**1. Would you recommend this course/event to others?**

* Yes
* No

**2. How did you hear about this course/event? Tick all that apply.**

* Our website
* Email from us
* Our brochure or leaflet
* Advertisement
* Social Media
* Word of mouth
* Other

**3. Can you relate the learning points to your practice? Tick all that apply.**

* I feel I gained improvements in my knowledge, skills, competencies during this activity
* I intend to change some aspects of my practice based on this new knowledge/skill
* I feel this learning will support Improvements in my performance
* I believe this learning will result in positive changes to my patient health status
* Other (please specify) ……………………………….

**4.  Was the content (lectures, educational material, etc) appropriate, of high quality, well-structured and clear?**

* Yes
* No

**5. On a scale of 1 – 5, how would you rate your overall satisfaction including meeting your**

**learning/training** **needs? 1= very poor, 5= very good**

❶ ❷ ❸ ❹ ❺

**6. On a scale of 1 – 5, how would you rate the overall administration of the course/event?
1= very poor, 5= very good**

❶ ❷ ❸ ❹ ❺

**8. Was the scientific programme free of commercial bias?**

* Yes
* No

If no, please tell us why:………………………………….

**8. Do you have any suggestions as to how this course/event could be improved?**

 ………………………………………………………………………………………..

**9. Do you have any additional feedback or comments for us?** ………………………………………………………………………………………..