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|  | **Newly Diagnosed Night****Feedback**  |

# How Are We Doing?

Please take a few minutes to fill out this survey on tonight’s presentation. Crohn’s and Colitis Canada welcomes your feedback and your answers will be kept strictly confidential. Thank you for your participation.

## General Information

### What is your association with inflammatory bowel disease?

[ ]  Patient [ ]  Family member [ ]  Friend of patient

[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Is this the first Crohn’s and Colitis Canada event you have attended?

[ ]  Yes [ ]  No

What others? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### On a scale of 1 to 5 (very poor to excellent) how would you rate the presentation?

[ ]  Very Poor [ ]  Poor [ ]  Average

[ ]  Above average [ ]  Excellent

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| What did you like about the presentation? |
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### How could this presentation be even more helpful to you?

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### What other topics would you like to see presented?

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| Please share any additional comments. |
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## Personal Information

### Providing the following information is optional.

|  |  |
| --- | --- |
|  |  |
| First Name | Last Name |
|  |  |
| Email | Phone |

### Would you like to be contacted about future events or volunteering opportunities at Crohn’s and Colitis Canada?

[ ]  Yes | [ ]  No

Thank you for taking the time to fill out our survey. We rely on your feedback to help us improve our services. Your input is greatly appreciated.