Activity Title: 
Activity Date: 

Current Status: ___MD  ___RN  ___RPh  ___PhD  ___Resident  ___ Medical Student  ___Other

1. How would you rate this educational activity overall? (5 = excellent, 1 = poor, please circle one) 

2. In your opinion, did you perceive any commercial bias in any of the presentations? 
   - Yes  If yes, please explain: ________________________________________________
   - No

3. Do you plan on making any changes in your practice as a result of this activity? 
   - Yes  If yes, please explain: ________________________________________________
   - No

4. What barriers, if any, do you anticipate encountering as you make changes in your practice?

5. Do you feel each of the following objectives was met? 
   - Insert Objective 1
   - Insert Objective 2
   - Insert Objective 3 (Please add additional spaces for additional objectives)

6. Do you feel that the information presented was based on the best evidence available? 
   - Yes  If no, please explain:
   - No

7. Which of the following competency areas do you feel have been improved as a result of this activity? Select all that apply 
   - Patient Care
   - Professionalism
   - Practice Based Learning
   - Medical Knowledge
   - Communication Skills
   - System Based Practice

8. Please suggest topics for future activities.

9. Please rate the quality of the following presentations. (5 = Excellent, 1 = Poor) 
   - Insert faculty name
   - Insert faculty name

General Comments: