



Quarterly Survey

____ Quarter of 20 ____

RSC Activity Name: _____

RSC Code: _____

Your cooperation in responding to this questionnaire is appreciated. The Office of Continuing Medical Education will use the responses in planning and maintaining standards of excellence for future ongoing courses as well as in fulfilling the requirements for accreditation.

Please help us evaluate the effectiveness of this educational activity:

		Always	Usually	Sometimes	Seldom
1	I attend this ongoing activity routinely.				
2	This activity meets its objectives as advertised.				
3	This activity has enhanced my professional effectiveness/patient care.				
4	This activity encourages me to change something in my practice.				
5	The instructional quality is good.				
6	Faculty Disclosures were made.				
7	The content provided is scientifically sound.				
8	There is no inappropriate commercial bias toward products of any company.				
9	I prefer speakers from: our medical staff outside medical staff				
10	What did you like most about these activities during this time period?				
11	Please provide additional comments below, including any comments about location, speaker, AV, content, or ways to improve.				
12	What additional questions/issues/topics would you like discussed in future activities?				
13	What is your title? MD/DO NP/RN PA Other				

Thank you very much for your input.

