[Title of Activity]
ACTIVITY EVALUATION

**Did this activity:**

<table>
<thead>
<tr>
<th></th>
<th>Not at All</th>
<th>Insufficiently</th>
<th>Neutral</th>
<th>Sufficiently</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meet the stated learning objectives?</td>
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<tr>
<td>Address the competencies or attributes relevant to your specialty?</td>
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<td>Equip you with new information to overcome barriers to treatment?</td>
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<td>Offer knowledge or skills to collaborate with your team to provide patient centered care?</td>
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<td>Prepare you to better communicate with other members of your multidisciplinary care team?</td>
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**I expect that my participation in this activity will improve my:**

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<th>Completely</th>
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</thead>
<tbody>
<tr>
<td>Competence (skills, abilities, and strategies gained from the new information)</td>
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<td>Performance (implementing the new skills, abilities, and strategies)</td>
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<td>Patient Outcomes (the potential effect from gained skills, abilities, and strategies)</td>
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**Please rate the following:**

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<tbody>
<tr>
<td>I would recommend this activity to others.</td>
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<td>The instructional effectiveness and expertise of the faculty were excellent.</td>
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<td>The learning format was appropriate for this activity.</td>
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</table>

**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?

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.

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: