



## Participant's evaluation form

Fill out the form after the meeting to obtain your CME accreditation.

**Title of event:** .....

### 1. How useful for your professional activity did you find this event?

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Excellent                | Good                     | Fairly good              | Poor                     | Very poor                |

### 2. Did the event fulfil your educational goals and expected learning outcomes?

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very much                | Indeed                   | Somewhat                 | Not much                 | Not at all               |

### 3. Quality of the presentations?

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Excellent                | Good                     | Fairly good              | Poor                     | Very poor                |

### 4. How well organized was this event?

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Excellent                | Good                     | Fairly good              | Poor                     | Very poor                |

### 5. Do you agree that the event was overall free of commercial and other bias?

- |                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| Yes                      | No                       |

If **no**, please explain: .....

### 6. Did all the faculty members provide their potential conflict of interest declaration with the sponsor(s) as a second slide of their presentation?

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, all                 | The majority             | Some                     | No                       | Undecided                |

7. Further comments: .....