



THE UNIVERSITY
of EDINBURGH



Glasgow Caledonian
University



UNIVERSITY
of ABERDEEN



DUNDEE



UNIVERSITY OF
STIRLING



C R I B

Cardiac Rehabilitation in Bowel Cancer



Evaluation Form

Name:

Date:

Tutor Names:

Venue:

All personal details on this evaluation form will be kept confidentially. Please assess the questions using a scale of 1 to 5, where 1=strongly disagree and 5=strongly agree. Also provide any additional comments or suggestions which you feel are relevant.

Registration and pre course information	Strongly Agree 5 4 3 2 1
I received all the necessary information prior to starting the course	
The directions to the venue were helpful and accurate	
Additional Comments	

Course Content	Strongly Strongly Agree Disagree 5 4 3 2 1
The content of the course was at the appropriate level	
The course information was well presented	
The content was well presented	
The content of the practical session was well presented	
Additional Comments	

Course Venue and Facilities	Strongly Strongly Agree Disagree 5 4 3 2 1
The course teaching and exercise rooms were of an adequate standard	
The equipment used was of an adequate standard	
The refreshment facilities were of an adequate standard	
The teaching rooms set up and prepared beforehand	
Each session started and ended on time	
You were provided with sufficient breaks	
Course Venue and Facilities Additional Comments:	

Do you have any suggestions on how this course could be improved?

Would you recommend this course to other colleagues?

Please add any additional comments you may wish to make:

Thank you for your time