FEEDBACK ON THE PAIN MANAGEMENT PROGRAM

**Thank you for your participation in the Pain management Program We would appreciate your honest feedback so that we can improve the program for the future.**

**Please take your time in completing this survey.**

For each of the issues listed below, please circle the response that best describes your answer and give us some comments if you can:

**The location of the venue:**

Convenient Not convenient

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

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**The timing of the group i.e.**

Convenient Not convenient

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

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**The pace of the material covered each week:**

Too slow Ok Too fast

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

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**Was their enough opportunity to ask questions?**

Yes No Unsure

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

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**Was their enough opportunity to reflect, share your experiences and learn from others?**

Yes No Unsure

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

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**Are there any topics you can think of that were not covered in enough detail?**

Yes No

Which ones?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**What will you do differently in your lifestyle as a result of this program?**

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**Did the 6 week program meet your expectations?**

Yes No Unsure

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

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**What is missing from the program?**

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**What did you like most about the program?**

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**What can we do better?**

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Thank you so much for taking the time to complete the survey!!!!!!!

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