

## Evaluation form for debriefing on the project “My health, my choice: antibiotics, a shared decision”

Place: Hôpital Saint-François d'Assise, room D6-725

Date and time: Thursday April 6<sup>th</sup>, 2017; 1 pm to 3 pm

<i>Check the box that best matches your opinion</i>	<b>Totally Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Totally Agree</b>
<b>Quality and relevance</b>				
1. The content was understandable to the general public				
2. The information presented was clear for the general public				
3. The content was relevant for the general public				
<b>Activity format</b>				
4. Workshop length was appropriate				
5. The workshop achieved the advertised objectives (see Objectives)				
6. There was enough time for each point				
7. I was able to participate actively				
8. The documents given out would be useful for the general public				
<b>Facilitation</b>				
9. The atmosphere was conducive to discussion				
10. The facilitators complemented each other				
11. The questions for the public were relevant				
<b>In general</b>				
12. The workshop met my expectations				
13. The workshop format was conducive to discussion				
14. I would recommend this activity to my patients/friends/ family/clients				

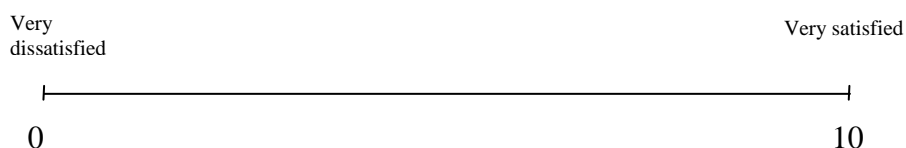
Write down two things you particularly liked about the workshop:

1. \_\_\_\_\_
2. \_\_\_\_\_

Write down one or two suggestions for improving the workshop

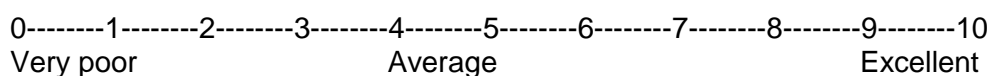
1. \_\_\_\_\_
2. \_\_\_\_\_

**Draw a vertical line on this scale to mark your overall level of satisfaction with the workshop  
“My health, my choice: antibiotics, a shared decision”**

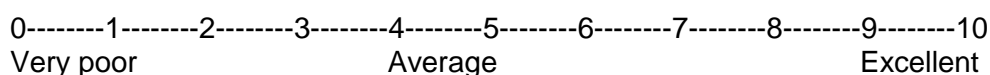


**Please answer the following questions about whether this project increased your knowledge on issues relating to your practice:**

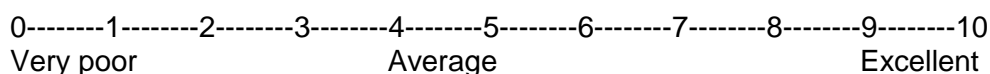
How would you rate your level of knowledge about antibiotics **before** your participation in this project?



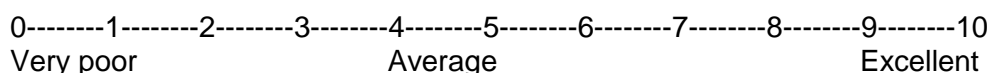
How would you rate your level of knowledge about antibiotics **after** your participation in this project?



How would you rate your level of knowledge about shared decision making **before** your participation in this project?



How would you rate your level of knowledge about shared decision making **after** your participation in this project?



Other subjects you would like to see addressed:

---

---

---

---

---

---

---

---

---

---

Suggestions for improving the participation of the general public (attendance and participation within the workshop):

---

---

---



---

---

---

---

---

Other comments and suggestions:

Approximately how much time did you invest in this project (including preparation meetings, preparing for the workshop, transportation, giving the workshops, debriefing and other)?

\_\_\_\_\_ hours

If you could, would you be interested in participating in another, similar project?

**Circle:**    YES    NO

**Circle:** I am:    A WOMAN    A MAN

**Circle:** How old are you?   0-15   16-30   31-45   46-60   61-75   76 or more

*What is your role in this project (student, doctor, researcher, facilitator, other)?*

\_\_\_\_\_

Other: \_\_\_\_\_

***Thank you for filling out this evaluation form.***