



Patient Newsletter Evaluation Form

Please participate in an evaluation of our Patient Newsletter.

Participant:

- Patient
- Family Member
- Other _____

Date:

M	M

D	D

Y	Y

The Florida ESRD Network is interested in knowing your thoughts about our Patient Newsletter. **Please complete this evaluation and fax (813-354-1514) or mail (FMQAI: The Florida ESRD Network, 5201 W Kennedy Blvd, Ste 900, Tampa, FL 33609) it back to us.**

Use the scale below for your answers to the survey questions. **Please put an "x" in only one answer for each question.**

If the question does not apply to this newsletter, choose NA. **Your comments are highly valued.**

1	2	3	4	5	NA
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable

Patient Evaluation

	1	2	3	4	5	NA
1. The content presented was informative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The content met your needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The content educational level was appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I would recommend this newsletter to other patients / family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Topics & Other Comments (Comments are Welcomed)