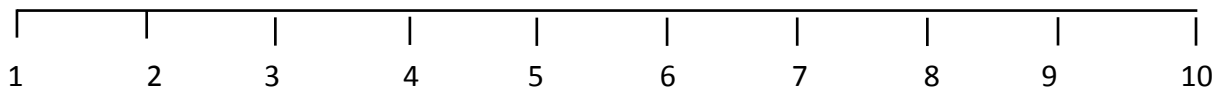


Pregnancy Related Pelvic Girdle Pain: Feedback Form

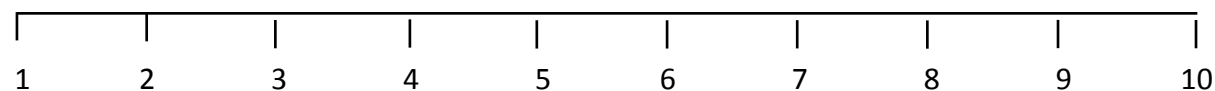
How much did you know about pregnancy and pelvic girdle pain before this presentation? (On this scale, 1 represents no knowledge of the subject and 10 represents extensive knowledge)



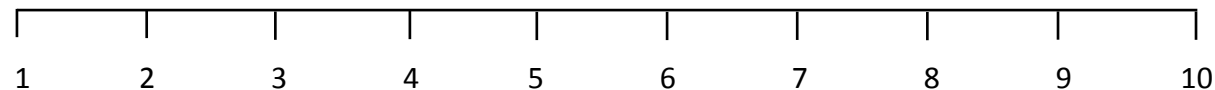
Before this presentation, had anyone discussed pelvic girdle pain with you? (Including medical providers, professors, family, friends, etc.)

_____Yes _____No

How much do you know about pregnancy and pelvic girdle pain after this presentation on a scale of 1 to 10? (On this scale, 1 represents no knowledge of the subject and 10 represents extensive knowledge)



If you were to experience pregnancy related pelvic girdle pain in the future, how confident are you in your ability to ask questions of medical providers? (On this scale, 1 represents not at all confident and 10 represents highly confident)



What did you like best about this presentation?

What would you change about this presentation?

What did you like best about the brochure?

What would you change about the brochure?