

Post-webinar Feedback Survey

Thank you for reviewing the training "Replacing Durable Medical Equipment & Prescription Drugs after a Disaster: Addressing the Needs of Medicare Beneficiaries." Please take the next few minutes to provide some feedback about the training.

* Required

PRA Disclosure Statement

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1. Role at Organization *

Mark only one oval.

- ☐ Emergency planner
- ☐ Caseworker
- ☐ Non profit organization employee
- ☐ DME supplier
- ☐ Medical staff
- ☐ Disaster response volunteer
- ☐ Emergency responder
- ☐ Other (please explain below)

2. If your role was not listed above, please share here

3. Was the training relevant?

Mark only one oval.

	1	2	3	4	5	
Not at all relevant	☐	☐	☐	☐	☐	Very relevant

4. Was the training easy to understand?

Mark only one oval.

	1	2	3	4	5	
Not easy to understand	☐	☐	☐	☐	☐	Very easy to understand

5. Was the language used in the training easy to understand?

Mark only one oval.

	1	2	3	4	5	
Language was not easy to understnad	☐	☐	☐	☐	☐	Language was very easy to understand

6. How does this webinar add to your knowledge in your role?

7. In particular, how did the scenarios add to your knowledge?

8. Is there any information you feel should be added or clarified?

9. Is there any information that was not useful or relevant?

10. Please share any other comments, questions, or suggestions you may have.

11. Can we contact you about your answers? (If yes, please ensure you share your contact information below)

Mark only one oval.

☐ Yes

☐ No

12. Email Address

