**Sample Evaluation Surveys**

**NOTE:** This document includes two samples of what to include in your program evaluation survey. (One for programs with multiple sessions, one for programs with a single session.) If you choose to use these as a template, please be sure to edit it carefully. The yellow-highlighted elements require editing (either information needs to be inserted, or options must be chosen), but you may also choose to update other parts of these surveys too. (These questions are formatted with the intention of re-creating them in an online survey platform.)

Please remove anything that doesn’t pertain to your program (including this header).

# Multi-Session Programs

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| **INDIVIDUAL SESSION EVALUATION** |
| **Item** | **Response options** |
| 1. Session content was consistent with the stated objectives [list these for the session here but not individual ratings]:
 | 1=strongly disagree2=disagree3=neutral4=agree5=strongly agreeComments (open-text) |
| 1. Session content was relevant to my learning needs.
 | 1=strongly disagree2=disagree3=neutral4=agree5=strongly agree |
| 1. I gained new knowledge and/or skills.
 | 1=strongly disagree2=disagree3=neutral4=agree5=strongly agree |
| 1. Recommendations were adequately supported by the available research evidence.
 | 1=strongly disagree2=disagree3=neutral4=agree5=strongly agree |
| 1. There were adequate opportunities for audience participation. (e.g., Q&A, polling)
 | 1=strongly disagree2=disagree3=neutral4=agree5=strongly agree |
| 1. The presenter(s) were effective. [list individuals and separate ratings for each, if appropriate]
 | 1=strongly disagree2=disagree3=neutral4=agree5=strongly agree |
| 1. Did you perceive any degree of bias in any part of the session?  Please explain.
 | NoYes – Speaker’s fundingYes – Speaker’s mention of specific (brand) pharmaceuticals or productsYes – Speaker’s expression of personal opinions creating undue influenceYes – Other reason (open-text)Please explain (open-text) |
| 1. Is there anything you plan to do differently because of the session? Please explain.
 | YesNo, not relevant to my workNo, confirms existing practiceNo (other)Please explain (open-text) |
| **OVERALL CONFERENECE EVALUATION** |
| **Item** | **Response options** |
| 1. Please indicate your profession:
 | Family PhysicianRoyal College Physician (specify)Other (specify) [edit if majority of attendees are non-physicians] |
| 1. Program content was consistent with the stated objectives: [list these for the conference]
 | 1=strongly disagree2=disagree3=neutral4=agree5=strongly agree |
| 1. Program content was well organized.
 | 1=strongly disagree2=disagree3=neutral4=agree5=strongly agree |
| 1. Did you feel that the program was inclusive? (e.g., diversity of speakers, balance of perspectives, program is accessible)
 | Yes NoNot sure |
| 1. Do you have any feedback to share on how we can be more inclusive?
 | Open-text |
| 1. Overall, how do you rate the program?
 | 1=poor2=fair3=adequate4=good5=excellent |
| 1. As a result of attending this program, what, if any, additional learning needs have you identified?
 | Open-text |
| 1. How can we improve the program? E.g., format, technology, speakers, etc.
 | Open-text |
| 1. Please provide specific topic suggestions for future conferences. E.g., speakers, learning objectives.
 | Open-text |

# Single-Session Programs

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| **Item** | **Response options** |
| 1. Please indicate your profession:
 | Family PhysicianRoyal College Specialist (specify below)Other (specify below) [edit if majority of attendees are non-physicians] |
| 1. Program content was consistent with the stated objectives: [list these in the question, but individual ratings not required]
 | 1=strongly disagree2=disagree3=neutral4=agree5=strongly agree Comments (open-text) |
| 1. Program content was relevant to my learning needs.
 | 1=strongly disagree2=disagree3=neutral4=agree5=strongly agree  |
| 1. Program content was well organized.
 | 1=strongly disagree2=disagree3=neutral4=agree5=strongly agree  |
| 1. I gained new knowledge and/or skills.
 | 1=strongly disagree2=disagree3=neutral4=agree5=strongly agree  |
| 1. Recommendations were adequately supported by research evidence.
 | 1=strongly disagree2=disagree3=neutral4=agree5=strongly agree  |
| 1. There were adequate opportunities for audience participation. (e.g., chat box, polling, Q&A)
 | 1=strongly disagree2=disagree3=neutral4=agree5=strongly agree  |
| 1. The presenter(s) were effective. [list individuals and separate ratings for each, if appropriate]
 | 1=strongly disagree2=disagree3=neutral4=agree5=strongly agree  |
| 1. Did you perceive any degree of bias in any part of the program?  If yes, please explain.
 | NoYes – Speaker’s fundingYes – Speaker’s mention of specific (brand) pharmaceuticals or productsYes – Speaker’s expression of personal opinions creating undue influenceYes – Other reason (open-text)Please explain (open-text) |
| 1. Did you feel that this event was inclusive? (e.g., diversity of speakers, balance of perspectives, program is accessible)
 | Yes No Not sure |
| 1. Do you have any feedback on how we can be more inclusive?
 | Open-text |
| 1. Is there anything you plan to do differently because of the program? Please explain.
 | YesNo, confirmed my practiceNo, not applicable to my practiceNo (other)Please explain (open-text) |
| 1. Overall, how do you rate the program?
 | 1=poor2=fair3=adequate4=good5=excellent |
| 1. Was this your first time attending a/the [title] event/program?
 | YesNo |
| 1. How can we improve the program? E.g., format, technology, speakers, etc.
 | Open-text |
| 1. Please provide specific topic suggestions for future programs in this series. E.g., speakers, learning objectives.
 | Open-text |