

**Course Name**  
**Date**

**Please complete this evaluation form and return it to the Registration Desk prior to your departure.**

Fill in the circles indicating your responses and write in your comments. The course planning committee will use your reactions and suggestions to develop future conferences. Thank you for your assistance!

Topic/Speaker	Rating scale: 1 = Poor 3 = Satisfactory 5 = Excellent														
	Content Relevant to My Practice					Addressed How to Implement					Quality of Presentation				
<i>Friday, May 14, 2010</i>															
Lecture title 1 Faculty Name 1	①	②	③	④	⑤	①	②	③	④	⑤	①	②	③	④	⑤
Lecture title 2 Faculty Name 2	①	②	③	④	⑤	①	②	③	④	⑤	①	②	③	④	⑤
Lecture title 3 Faculty Name 3	①	②	③	④	⑤	①	②	③	④	⑤	①	②	③	④	⑤
Lecture title 4 Faculty Name 4	①	②	③	④	⑤	①	②	③	④	⑤	①	②	③	④	⑤
Lecture title 5 Faculty Name 5	①	②	③	④	⑤	①	②	③	④	⑤	①	②	③	④	⑤
Lecture title 6 Faculty Name 6	①	②	③	④	⑤	①	②	③	④	⑤	①	②	③	④	⑤
Lecture title 7 Faculty Name 7	①	②	③	④	⑤	①	②	③	④	⑤	①	②	③	④	⑤
Lecture title 8 Faculty Name 8	①	②	③	④	⑤	①	②	③	④	⑤	①	②	③	④	⑤
Lecture title 9 Faculty Name 9	①	②	③	④	⑤	①	②	③	④	⑤	①	②	③	④	⑤
Lecture title 10 Faculty Name 10	①	②	③	④	⑤	①	②	③	④	⑤	①	②	③	④	⑤

B. Overall Course	1 = Poor, 3 = Satisfactory, 5 = Excellent				
1. Course objectives were met	①	②	③	④	⑤
2. Potential Impact on your practice	①	②	③	④	⑤
3. Adequate opportunity to ask questions	①	②	③	④	⑤
4. Avoided commercial bias or influence	①	②	③	④	⑤
5. Meeting facilities	①	②	③	④	⑤
6. Meeting support and production services	①	②	③	④	⑤
7. Your overall evaluation of the course	①	②	③	④	⑤

C. Your Profession/Specialty	1 = Yes
Gastroenterologist	①
Primary Care Physician	①
Registered Nurse	①
Nurse Practitioner	①
Physician Assistant	①
Other: _____	①
UMHS faculty or staff	①

Your information is very important to us, please continue on reverse side

**D. Your Plans**

As a result of this course, do you intend to change your practice?

If "yes", a change in:

**E. How did you hear about this course?** *Please fill in circle of all that apply.*

- ① Brochure US Mail    ② Email message    ③ Website    ④ Fax    ⑤ Colleague  
⑥ Other: \_\_\_\_\_

**F. How do you prefer to receive course information?** *Please fill in circle of all that apply.*

- ① US Mail    ② Email    ③ Fax    ④ Other: \_\_\_\_\_

**G. How recently have you referred a patient to the University of Michigan Health System?** *Fill in most recent.*

- ① < 3 months    ② 3 to 12 months    ③ 1 to 2 years    ④ > 2 years    ⑤ Have not referred

**H. Suggestions and Comments**

1. Suggestions for future topics:

2. Additional comments about this course: