Bladder Health Awareness Local Event Evaluation Form

Please take a quick moment to give NAFC feedback for continuous quality improvement.

* Required

Please tell us if you are a: *

☐ Consumer
☐ Health Care Provider
☐ Male
☐ Female
☐ Other: [ ]

How did you find out about this event? *

☐ Internet/Social Media
☐ Mailing/E-mail
Radio  
Doctor’s Office  
Community Center  
Newspaper  
Friend  
Other:  

What is your overall opinion of the quality and quantity of information provided by the event? *  
- Outstanding  
- Very Good  
- Decent  
- Poor  
Other:  

Rate the Speakers on content and delivery *  
- Outstanding  
- Very Good  
- Decent  
- Poor  

Comments about the Speakers and/or Facilitators  

How helpful was the patient who told their story? *  
- Great  
- Good  
- Poor  

Comments about the Patient Testimonial  

How helpful was the Q&A session with the speakers? *

☐ Great  
☐ Good  
☐ Poor

How did you find the venue, food, beverages, & service? *

☐ Great  
☐ Good  
☐ Poor

What other topics would you have liked to hear more about, if any?

Any other comments and feedback for the National Association for Continence?