



EVALUATION FORM

Managing Crohn's Disease from Conception to Delivery, and Beyond

December 16, 2009
Project ID: 6153-LS-25

PIM is committed to excellence in continuing education, and your opinions are critical to us in this effort. To assist us in evaluating the effectiveness of this activity and to make recommendations for future educational offerings, please take a few minutes to complete this evaluation form. ***You must complete this evaluation form to receive acknowledgment for completing this activity.***

Please rate your level of agreement by circling the appropriate rating:

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

Learning Objectives	After participating in this activity, I am now better able to:
Discuss the effects of Crohn's disease on fertility.	1 2 3 4 5
Describe the medications that are appropriate for use during pregnancy and lactation.	1 2 3 4 5
Evaluate the impact of Crohn's disease and its treatment during pregnancy on the outcome of the baby.	1 2 3 4 5

Based upon your participation in this activity, choose the statement(s) that apply:

- I gained new strategies/skills/information that I can apply to my area of practice.
- I plan to implement new strategies/skills/information into my practice.

What strategies/changes do you plan to implement into your practice?

What barriers do you see to making a change in your practice?

Which of the following best describes the impact of this activity on your performance?

- I will implement the information in my area of practice.
- I need more information before I can change my practice behavior.
- This activity will not change my practice, as my current practice is consistent with the information presented.
- This activity will not change my practice, as I do not agree with the information presented.

Please rate your level of agreement by circling the appropriate rating:

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

Speakers	Effective in Presenting the Material	Avoided Commercial Bias or Influence
Sunanda V. Kane, MD	1 2 3 4 5	1 2 3 4 5

The content presented:

Enhanced my current knowledge base	1 2 3 4 5
Addressed my most pressing questions	1 2 3 4 5
Promoted improvements or quality in health care	1 2 3 4 5
Was scientifically rigorous and evidence-based	1 2 3 4 5
Avoided commercial bias or influence	1 2 3 4 5

Would you be willing to participate in a post-activity follow-up survey? Yes No

Please list any topics you would like to see addressed in future educational activities:

If you wish to receive acknowledgment for completing for this activity, please complete the post-test by selecting the best answer to each question, complete this evaluation verification of participation, and fax to: (303) 790-4876.

Request for Credit

Name _____ Degree _____

Organization _____ Specialty _____

Address _____

City, State, _____

ZIP _____

Telephone _____ Fax _____ Email _____

Signature _____ Date _____

For Physicians Only

I certify my actual time spent to complete this educational activity to be:

I participated in the entire activity and claim 1.0 AMA PRA Category 1 Credit(s)TM credits.

I participated in only part of the activity and claim _____ credits.