|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Label** | ***Type*** | ***Req.*** | **Value** | **Options** | **Question** | **Description** |
| **1** | **Instructions** | *Markup* | *Y* | Please help improve our educational activities by providing us with feedback. Thank you for your feedback and participation. |  |  |  |
| **2** | **Please rate the following statements:** | *Grid* | *Y* |  | 1|Strongly Agree  2|Agree  3|Neutral  4|Disagree  5|Strongly Disagree | a|Content was fair, balanced, and free of commercial bias.  b|The content was clearly organized.  c|The speakers were knowledgeable.  d|Participation in this activity increased my professional competence.  e|Participation in this activity will improve my performance skills in my practice setting.  f|Participation in this activity will assist in the improvement of my patient outcomes.  g|The educational design and format of this activity facilitated my learning. | Commercial bias is defined as information presented in an activity that attempts to sway participant opinion in favor of a commercial product/device or to further a commercial entity’s business initiatives. |
| **3** | **What is your level of commitment to making the changes stated above?** | *Select Options*  *(Single Select)* | *Y* |  | 1|Very committed  2|Somewhat committed  3|Not very committed  4|Do not expect to change practice  5|Non-applicable |  |  |
| **4** | **Page Break** | | | | | | |
| **5** | **What are the barriers you face in your current practice setting that may impact patient outcomes?** | *Select Options* ***(Multiple Select)*** | *N* |  | a|Lack of evidence-based guidelines  b|Lack of applicability of guidelines to my current practice/patients  c|Lack of time  d|Organizational/Institutional  e|Insurance/Financial  f|Patient adherence/compliance  g|Treatment related adverse events  h|Non-applicable  **Other (Enable this option)** |  | (Check all that apply) |
| **6** | **How may we help you overcome your indicated barriers?** | *Text Area* | *N* |  |  |  |  |
| **7** | **What clinical practice topic or area of specialized care would you like to see in future educational programs?** | *Text Area* | *N* |  |  |  |  |
| **Confirmation Message** | | | | | | | |

**✩ Make Component 6 Conditional based on the answers in Component 5 ✩**

**✩ Add a confirmation message ✩**