

DIAGNOSTIC MEDICAL SONOGRAPHY PRESENTATION QUESTIONNAIRE

Your School: _____ Date of presentation: ____ / ____ / ____

*We hope you enjoyed the presentation and scanning demonstration. Please complete this questionnaire and return it to your teacher / instructor. Your feedback will help us improve the program in the future. All information will be kept confidential – **THANK YOU!***

Please score each of the sub-topics below based on how **interesting** they were to you and how **helpful** they were towards increasing your understanding of the field of **diagnostic medical sonography (DMS)**.

	Interesting			Helpful		
	1	2	3	1	2	3
A) Background information about SONAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) DMS technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Clinical applications of DMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) DMS professions / careers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E) Scanning demonstration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The amount of time spent on this was:

sufficient	too short	too long
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which of the subtopics listed above did you like **MOST**?

Please circle only **one**: A B C D E

Which of the subtopics listed above did you like **LEAST**?

Please circle only **one**: A B C D E

What was your level of knowledge about DMS **before** this presentation?

(circle one) none low somewhat familiar very familiar

What was your level of knowledge about DMS **after** this presentation?

(circle one) none low somewhat familiar very familiar

What was your level of interest in pursuing a career in DMS **before** this presentation?

(circle one) none low somewhat interested very interested

What was your level of interest in pursuing a career in DMS **after** this presentation?

(circle one) none low somewhat interested very interested

Comments (optional) - please feel free to comment on any aspect of the program including ways it could be improved (use the back of this form if you need more space):

If you would like additional information about DMS please provide your name and an email address: _____

You can also request additional information from your teacher.

THANK YOU FOR YOUR FEEDBACK!