

**[Title of Activity]**  
**ACTIVITY EVALUATION**

**Did this activity:**

	Not at All	Insufficiently	Neutral	Sufficiently	Completely
Meet the stated learning objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address the competencies or attributes relevant to your specialty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equip you with new information to overcome barriers to treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offer knowledge or skills to collaborate with your team to provide patient centered care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare you to better communicate with other members of your multidisciplinary care team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I expect that my participation in this activity will improve my:**

	Not at All	Insufficiently	Neutral	Sufficiently	Completely
Competence (skills, abilities, and strategies gained from the new information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance (implementing the new skills, abilities, and strategies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Outcomes (the potential effect from gained skills, abilities, and strategies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please rate the following:**

	Not at All	Insufficiently	Neutral	Sufficiently	Completely
I would recommend this activity to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The instructional effectiveness and expertise of the faculty were excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The learning format was appropriate for this activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Based upon your participation in this activity, do you intend to change your practice behavior?**

- Yes, I plan to implement changes in my practice based on the information presented.\*
- No, my current practice is consistent with the information presented.

**\*If "Yes" - Please specify the type of change you plan to implement (select all that apply).**

- Patient Care (e.g., apply compassionate, appropriate, and effective treatment to patients)
- Medical Knowledge (e.g., apply the latest clinical knowledge to patient care)
- Practice-based learning and improvement (e.g., assimilate new scientific evidence into patient care)
- Interpersonal and communication skills (e.g., communicate effectively with patients, families, and colleagues)
- Professionalism (e.g., employ ethical principles and a commitment to professional responsibilities)
- Systems-based practice (e.g., call on system resources to provide care of optimal value)
- Work in interdisciplinary teams (e.g., collaborate in teams to ensure care is continuous and reliable)
- Employ evidence-based practice (e.g., integrate best research for optimum care)
- Apply quality improvement (e.g., identify errors and hazards in care)
- Utilize informatics (e.g., employ information technology to support decision making)
- Other (Please Specify.)

**Are there any barriers or problems that might prevent you from implementing changes in your practice?  
(Select all that apply.)**

- No barriers
- Lack of evidence-based guidelines
- Lack of practice and patient based guidelines
- Organizational or institutional barriers
- Limited time
- Insurance or financial
- Increase workload
- Lack of patient adherence or compliance
- Other (please indicate below)

**How would you improve this educational activity? (Select all that apply.)**

- No improvement needed
- Provide better information in advance (ex: directions, activity overview, technical information, etc.)
- Reduce the amount of content covered
- Increase the amount of content covered
- Update the content covered
- Improve the instructional methods
- Make the content less difficult
- Make the content more difficult
- Slow down the pace of the activity
- Speed up the pace of the activity
- Allot more time for the activity
- Shorten the time allocated for the activity
- Offer the activity at a different time of the day (Please specify below)
- Offer the activity at a different time of the year (Please specify below)
- Other (Please specify):

**In order to improve your practice, what other specific CME topics would be of value to you?**

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**How much of the content presented was new to you?**

- 0-20%
- 21-40%
- 41-60%
- 64-80%
- 81-100%

**How many years have you been in practice?**

- 0-5 years
- 5-15 years
- 15-25 years
- 25-30 years
- 30+ years

**How many patients do you see per week?**

Please enter a numerical value.

**Was the activity fair, balanced, and free of commercial bias?**

- Yes
- No\*

**\*If "No" is selected – Please provide additional comment about bias. Be as specific as possible.**

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**How did you hear about this educational activity?**

- Mailing
- Colleague
- Email
- Internet Search
- Internet Ad or Social Media
- Previous Attendance
- If other, please specify:

**General Comments:**

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SAMPLE