**Meeting Feedback**

Name (Optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Using the following scale (1-5), please rate your response to the following statements. Your honest response will help us ensure meaningful involvement of patient advisory council members. Feel free to make additional comments below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1  Strongly Disagree | 2  Disagree | 3  Not sure | 4  Agree | 5  Strongly Agree |
| 1. I understood the purpose of the meeting activities. |  |  |  |  |  |
| 1. I received enough information ahead of time. |  |  |  |  |  |
| 1. I felt adequately prepared for the meeting/activity. |  |  |  |  |  |
| 1. The agenda was well organized. |  |  |  |  |  |
| 1. I felt welcome and included as a member of the group. |  |  |  |  |  |
| 1. My opinion was respected. |  |  |  |  |  |
| 1. Everyone got an opportunity to share their opinion or ideas. |  |  |  |  |  |
| 1. I am clear about what was accomplished. |  |  |  |  |  |
| 1. My participation was worthwhile. |  |  |  |  |  |
| 1. My participation has improved/will improve the experience patients have. |  |  |  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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