

## EASD Scholarship Program- Evaluation Form

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Please help us learn what we are doing right and what needs improvement by completing this survey. Thank you!

**Q1 How did you learn about this scholarship?** *(Please select all that applies)*

- Local Diabetes Society homepage
- Local Diabetes Society newsletter
- During a Local Diabetes Society congress
- From a colleague/friend
- Other (please specify) \_\_\_\_\_

**Q2 How would you rate the process?**

Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
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- A. The ease to receive information about scholarship
- B. The application process (communication with Local Diabetes Society, type of information received etc.)
- C. The communication and service before the meeting
- D. The implementation (registration, expense reimbursement etc.)
- E. The overall organisation

**Q3 What was your scientific contribution during/to EASD congress?** *(Please select all that applies)*

- Oral presentation
- Poster
- Other (please specify) \_\_\_\_\_

**Q4 Would you have been able to attend EASD congress without this scholarship?**

- No
- Yes, by industry sponsorship
- Yes, by other funds (e.g. personal expenses, hospital support)

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**Q5 How would you rate the value of the EASD scholarship program ?**

Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
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- A. The overall value of the program
- B. Improvement of Diabetes knowledge
- C. Usefulness of information for your daily practice

**Q6** What **recommendations** do you have to specifically enhance the **EASD scholarship process** (e.g. information around scholarship, application criteria and process)?

**Q7** What is your place of work? *(Please select all that applies)*

- Clinic/hospital
- University/scientific institution
- Practice
- Other (please specify) \_\_\_\_\_

**Q8** What age group do you belong to?

- < 30 years
- 30 - 40 years
- 40 – 50 years
- > 50 years

***Thank you***