

**Patient Materials Feedback Form**

**1. Were the materials appropriate for your clinical site?**

Strongly Agree \_\_\_ Agree \_\_\_ Neutral \_\_\_ Disagree \_\_\_ Strongly Disagree \_\_\_

Comment:

**2. Was the information presented in an organized manner (Brochures, Symptom “Check” Cards)?**

Strongly Agree \_\_\_ Agree \_\_\_ Neutral \_\_\_ Disagree \_\_\_ Strongly Disagree \_\_\_

Comment:

**3. Do you think the information would be helpful to your patients?**

Strongly Agree \_\_\_ Agree \_\_\_ Neutral \_\_\_ Disagree \_\_\_ Strongly Disagree \_\_\_

Comment:

**4. Do you think your patients will be able to easily read/understand the information?**

Strongly Agree \_\_\_ Agree \_\_\_ Neutral \_\_\_ Disagree \_\_\_ Strongly Disagree \_\_\_

Comment:

**Additional Comments/Feedback** (i.e. areas for improvement, additional information you wished had been included, etc.):

**Thank you for taking the time to complete this feedback survey!**