

Please complete the following evaluation of (program title): _____ Date: _____

Number of physicians in your practice: _____	Number of years in practice? _____
Number of patients you see each week? _____	Zip code of your office: _____
Approximate % of patients you manage for the disease/s addressed by this activity? _____	
Number of CME credits earned last year? _____	Number of CME programs attended annually? _____
Type of practice: Community/private Hospital Academic HMO Other	What is your specialty focus? Medical specialty Primary care specialty Surgical specialty Other

	My expectations for this activity							My perceptions for this activity						
	Low	High						Minimally	Completely					
Addresses my most pressing questions	1	2	3	4	5	6	7	1	2	3	4	5	6	7
Addresses competencies identified by my specialty	1	2	3	4	5	6	7	1	2	3	4	5	6	7
Provides fair and balanced content	1	2	3	4	5	6	7	1	2	3	4	5	6	7
Provides clear evidence to support content	1	2	3	4	5	6	7	1	2	3	4	5	6	7
Includes opportunities to learn interactively	1	2	3	4	5	6	7	1	2	3	4	5	6	7
Provide me with supporting materials or tools	1	2	3	4	5	6	7	1	2	3	4	5	6	7
Include opportunities to solve relevant cases	1	2	3	4	5	6	7	1	2	3	4	5	6	7
Translate evidence to practice	1	2	3	4	5	6	7	1	2	3	4	5	6	7
Address barriers to optimal performance	1	2	3	4	5	6	7	1	2	3	4	5	6	7
Allow me to assess what I have learned	1	2	3	4	5	6	7	1	2	3	4	5	6	7

Were the objectives specified by the provider met? Strongly Disagree 1 2 3 4 5 6 Strongly Agree 7
Do you plan to change your practice based on what you learned in the activity? Strongly Disagree 1 2 3 4 5 6 Strongly Agree 7
Compared to all other CME activities I have participated in over the past year, I would rate this program as the best I have seen. Strongly Disagree 1 2 3 4 5 6 Strongly Agree 7
What percent of the content was new to you? _____%
Please list any speakers and/or topics you would like in future activities: _____ _____

Please Fax to: _____ or Mail to: _____