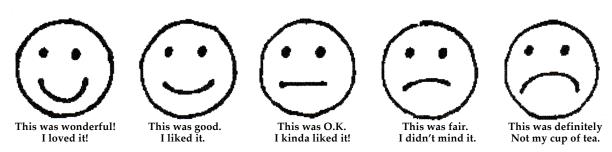
SHANDS Arts in Medicine

FUN, SIMPLE and QUICK Evaluation Form! Let us know your thoughts by circling or coloring a face any way you choose:



I am a (circle one): Patient Family Member/Friend of Patient Visitor

Caregiver Hospital Employee Volunteer

I attend performing arts events (circle one): regularly seldom never

I will attend performing arts events in the future: regularly seldom never

THANK YOU!!! Please feel free to write your own comments:

Event:	Date:





