**FEEDBACK FORM**

**This form should be completed by all participants, facilitator, exercise organiser and note takers.**

Please give us feedback on the exercise.

Your comments help us improve future exercises.

*Rate these statements on a scale of 1 to 5. Choosing 1 means you strongly disagree. Choosing 5 means you strongly agree.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Statement** | **Strongly disagree** | **Disagree** | **No opinion** | **Agree** | **Strongly agree** |
| 1) The exercise considered my community’s culture and traditions. | 1 | 2 | 3 | 4 | 5 |
| 2) The event was well organized. | 1 | 2 | 3 | 4 | 5 |
| 3) The scenario and scenario changes were realistic. | 1 | 2 | 3 | 4 | 5 |
| 4) The PowerPoint presentation prepared me for the exercise. | 1 | 2 | 3 | 4 | 5 |
| 5) The exercise helped us test the community’s emergency response plans. | 1 | 2 | 3 | 4 | 5 |
| 6) I understand my role and duties during a communicable disease emergency. | 1 | 2 | 3 | 4 | 5 |
| 7) I understand the communicable disease emergency plan.  | 1 | 2 | 3 | 4 | 5 |
| 8) There was enough time to discuss the scenario questions.  | 1 | 2 | 3 | 4 | 5 |
| 9) The location and space were good.  | 1 | 2 | 3 | 4 | 5 |

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