Abt
Abt Associates Inc.

AHRQ Complex Patient Research Learning Network Meeting Evaluation

Optional: **Name:** _____

OVERALL LEARNING NETWORK MEETING QUESTIONS

1. Overall, how satisfied are you with this learning network meeting (i.e., with the topics covered, the number and types of sessions, etc.)?

1	2	3	4	5	6	7	8	9	10
Not at all									*Extremely*

2. What would have made this learning network meeting better/ more useful?

   _____

   _____

   _____

   _____

   _____

   _____

   _____

   _____

   _____

	Yes	No
3. Did this learning network meeting help facilitate networking among the complex patient investigators?	☐	☐

4. What topics would you like to see covered in future meetings and webinars?

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INDIVIDUAL SESSION QUESTIONS

Instructions: Please answer the following questions for each learning network session you attended.

Session Title:
Session Leader:

1. This session…
   ___ did not meet my expectations
   ___ met my expectations
   ___ exceeded my expectations

2. The leader(s) of this session had the knowledge and expertise to deliver the information in an effective manner.

1	2	3	4	5	6	7	8	9	10
Completely									*Completely*
Disagree									*Agree*

3. I gained information and knowledge through my participation in this session that will be helpful in my research.

1	2	3	4	5	6	7	8	9	10
Completely									*Completely*
Disagree									*Agree*

4. I am likely to make changes to my research (study design/ protocol/ implementation/ analysis/ results interpretation) because of information or knowledge I gained from this session

1	2	3	4	5	6	7	8	9	10
Completely									*Completely*
Disagree									*Agree*

5. Please tell us how this session could have been better/more useful:

_____

_____

_____

_____

_____

_____

_____

6. Other comments:

_____

_____

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