

AQ Education / Information Evaluation Form

Each session, we aim to collect your feedback on the relevance of information and education shared and the effectiveness of AQ sessions. We appreciate your feedback, which helps us to identify the elements of our processes that are effective and those that require improvement.

Date: _____ Session Type (*please circle*): Education / Information

Name (*optional*): _____

Contact Details (*optional*): _____

Engagement Level

Please rate your engagement with the content shared today by circling:

1	2	3	4	5
Not at all Engaged	Somewhat Engaged	Engaged	Very Engaged	Highly Engaged

Relevance

Please rate the relevance of the information shared:

1	2	3	4	5
Not at all Relevant	Somewhat Relevant	Relevant	Very Relevant	Highly Relevant

During this session, did you become aware of information you had not previously known:

Yes	No
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Additional Comments and/or Feedback:

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