

# MOTIVATIONAL INTERVIEWING

## A TOOL FOR ENHANCING PATIENT ENGAGEMENT AND HEALTH BEHAVIOR CHANGE

June 29, 2018 | 8:30a-12:00p (Eastern) EAST TENNESSEE CHEROKEE HEALTH SYSTEMS

### Session Evaluation Form

Your perspective and voice about the conference is important to us. Please take a few minutes to complete this form.

On a scale of 1 to 5, what do you think about the following?	No! 1	2	So - so 3	4	Yes! 5
Was the session well organized?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the topic relevant to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the speaker informative?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the speaker prepared?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the topics/materials presented understandable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the questions and discussions handled to your satisfaction?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the session start and end at convenient times?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the session worthwhile?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you leave this session feeling you have gained valuable insights?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you recommend this session to others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OPTIONAL:** Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Thank you for taking time to provide feedback!**

Please return your completed evaluation form to the conference registration desk or fax or email them to TAMHO at your earliest convenience (Fax: 615-254-8331; Email: [TFUQUA@tamho.org](mailto:TFUQUA@tamho.org)). | This project is funded under an agreement with the State of Tennessee.