



Age-Related Eye Diseases & Conditions

EVALUATION FORM

Please take a few minutes to complete the brief questionnaire below and return it to the presenter. Your feedback is important to us.



INSTRUCTIONS:

Read the first five statements below and indicate to what degree you either agree or disagree with it by *circling* the answer that best matches your opinion. For the remaining questions, please write your responses.

1. The information in the presentation was easy to understand.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

2. The information was interesting and relevant to me.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

3. There was an appropriate amount of information in the session.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

4. My knowledge about age-related eye diseases and conditions has increased after attending this session.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

5. I understand the importance of having a comprehensive dilated eye exam.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

6. What did you like best about this presentation?

7. What about this presentation could be improved?

8. What other eye health topics would you like to learn about?

9. Please provide any additional comments or suggestions.



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