Your evaluation of this educational activity is very important in the development of future activities. Thank you for your participation.

Did this activity: (1-Not at All, 2- Insufficiently, 3-Neutral, 4-Sufficiently, 5-Completely)

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<tbody>
<tr>
<td>Meet the stated learning objectives?</td>
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<td>Address the competencies/attributes relevant to your specialty or role?</td>
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<td>Equip you with new information to overcome barriers to treatment?</td>
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<td>Offer knowledge/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 my participation in this activity will improve my: (1-Not at All, 2- Insufficiently, 3-Neutral, 4-Sufficiently, 5-Completely)

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<tbody>
<tr>
<td>Knowledge (the new information gained)</td>
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<td>Competence (skills/abilities/strategies gained from the new information)</td>
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<td>Performance (implementing the new skills/abilities/strategies)</td>
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<td>Patient Outcomes (the potential effect from gained skills/abilities/strategies)</td>
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Please rate the following: (1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree)

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<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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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 is selected, the following will appear:

☐ 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?
Please select all that apply:

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

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

- No improvements 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: ___________________
  - Time of the year: __________________
- 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%
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, please provide additional comment (please be as specific as possible):

How did you hear about this educational activity?

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

General Comments: