

FEEDBACK FORM

ONLINE EDUCATIONAL WORKSHOPS

The Pelvic Floor Clinic: Understanding Your Pelvic Floor

1. Did you view all 5 modules? YES NO

If "NO", which ones did you view?

1 Introduction 2 Pelvic Organ Prolapse 3 Urinary Incontinence 4 Bowel Control 5 Next Step

If "NO", why did you not watch them all?

- No time
 Not relevant
 Not interested
 Forgot
 Other _____

2. Were your pelvic floor concerns discussed in one of the modules?

YES NO

If NO, please describe which concerns were not discussed:

3. Were the instructions you received in the mail and online clear and easy to follow?

YES NO

How can we improve them? _____

4. Were the "Next Step" instructions clear and easy to follow?

YES NO

How can we improve them? _____



5. Do you think you will watch the modules more than once?

YES

NO

Comments: _____

6. Would you recommend these modules to your friends or family to view?

YES

NO

Comments: _____

7. Do you have any feedback or general comments you would like to share with us?

Comments: _____

8. Do you have specific feedback or comments about any of the modules?

MODULE 1 Introduction - _____

MODULE 2 Pelvic Organ Prolapse - _____

MODULE 3 Urinary Incontinence - _____

MODULE 4 Bowel Management - _____

MODULE 5 The Next Step - _____

Thank-you for your feedback – Please send, fax or bring this form to the clinic