



Continuing Medical Education

Evaluation Questionnaire

Course/Program Title	
Date(s)	
Location	

Please list the change(s) you will make in the way you deliver patient care (indirectly or directly) as a result of this educational activity:

(Speaker Name)	Evaluation Criteria	E Excellent	VG Very Good	G Good	F Fair	P Poor	By the end of this lecture, participants will be able to...
(Lecture Title)	Presentation & Effectiveness						(1) (list speaker objectives)
	Course Objectives Met						
	Content Relevance						
	Overall Opinion						
	Evaluation Criteria	E Excellent	VG Very Good	G Good	F Fair	P Poor	By the end of this lecture, participants will be able to...
	Presentation & Effectiveness						(1)
	Course Objectives Met						
	Content Relevance						
	Overall Opinion						
	Evaluation Criteria	E Excellent	VG Very Good	G Good	F Fair	P Poor	By the end of this lecture, participants will be able to...
	Presentation & Effectiveness						(1)
	Course Objectives Met						
	Content Relevance						
	Overall Opinion						
	Evaluation Criteria	E Excellent	VG Very Good	G Good	F Fair	P Poor	By the end of this lecture, participants will be able to...
	Presentation & Effectiveness						(1)
	Course Objectives Met						
	Content Relevance						
	Overall Opinion						



CME EVALUATION / NEEDS ASSESSMENT

Conference Title

Will you be able to be more effective/efficient in your professional responsibilities as a result of this educational activity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Do you feel that the quality of patient care will be improved as a result of this educational activity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Was this educational activity evidenced-based?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

What were the strengths of this educational activity?

Suggestions for improvement?

Suggested future topics?