



# Restart a Heart Ireland 2019

## EVALUATION FORM

*We welcome your opinion of today's Restart a Heart Session*

**1. What one element of this Session was of the greatest benefit / interest to you?**

.....  
.....

**2. What one element did you find least relevant to you?**

.....  
.....

**3. Have you attended CPR training in the last two years?**

.....

**4. If you have not had CPR training in the last two years, would you consider attending CPR training?**

.....

**5. Please tick the relevant boxes:**

| Gender |                          | Age Group |                          |
|--------|--------------------------|-----------|--------------------------|
| Male   | <input type="checkbox"/> | 18-30     | <input type="checkbox"/> |
| Female | <input type="checkbox"/> | 31-40     | <input type="checkbox"/> |
|        |                          | 41-50     | <input type="checkbox"/> |
|        |                          | 51+       | <input type="checkbox"/> |

***Thank you for taking the time to complete this evaluation form.  
All responses will be treated in strict confidence.***