EFSUMB Educational Event

Title XXX
Place XX
Date XX

INSTRUCTIONS

Please circle your response to the items. Rate aspects of the workshop on a 1 to 5 scale:

1 = "Strongly disagree"
2 = “Disagree”
3 = "Neither agree nor disagree"
4 = “Agree”
5 = "Strongly agree"

Choose N/A if the item is not appropriate or not applicable to this workshop.
Your feedback is sincerely appreciated. Thank you.

Presentations
(circle your response to each item)

1. Presentations were satisfactorily rounded off and completed within the allotted time
2. The speakers answered the questions well with informative replies
3. I have learned some points that I could use in my daily practice of ultrasound

Hands-on session – write your opinion about this part of the course

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____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
Which part of the course did you enjoy the most?

COURSE DESIGN (circle your response to each item)

1. This event lived up to my expectations and was a good format for me to learn this content
   1 2 3 4 5 N/A
2. The content is relevant to my job and will improve my daily practice
   1 2 3 4 5 N/A

HOW WOULD YOU IMPROVE THIS EVENT? (check all that apply)

□ Provide better information before the workshop
□ Reduce the content covered in the workshop
□ Increase the content covered in the workshop
□ Improve workshop organization
□ Other

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Are you interested in receiving other educational materials/workshops from EFSUMB or e-mail updates about ultrasound?

□ Yes  □ No

If so, please write your name, country, e-mail, and the subject(s) and grade level(s) you work with most.

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Thank you for your contribution.