



### REQUIRED EVALUATION QUESTIONS

**\*Was the information/material presented balanced and free from commercial bias?**

Yes/No

If no, please explain:

<i>The question below is required for all accredited activities.</i>	<i>The question below is required for all accredited activities.</i>	<i>If the target audience includes more than one profession (IPCE) this question is required.</i>
<b>* To what extent do you believe this CE activity <u>increased</u> your overall knowledge.</b>	<b>* To what extent do you believe this CE activity <u>will improve</u> your professional/clinical skills.</b>	<b>**To what extent do you believe this CE activity <u>will enhance</u> your collaboration with interprofessional teams.</b>
Significantly increased	Significantly improve	Significantly enhance
Moderately increased	Moderately improve	Moderately enhance
Slightly increased	Slightly improve	Slightly enhance
Did not increase	No improvement	No enhancement
	Not Applicable	Not Applicable

### **\*Based on the information in the CE activity...**

- I will start making changes to my clinical/professional practice.
- I am interested in making changes to my clinical/professional practice but am unable to do so at this time.
- I do not intend to make any changes to my clinical/professional practice.
- I will continue my current clinical/professional practice, which is already aligned.
- Not applicable/not relevant to my current professional or clinical role.

Follow-up question logic for participants who selected “*I will start making changes to my clinical/professional practice.*” or “*I am interested in making changes to my clinical/professional practice but am unable to do so at this time.*”:

Please describe the changes you intend to implement in your clinical/professional practice.

Follow-up question logic for participants who selected: “*I do not intend to make any changes to my clinical/professional practice.*”:

Please describe why you do not intend to make any changes to your clinical/professional practice.



**OPTIONAL EVALUATION QUESTIONS. Please mark which questions—if any—you'd like to include.**

**This CE Activity...**

Covered information that will directly translate to my practice.	Contributed to my professional growth.	Was largely relevant to my current scope of practice.	Was engaging and interactive
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*Agreement Scale Options*

Strongly Agree	Strongly Agree
Agree	Agree
Somewhat agree	Neither Agree nor Disagree
Somewhat Disagree	Disagree
Disagree	Strongly Disagree
Strongly Disagree	Not applicable
Not applicable	

**How well were the stated learning objectives achieved? (if using learning objectives)**

Learning Objective 1	Learning Objective 2	Learning Objective 3	Learning Objective 4
Excellent	Excellent	Excellent	Excellent
Very Good	Very Good	Very Good	Very Good
Good	Good	Good	Good
Fair	Fair	Fair	Fair
Poor	Poor	Poor	Poor

**On a scale from 1-10, with 1 being "Highly Unlikely" and 10 being "Highly Likely", how likely are you to recommend this conference to a friend or colleague?**

1 2 3 4 5 6 7 8 9 10

**Do you have specific suggestions as to how this conference might be improved?**

**What specific topics in this subject area would you like us to cover in future programs?**

**Will the materials be useful as reference tools?**

- a. Yes
- b. No

**Did the materials facilitate your learning?**

- a. Yes
- b. No



**Did you encounter any technical issues during the webinar?**

- a. I did not encounter any technical issues
- b. Issues accessing/entering the webinar
- c. Connectivity issues
- d. Audio issues
- e. Video issues
- f. Other: \_\_\_\_\_

**Rate the following items**

Venue	Audiovisuals	Food	Staff
Extremely Satisfied	Extremely Satisfied	Extremely Satisfied	Extremely Satisfied
Satisfied	Satisfied	Satisfied	Satisfied
Neither Satisfied/Dissatisfied	Neither Satisfied/Dissatisfied	Neither Satisfied/Dissatisfied	Neither Satisfied/Dissatisfied
Dissatisfied	Dissatisfied	Dissatisfied	Dissatisfied
Extremely Dissatisfied	Extremely Dissatisfied	Extremely Dissatisfied	Extremely Dissatisfied
N/A	N/A	N/A	N/A

Please add any additional questions you'd like to include in the box below, including response type (open response, multiple choice, etc):



Continued . . .

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