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)

<table>
<thead>
<tr>
<th>10</th>
<th>9</th>
<th>8</th>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loved it</td>
<td>good</td>
<td>meh</td>
<td>not good</td>
<td>terrible</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?