

<p><b>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.</b></p>					
Title of Activity _____					Date _____
	<b>1=Poor</b>	<b>2=Below Average</b>	<b>3=Average</b>	<b>4=Above</b>	<b>5=Outstanding</b>
<b>Presenter: _</b>					
To what extent was the presenter knowledgeable, organized and effective in his/her presentation?	1	2	3	4	5
<b>Presenter: _</b>					
To what extent was the presenter knowledgeable, organized and effective in his/her presentation?	1	2	3	4	5
	<b>Yes</b>	<b>Somewhat</b>	<b>No</b>		
Were the objectives of the activity met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Were the speakers knowledgeable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Did you:</b>	<b>Yes</b>	<b>Somewhat</b>	<b>No</b>		
develop new clinical skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
develop interpretive and diagnostic skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
acquire new information on the subject?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
receive practical review of the subject?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Did you have the opportunity to discuss practice-relevant issues with the speakers?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Will you make any changes in your clinical practice based on information presented at this activity?	<input type="checkbox"/> YES	NO <input type="checkbox"/>	<input type="checkbox"/> Already practicing recommendations	<input type="checkbox"/> Does not apply to my practice	
If yes, what are the changes intended?					
Was there any apparent conflict of interest shown by the speaker(s)? If yes, please explain.	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Was the meeting room conducive to learning?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Was the food service adequate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>		
Length of activity	Too short <input type="checkbox"/>	Adequate <input type="checkbox"/>	Too Long <input type="checkbox"/>		
General Comments:					
E-mail:					
Other:					
	<input type="checkbox"/> MD/DO	<input type="checkbox"/> RN	<input type="checkbox"/> PA	<input type="checkbox"/> Student	<input type="checkbox"/> Other health professional