

**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:** \_\_\_\_\_

The presenter's overall presentation was 1 2 3 4 5

The presenter's ability to respond to questions was 1 2 3 4 5

**Presenter:** \_\_\_\_\_

The presenter's overall presentation was 1 2 3 4 5

The presenter's ability to respond to questions was 1 2 3 4 5

	Yes	Somewhat	No		
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"/>		
Were the topics or cases presented relevant to your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Was enough discussion time allowed?	<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?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
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"/>		
How were the methods used by faculty to facilitate learning?	1	2	3	4	5
Length of activity	Too short <input type="checkbox"/>	Adequate <input type="checkbox"/>	Too Long <input type="checkbox"/>		
General Comments:					
Name (optional):					
Affiliations/Specialty :	<input type="checkbox"/> Hospital	<input type="checkbox"/> Private practice	<input type="checkbox"/> Academic/teaching	<input type="checkbox"/> Managed care	
Other:	<input type="checkbox"/> MD/DO	<input type="checkbox"/> Nursing	<input type="checkbox"/> Student	<input type="checkbox"/> Other health professional	