I am a .......................................................................................................................... DR RN OH RP O

Impact

As a result of this educational activity,

1. I have developed new strategies to address the issues that were discussed. ..........

2. My ability and skills have been improved. .................................................................

3. I have identified changes that I will implement in my practice. ..............................

4. I expect positive changes in my patient outcomes. ..........................

Impact Comments:


Overall Program / Future Activities

5. The learning objectives of this activity were achieved. .................................

Response Definition: Y=Yes  N=No

6. Was there any evidence of commercial bias or influence in the content of the program?............

If "Yes" to commercial bias, please explain


Response Definition: Y=Yes  N=No

7. Do you feel you need more information before you can change the way you care for your patients? .................................................................
What practice problems are you experiencing that you would like addressed at future presentations?

8. Overall how satisfied were you with this educational activity? ....

Overall Program Comments

Response Definition: 1=Extremely Dissatisfied  2=Very Dissatisfied  3=Somewhat Dissatisfied  4=Slightly Dissatisfied  5=Dissatisfied  6=Satisfied  7=Slightly Satisfied  8=Somewhat Satisfied  9=Very Satisfied  10=Extremely Satisfied

1 2 3 4 5 6 7 8 9 10