Thank you for participating in this CME activity. The Office of Continuing Medical Education would like to know if this was a valuable learning experience for you, and would appreciate your responses to the following questions.

Title of Activity _____ Date _____

<table>
<thead>
<tr>
<th>1. Presenter:</th>
<th>1=Poor</th>
<th>2=Below Average</th>
<th>3=Average</th>
<th>4=Above Average</th>
<th>5=Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent was the presenter knowledgeable, organized and effective in his/her presentation?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
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2. How might the format of this activity be improved in order to be most appropriate for the content presented (select all that apply)?

- Format was appropriate; no changes needed
- Add a hands-on instructional component
- Include more case-based presentations
- Schedule more time for Q and A
- Increase interactivity with attendees
- Other, describe
- Add breakouts for subtopics

3. Please rate the projected impact of the presentation objectives on:

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Competence</th>
<th>Performance</th>
<th>Patient Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td>No Impact</td>
<td>Moderate Impact</td>
<td>High Impact</td>
</tr>
</tbody>
</table>

4. Has this activity met your identified needs and professional practice gaps?

- YES
- NO

5. How will you change your practice as a result of attending this activity (select all that apply)?

- Create/revise protocols, policies, and/or procedures
- Change the management and/or treatment of my patients
- This activity validated my current practice
- I will not make any changes to my practice
- Other, please specify:

6. Can you identify any perceived barriers in making changes in your practice?

- YES
- NO

If yes, please indicate:

7. Was there any apparent conflict of interest shown by the speaker(s)? If yes, please explain

- YES
- NO

8. Please rate the overall aspects of this educational activity on:

<table>
<thead>
<tr>
<th>Educational content, relevance to practice, questions &amp; discussions, quality of presenters and selection of topics</th>
<th>1=Poor</th>
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</table>

General Comments:

E-mail address to participate in an outcome-measured post evaluation activity:

Specialty:

- MD/DO
- NP/RN
- PA
- Student
- Other health professional

May 10