

EVALUATION & SATISFACTION SURVEY - OVERALL

Response Definition: DR=Actively Practicing Physician RN=Nurse OH=Other Healthcare Professional RP=Retired Physician / Health Professional O=Other

I am a DR RN OH RP O
☐ ☐ ☐ ☐ ☐

Impact

As a result of this educational activity,

Response Definition: SD=Strongly Disagree D=Disagree N=Neutral A=Agree SA=Strongly Agree

- | | SD | D | N | A | SA |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. I have developed new strategies to address the issues that were discussed. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. My ability and skills have been improved. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. I have identified changes that I will implement in my practice. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. I expect positive changes in my patient outcomes. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Impact Comments:

Overall Program / Future Activities

Response Definition: SD=Strongly Disagree D=Disagree N=Neutral A=Agree SA=Strongly Agree

- | | SD | D | N | A | SA |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 5. The learning objectives of this activity were achieved. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Response Definition: Y=Yes N=No

- | | Y | N |
|--|-----------------------|-----------------------|
| 6. Was there any evidence of commercial bias or influence in the content of the program? | <input type="radio"/> | <input type="radio"/> |
- If "Yes" to commercial bias, please explain

Response Definition: Y=Yes N=No

- | | Y | N |
|--|-----------------------|-----------------------|
| 7. Do you feel you need more information before you can change the way you care for your patients? | <input type="radio"/> | <input type="radio"/> |

OVER



What practice problems are you experiencing that you would like addressed at future presentations?

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

8. Overall how satisfied were you with this educational activity? 1 2 3 4 5 6 7 8 9 10

Overall Program Comments

