shared** with the speaker. Your candid and thoughtful responses are appreciated so we can ensure our future programs meet your needs.

**SPEAKER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CITY/STATE:** \_\_\_\_\_

Please check all credentials that apply to you:

MD  DO  PA  NP  PhD  RN  Psychologist  Social Worker  PharmD/RPh

Other (please specify): \_\_\_\_\_

Please specify your specialty:

Psychiatry  Primary Care

Other (please specify): \_\_\_\_\_

Please rate the following statements according to your experience.

**5 = Strongly Agree 4 = Agree 3 = Neutral 2 = Disagree 1 = Strongly Disagree**

OVERALL ASSESSMENT		5	4	3	2	1
1.	I found the presentation provided an appropriate background on a treatment option for adults with schizophrenia	<input type="checkbox"/>				
2.	I found that the clinical review of the product was appropriate	<input type="checkbox"/>				
3.	The presentation was clinically relevant to my practice	<input type="checkbox"/>				
4.	The amount of content discussed was appropriate for the length of the program	<input type="checkbox"/>				
5.	I was able to ask questions and have them answered appropriately	<input type="checkbox"/>				
6.	I am interested to learn more about the topics discussed, after hearing this presentation	<input type="checkbox"/>				
7.	Other Comments: _____					

SPEAKER		5	4	3	2	1
1.	The speaker demonstrated command of the subject matter	<input type="checkbox"/>				
2.	The speaker was engaging and effective	<input type="checkbox"/>				

LOGISTICS		5	4	3	2	1
1.	The location/venue/web platform was conducive to learning	<input type="checkbox"/>				

OTHER	
1.	My primary reason for attending this event was (select one): <input type="checkbox"/> Topic <input type="checkbox"/> Speaker
2.	Please rate your overall experience at this event (1 being the lowest 5 being the highest rating): <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 Comments: _____
3.	As a follow-up to the program, I would like to receive the following from my representative: <input type="checkbox"/> Office Visit <input type="checkbox"/> Literature <input type="checkbox"/> Schedule in-service <input type="checkbox"/> Other (please specify): _____

If you would like a follow-up, please provide your name and contact information below:

\_\_\_\_\_

In order to ensure we continue to provide optimal programs, we would appreciate comments on any of the specific items rated above or general information that would help us moving forward.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_