**FDI Tobacco Cessation Workshop**

1. **Top of Form**

**What is your overall level of satisfaction with this workshop?**

☹ 0 1 2 3 4 5 6 7 8 9 10 ☺

**Please indicate your satisfaction with the following aspects of the event:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very poor | Poor | Neutral | Good | Very good |
| Speakers/moderators | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| Quality of the presentations | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| Quality of the breakout sessions | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| Time for discussion during sessions | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |

**Which elements of the workshop did you like the most?**

**What, if anything, did you dislike about this workshop or what do you think could be improved?**

**Why did you choose to attend our event and what were you hoping to take away from the experience?**

**Did this workshop meet your expectations?**

⃝ Yes

⃝ No

**Why or why not?**

**Do you feel that participating in this workshop would allow you to deliver similar workshops in your country**?

⃝ Yes

⃝ No, I would need further assistance

**Would you be interested to deliver and moderate similar workshops in your country?**

⃝ Yes

⃝ No

**Do you think that the workshop programme would need adapting to be implemented in your country?**

⃝ Yes

⃝ No

**Please indicate your email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please indicate your country:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is there anything else you would like us to know?Bottom of Form**