

One day advance care planning workshop evaluation

Name: _____

Workshop date: _____

1. Did the workshop meet your expectations? Yes No
2. Would you recommend the workshop to other healthcare workers? definitely / perhaps / no

If not, why not? _____

3. The facilitator/s actively engaged the group, maintained your interest, and handled questions and discussion satisfactorily. Please add an X on the line below to indicate your view on this statement.

1	2	3	4	5	6	7	8	9	10
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strongly disagree

strongly agree

4. Any other feedback about facilitator/s

5. What are the 'best aspects' of the workshop?

6. Please add any additional comments or suggestions for improving the workshop:

For reporting purposes, your contact details are shared with your local advance care planning leads. They may be in touch with you in the future about any advance care planning initiatives in your area.

Thank you for completing this form. We use this information to monitor quality and for improvement purposes.