



# Low Vision

## 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 presented.

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

**4. I have a greater understanding of low vision and vision rehabilitation.**

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

**5. The sample questions to ask my eye care professional were helpful for me.**

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.**



Lions Eye Health Program

