



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 _____

	1=Poor	2=Below Average	3=Average	4=Above	5=Outstanding
Presenter: _ To what extent was the presenter knowledgeable, organized and effective in his/her presentation?	1	2	3	4	5
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Indicate the reason you came to the meeting:	Please check all that applied				
to develop clinical skills	<input type="checkbox"/>				
to develop interpretive and diagnostic skills	<input type="checkbox"/>				
to acquire new information on the subject	<input type="checkbox"/>				
to review the subject	<input type="checkbox"/>				
to meet CME requirements	<input type="checkbox"/>				

Did you:	Yes	Somewhat	No		
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"/>		
Indicate which of the teaching formats helped you reach your goal:					
Lectures	<input type="checkbox"/>				
question/answer sessions	<input type="checkbox"/>				
case review sessions	<input type="checkbox"/>				
interpretation panels	<input type="checkbox"/>				
workshops/small group sessions	<input type="checkbox"/>				
Simulation/Video//Internet	<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 conference?	<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:					
Specialty :	<input type="checkbox"/> MD/DO	<input type="checkbox"/> RN	<input type="checkbox"/> PA	<input type="checkbox"/> Student	<input type="checkbox"/> Other health professional