



**THE ROAD AHEAD FOR SERIOUS ILLNESS CARE:
Participant Evaluation**

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
Meeting Objectives				
1. The meeting increased my knowledge of progress, needs, and opportunities related to serious illness care in our community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The meeting helped create a shared vision for serious illness care in our community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The meeting helped identify and prioritize actions to improve serious illness care in our community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The meeting helped me to strengthen my connections to others working to improve serious illness care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The meeting motivated me to participate in collaborative efforts to improve serious illness care in our community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The meeting met my professional goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I would like to see more meetings like this in the future to increase collaboration around serious illness care in our community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. What part of the meeting did you find most useful?				
9. What part of the meeting did you find least useful?				
10. What suggestions do you have for improving this meeting?				