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