



**Section for Long Term Care and Rehabilitation**

**Follow-Up Form**

**Washington Update for Long-Term Care Hospitals  
June 5, 2014**

1. Is there any information you would like to receive to follow up from the call?
  
2. What remaining / additional questions or comments do you have from the call?
  
3. What topics would you like addressed on future calls?

4. I can apply what was shared in my organization:      Yes                                      No

5. Evaluation:

	Strongly Agree			Strongly Disagree	
A. The call was informative and worthwhile.	5	4	3	2	1
B. The call addressed issues I expected to hear about.	5	4	3	2	1
C. There was ample time on the call to ask questions or make comments.	5	4	3	2	1

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please return this form to Camille Fernands at 312.278-0619 (fax) or at [cfernands@aha.org](mailto:cfernands@aha.org)