The following are the standard questions participants will be provided when they claim credit. If you would like to add additional questions or requests for other demographic information, please let us know.

**Thank you for your participation in this activity.**

As a follow-up to your learning experience, please answer the questions below. We Thank you for your time, and look forward to your responses.

**Quality of Instruction**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Poor** | **Fair** | **Good** | **Excellent** |
| Learning Objectives were met |  |  |  |  |
| Quality of the Content |  |  |  |  |
| Quality of Presentation |  |  |  |  |
| Scientific Integrity |  |  |  |  |
| Held My Interest |  |  |  |  |
| Relevant to My Practice |  |  |  |  |
| Appropriate Level of Difficulty |  |  |  |  |
| Worth My Time |  |  |  |  |
| Overall Rating |  |  |  |  |
| My Recommendation to Colleagues |  |  |  |  |

Did any of the speakers have commercial bias?

YES  NO

If Yes, please provide more detail about the bias observed.

|  |
| --- |
|  |

Did the speaker(s) properly disclose financial relationships (name of commercial interest and nature of relationship) or state that they had nothing to disclose?

YES  NO  
If no, please explain.

|  |
| --- |
|  |

Was any off-label (investigational/experimental) use discussed?

YES  NO

If Yes, was this disclosed to the learners?

YES  NO

If No, please identify the speaker and explain.

|  |
| --- |
|  |

Based on the content of this activity, what will you do differently in the care of your patients?

Implement a change in my practice

Seek additional information on this topic

Do nothing differently. Current practice reflects activity recommendations.

Do nothing differently as the content was not convincing.

Do nothing differently; system barriers prevent me from changing my practice.

Not applicable. I do not see patients with the condition discussed OR I do not see patients in my current position.

If you plan to implement a change(s) in your practice, please identify what that change(s) will be.

|  |
| --- |
|  |

If you are not able to effectively implement what you learned at this activity, please indicate the primary barrier(s): *(check all that apply)*

Lack of evidence-based guidelines

Lack of applicability of guidelines to my current practice

Lack of time

Insurance/Financial

Organizational/Institutional

Patient Adherence/Compliance

Treatment related to adverse events

Not applicable. I do not see patients with the condition discussed OR I do not see patients in my current position.

Other

Based on educational needs, please provide healthcare of professional gaps that should be addressed in future educational activities and that may be applicable to your practice.

|  |
| --- |
|  |

Please describe any ways we might improve this educational activity.

|  |
| --- |
|  |

Was there any speaker that stood out as exceptional?

|  |
| --- |
|  |

Was there any speaker that may need some improvement?

|  |
| --- |
|  |

Additional Comments

|  |
| --- |
|  |

Please indicate your professional title

MD/DO

PharmD

PhD

RN

NP

PA

Other

How many years have you been in practice?

0-5 years

6-10 years

11-15 years

More than 15 years

How many patients do you manage weekly?

0-25

26-50

51-75

76-100

More than 100