



**American Heart Association Emergency Cardiovascular Care Program  
BASIC LIFE SUPPORT COURSE EVALUATION**

DATE: \_\_\_\_\_ INSTRUCTOR(S): \_\_\_\_\_

Please rank the various parts of this course  
1=poor    2=below average    3=average    4=good    5=excellent

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. The program provided new information and increased my knowledge. Comments: _____<br>_____  | 1 | 2 | 3 | 4 | 5 |
| 2. Was the information presented thorough and understandable<br>Comments: _____<br>_____  | 1 | 2 | 3 | 4 | 5 |
| 3. Do you feel that the skills you have learned would help you be able to assist a CPR or choking victim if the need arose.<br>Comments: _____<br>_____ | 1 | 2 | 3 | 4 | 5 |
| 4. The instructors were knowledgeable and approachable.<br>(Did you feel comfortable asking questions?)<br>Comments: _____<br>_____                     | 1 | 2 | 3 | 4 | 5 |

Please list the positives and negatives of class with possible solutions: \_\_\_\_\_  
\_\_\_\_\_

*Please submit your comments to the instructor at course end, or you can mail this form either directly to the Training Center and/or the Regional ECC Office (call 1-888-CPR-LINE for the address).*



**Would you be interested in speaking to an AED expert regarding what to consider when purchasing an AED, designing a workplace or public access program?**

|                          |            |  |           |  |     |  |
|--------------------------|------------|--|-----------|--|-----|--|
| Your Name                |            |  |           |  |     |  |
| Your Company             |            |  |           |  |     |  |
| Do you have any AEDs?    | <b>Yes</b> |  | <b>No</b> |  |     |  |
| Do you know the brand?   |            |  |           |  |     |  |
| How old are they (yrs.)? | 0 - 5      |  | 6 - 10    |  | >10 |  |
| Who manages your AEDs?   |            |  |           |  |     |  |