**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 disagree  2=disagree  3=neutral  4=agree  5=strongly agree  Comments (open-text) |
| 1. Session content was relevant to my learning needs. | 1=strongly disagree  2=disagree  3=neutral  4=agree  5=strongly agree |
| 1. I gained new knowledge and/or skills. | 1=strongly disagree  2=disagree  3=neutral  4=agree  5=strongly agree |
| 1. Recommendations were adequately supported by the available research evidence. | 1=strongly disagree  2=disagree  3=neutral  4=agree  5=strongly agree |
| 1. There were adequate opportunities for audience participation. (e.g., Q&A, polling) | 1=strongly disagree  2=disagree  3=neutral  4=agree  5=strongly agree |
| 1. The presenter(s) were effective. [list individuals and separate ratings for each, if appropriate] | 1=strongly disagree  2=disagree  3=neutral  4=agree  5=strongly agree |
| 1. Did you perceive any degree of bias in any part of the session?  Please explain. | No  Yes – Speaker’s funding  Yes – Speaker’s mention of specific (brand) pharmaceuticals or products  Yes – Speaker’s expression of personal opinions creating undue influence  Yes – Other reason (open-text)  Please explain (open-text) |
| 1. Is there anything you plan to do differently because of the session? Please explain. | Yes  No, not relevant to my work  No, confirms existing practice  No (other)  Please explain (open-text) |
| **OVERALL CONFERENECE EVALUATION** | |
| **Item** | **Response options** |
| 1. Please indicate your profession: | Family Physician  Royal 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 disagree  2=disagree  3=neutral  4=agree  5=strongly agree |
| 1. Program content was well organized. | 1=strongly disagree  2=disagree  3=neutral  4=agree  5=strongly agree |
| 1. Did you feel that the program was inclusive? (e.g., diversity of speakers, balance of perspectives, program is accessible) | Yes  No  Not 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=poor  2=fair  3=adequate  4=good  5=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 Physician  Royal 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 disagree  2=disagree  3=neutral  4=agree  5=strongly agree  Comments (open-text) |
| 1. Program content was relevant to my learning needs. | 1=strongly disagree  2=disagree  3=neutral  4=agree  5=strongly agree |
| 1. Program content was well organized. | 1=strongly disagree  2=disagree  3=neutral  4=agree  5=strongly agree |
| 1. I gained new knowledge and/or skills. | 1=strongly disagree  2=disagree  3=neutral  4=agree  5=strongly agree |
| 1. Recommendations were adequately supported by research evidence. | 1=strongly disagree  2=disagree  3=neutral  4=agree  5=strongly agree |
| 1. There were adequate opportunities for audience participation. (e.g., chat box, polling, Q&A) | 1=strongly disagree  2=disagree  3=neutral  4=agree  5=strongly agree |
| 1. The presenter(s) were effective. [list individuals and separate ratings for each, if appropriate] | 1=strongly disagree  2=disagree  3=neutral  4=agree  5=strongly agree |
| 1. Did you perceive any degree of bias in any part of the program?  If yes, please explain. | No  Yes – Speaker’s funding  Yes – Speaker’s mention of specific (brand) pharmaceuticals or products  Yes – Speaker’s expression of personal opinions creating undue influence  Yes – 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. | Yes  No, confirmed my practice  No, not applicable to my practice  No (other)  Please explain (open-text) |
| 1. Overall, how do you rate the program? | 1=poor  2=fair  3=adequate  4=good  5=excellent |
| 1. Was this your first time attending a/the [title] event/program? | Yes  No |
| 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 |