

## **AFFINITY Falls prevention & Bone Health Foundation Education Session**

### **Participant Evaluation**

DATE of session dd/mm/yy

1. My health and/or social care professional role is:

2. What was your overall impression of this Affinity Falls Prevention and Bone Health Foundation session (**circle, underline or highlight your choice**)

*Poor      Adequate      Good      Very good      Excellent*

3. The aim and learning objectives were clearly outlined at the beginning of today's session (**circle, underline or highlight your choice**)

*Strongly disagree      Disagree      Agree      somewhat Agree      Strongly agree*

4. How relevant was this education session for you? (**circle, underline or highlight your choice**)

*Not relevant      Minimal relevance      Somewhat relevant      Moderately relevant      Very relevant*

*Extremely relevant*

5. Will this education session influence/change your practice? (**circle, underline or highlight your choice**)

*Yes      No*

6. Please rate the presenter's performance (**circle, underline or highlight your choice**)

*Poor      Adequate      Good      Very good      Excellent*

7. Please rate the content of the presentation (**circle, underline or highlight your choice**)

*Poor      Adequate      Good      Very good      Excellent*

8. Would you recommend this education session to others? (**circle, underline or highlight your choice**)

*Yes      No*

9. Please identify up to 3 learning points that you have gained from the session provided.

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

10. What were the best aspects?

11. **Thank you** for your time in completing this evaluation. Any other comments are welcome.