



# CHICAGO MEDICAL SOCIETY

## Continuing Medical Education Course Evaluation Form

Course Title:	Date:	CME Hours attended:
Name (optional):	Specialty:	
Mailing Address:	Job Title:	
(City)	(State)	(Zip)
CMS member: Yes <input type="radio"/> No <input type="radio"/>	Phone:	Fax:
	Email:	

For each statement, circle the appropriate number to indicate your response:

1= Strongly Disagree; 2= Disagree; 3= Neutral; 4= Agree; 5= Strongly Agree

	Strongly Disagree	1	2	3	4	5
1. The course fulfilled its stated objectives.	1	2	3	4	5	
2. The activity provided practical information which meets my professional needs.	1	2	3	4	5	
3. As a result of participating in this CME program, I will make changes in my practice.	1	2	3	4	5	
4. The speaker was knowledgeable about the subject.	1	2	3	4	5	
5. The course was well organized.	1	2	3	4	5	
6. The audiovisuals were clear and useful.	1	2	3	4	5	
7. The time provided for the discussion/question and answer period was adequate.	1	2	3	4	5	

8. What were the strengths of the presentation?

9. In what way could this presentation be improved?

10. I learned something new in this course.

Yes  List up to three: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

No  Explain: \_\_\_\_\_

11. In your opinion, was this event mostly educational or mostly commercial? Please rate it on a scale of one to ten

1	2	3	4	5	6	7	8	9	10
<i>Mostly Commercial</i>					<i>Mostly Educational</i>				

12. What topics would you suggest for future meetings?

<i>Signature (optional):</i>
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