

**Outreach Public Education/Support Session Feedback**

**Thank you for coming to our session**.

Please take a moment to give us your feedback. You do not have to do this but it would help us know if the session was helpful or not. You can use this form or you can complete the feedback online at [www.morethanmeds.com](http://www.morethanmeds.com). Just click on the “Rate our education session!” button on the main page.

|  |  |
| --- | --- |
| **Date:** | **Where was the session?** |

**Please check all that apply:**

|  |  |
| --- | --- |
| 🞏 | with lived experience of mental illness |
| 🞏 | who cares for someone with lived experience of mental illness |
| 🞏 | who is interested in this information |

I am a person

**This session was led by:**

|  |  |
| --- | --- |
| 🞏 | a pharmacist and a person with lived experience of mental illness (or a caregiver) |
| 🞏 | a pharmacist |
| 🞏 | other – please tell us who gave the session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

How did you find out about today’s session?

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| --- |
|  |

What did you **like** about the session?

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|  |

How could we **make the session better**?

|  |
| --- |
|  |

What did you get out of today’s session?

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|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Should we offer sessions like this again? | | |  | Would you recommend this session to others? | | |
| 🞏 | Yes |  |  | 🞏 | Yes |  |
| 🞏 | No |  |  | 🞏 | No |  |
| 🞏 | I don’t know |  |  | 🞏 | I don’t know |  |

Other comments:

|  |
| --- |
|  |