

6) Standard Satisfaction Survey 2

Name of Workshop: _____

Date: _____

PRE WORKSHOP QUESTION:

1. What did you want to learn today?

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2. How confident in your knowledge and skill in this area of work now?

Not very confident

Neutral

Very confident

1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

POST WORKSHOP QUESTION:

3. How much of this workshop has been new learning vs. confirmation of previous learning? *Please circle.*

Up 20% new and rest confirmed	Up 40% new and rest confirmed	Up 60% new and rest confirmed	Up 80% new and rest confirmed	Up 100% new and rest confirmed
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4. What new knowledge did you learn?

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5. Satisfaction: How satisfied were you with this workshop?

Very dissatisfied

Neutral

Very satisfied

1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment briefly why you have given this rating

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6. How strongly do you agree or disagree with the following statements?

Questions	Disagree				Agree
You had a clear understanding of the subjects / topics covered in the workshop.	1	2	3	4	5
The information in the workshop will be useful to me in my clinical work.	1	2	3	4	5
The topics covered were interesting and relevant to me in my clinical practice.	1	2	3	4	5
I would like to see similar workshops on a regular basis.	1	2	3	4	5
The workshops made me re-think my current practice.	1	2	3	4	5
The facilitators / presenters had a good knowledge of the subjects they presented.	1	2	3	4	5
The facilitators were easy to talk with and answered my questions in a way I could understand	1	2	3	4	5

RECOMMEND WORKSHOP TO OTHERS

7. Will you recommend this workshop to other staff?

Will NOT recommend to anyone

I will recommend this workshop

1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Why do you give this rating?

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9. What did you learn from this workshop today?

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10. At the end of the day, how confident do you feel in your knowledge and skills in this area of work now?

Not very confident

Neutral

Very confident

1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please feel free to make any other comments.

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Thank you for your time