

Regarding the content of this activity, please indicate how well each statement met your expectations.
 5=Strongly Agree 4=Agree 3=No Opinion/Not Applicable 2=Disagree 1=Strongly Disagree

	1	2	3	4	5
Addressed competencies identified by my specialty					
Provided clear evidence to support content					
Was valuable to me overall					
Met the educational objectives for this activity					
Increased my competence					
Will improve my performance					
Will improve my patients' outcomes					

I plan to make the following changes in my practice:

- Create/revise protocols, policies, and/or procedures
- Change the management and/or treatment of my patients
- None. The activity validated my current practice
- Other: Please explain _____

Identify barriers you perceive in implementing these changes:

- Cost
- Knowledge
- Lack of time to assess/counsel patients
- Lack of administrative support/resources
- Reimbursement/insurance issues
- Patient compliance issues
- Lack of consensus or professional guidelines
- Other: _____

Were disclosures of relevant financial relationships of the presenter(s) made prior to the education presented? Yes/No

Was this activity free from commercial bias? Yes/No If no, explain _____