REQUIRED CME PROGRAM EVALUATION QUESTIONS

**SA**=Strongly Agree, **A**=Agree, **D**=Disagree, **SD**=Strongly Disagree, **N/A**

<table>
<thead>
<tr>
<th>Question</th>
<th>SA</th>
<th>A</th>
<th>D</th>
<th>SD</th>
<th>N/A</th>
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<tbody>
<tr>
<td>1. Activity content fulfilled the goals/objectives</td>
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<td>2. Speaker and Planning Committee financial conflicts of interest and resolutions were disclosed before the program began (slide, handout and/or verbal disclosure).</td>
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<td>3. The activity was presented objectively and was free of commercial bias.</td>
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For questions 4 – 11, please mark your response(s):

4. Today’s program format was conducive to learning. □ Yes □ No
   If no, please provide alternative format suggestions: _____________________________________________________________

5. This activity will assist in the improvement of my (mark all that apply):
   - □ Competence (will turn the knowledge I gained into a strategy; I have a plan to implement what I learned)
   - □ Performance (will take what I learned and put it into practice) (i.e. __________________________________________)
   - □ Patient outcomes (what I learned will positively affect my patient outcomes) (i.e. ____________________________)

6. Which **ONE** of the following best describes the impact of this activity on your performance?
   - □ This education affirms what I am already doing.
   - □ This activity will not change my behavior because I do not agree with the information presented.
   - □ I need more information before I can change my practice behavior.
   - □ I will immediately implement the information into my practice.

7. Which of the following actions will you take as a result of participating in this educational activity (mark all that apply):
   - □ Discuss new information with other professionals.
   - □ Participate in another activity on this topic
   - □ Broaden my outlook
   - □ Other, please specify __________________________
   - □ Change my practice/approach
   - □ None

8. Indicate any barriers that might prevent you from applying this knowledge (mark all that apply):
   - □ Cost
   - □ Lack of experience
   - □ Lack of opportunity
   - □ Lack of time
   - □ Lack of resources
   - □ Reimbursement/insurance issues
   - □ Patient adherence/compliance
   - □ No barriers
   - □ Other, please specify __________________________________________________________

9. What additional information could you use to better implement what you’ve learned?
   ______________________________________________________________________________________

10. Additional suggestions or comments about this activity: ________________________________________________________________________________

11. Suggestions for future educational topics: ______________________________________________________________________________________

Name ________________________________________ Title/Discipline _______________________ Date _____________________

MD/DO/NP/PA/Other

Organization/Address: ______________________________________________________________ Email ________________________________