**Enhancing the Therapeutic Alliance for Patients with Chronic Pain**

**Feedback Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** |
| **This presentation contained information that is valuable to clinical practice.** | **5** | **4** | **3** | **2** | **1** |
| **I learned something new from this presentation.** | **5** | **4** | **3** | **2** | **1** |
| **This presentation changed my approach to relationship building with patients.** | **5** | **4** | **3** | **2** | **1** |
| **This presentation covered the content with sufficient breadth and depth.** | **5** | **4** | **3** | **2** | **1** |
| **This presentation provided actionable steps for integration into practice.** | **5** | **4** | **3** | **2** | **1** |
| **The clinical handout was concise, clear, and clinically useful.** | **5** | **4** | **3** | **2** | **1** |
| **I will reference the clinical handout in the future.** | **5** | **4** | **3** | **2** | **1** |
| **Overall, I would recommend this Capstone to other practitioners.** | **5** | **4** | **3** | **2** | **1** |

1. **Things I liked about this presentation:**
2. **Interventions I plan to implement with this patient population:**
3. **Areas for improvement with the content or presentation:**
4. **Additional Feedback:**