

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:



This was wonderful!
I loved it!



This was good.
I liked it.



This was O.K.
I kinda liked it!



This was fair.
I didn't mind it.



This was definitely
Not my cup of tea.

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: _____