

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Thank you for attending today’s information session. We are committed to understanding the value of our sessions, how we can improve, and what difference these sessions make. All of your feedback will be helpful and remain confidential.

**1. Please rate your agreement with the following statements on a scale of 1 to 5**

|   | <b>Not Really<br/>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>Very Much<br/>5</b> |
|---|-------------------------|----------|----------|----------|------------------------|
| • The session clarified my understanding of capacity                                    |                         |          |          |          |                        |
| • The session clarified my understanding of the hierarchy of Substitute Decision Makers |                         |          |          |          |                        |
| • The session clarified my understanding of the role of Substitute Decision Makers      |                         |          |          |          |                        |
| • I learned valuable information that I will use in my practice/work                    |                         |          |          |          |                        |
| • As a result of the session, I will make some changes to my practice/work              |                         |          |          |          |                        |

**2. Based on this session, my understanding of Advance Care Planning has changed in the following ways:**

**3. The most helpful things about the session were:**

**4. I wish the session had included:**

**5. As a result of what I learned during the session,  
I will start:**

**I will stop:**

**6. What challenges do you anticipate in applying what you learned to your practice/work?**

**7. Please share any other thoughts or comments you have:**

**What is your role in working with patients/families?** \_\_\_\_\_

*Thank you very much for your time and feedback!*