



SAPC Patient Orientation/Education Video
Provider Feedback
July 30, 2019
SUBMIT FORM TO:
aharraway@ph.lacounty.gov

FEEDBACK FORM I.D. _____
(use first or last name)

Initial Reactions

What is your initial impression of the video/script (*circle the appropriate number*)

10	9	8	7	6	5	4	3	2	1
Loved it		good		meh		not good			terrible

Does this video/script convey the important and/or required information?

- Yes
- No
- Not Sure

Is it easy to understand?

- Yes
- No
- Not Sure

Is it appropriate for the intended audience?

- Yes
- No
- Not Sure

Narrative Feedback

What were the key messages of this video/script?

What about this video/script excited or impressed you?



What about this video/script excited or impressed you?

Are there any possible unintended consequences to what is presented in this video/script? If so, what?

What was left out of the video and should be added?