

EVALUATION FORM
Clinical Center Grand Rounds at the National Institutes of Health
April 27, 2011

Please complete the Continuing Medical Education Questionnaire. To indicate your answers, use the rating scale that is shown by circling the number that represents your answer.

Scale:

1 - None or Not at all 2 - Very little 3 - Moderately 4 - Considerably 5 - Completely N/A - Not applicable

Speaker: Kenneth R. Warren, Ph.D.

Objective: Participants will be able to describe the diagnostic process and criteria for the entire range of Fetal Alcohol Spectrum Disorders including Fetal Alcohol Syndrome, partial FAS, and Alcohol Related Neurodevelopmental Disorder (ARND).

A. Rating of Objectives and Activity

1. Please rate the attainment of objectives:

- | | | | | | | |
|---|---|---|---|---|---|-----|
| a. Define options and alternatives that will guide clinical practice | 1 | 2 | 3 | 4 | 5 | N/A |
| b. Evaluate practical information about clinical research principles based on state-of-the-art information about scientific discovery and clinical advances | 1 | 2 | 3 | 4 | 5 | N/A |
| c. Analyze information and opportunities to increase and improve collaboration between investigators | 1 | 2 | 3 | 4 | 5 | N/A |

2. The overall quality of the instructional process was an asset to the activity: 1 2 3 4 5 N/A

3. To what extent did participation in this activity enhance your professional effectiveness? 1 2 3 4 5 N/A

4. Will you change your practice in any way as a result of attending this activity? 1 2 3 4 5 N/A

5. Did you perceive any commercial bias? Use the following criteria to judge?

- a) The content presented was balanced, evidence-based, demonstrated scientific rigor, and was without commercial bias. No Yes
If no, please specify: _____
- b) I was informed about the existence and resolution of relevant financial relationships/conflicts of interests of planners and presenters prior to the presentation. No Yes
If no, please specify: _____
- c) Speakers who discussed off-label, investigational, or alternative uses of products, devices, or techniques disclosed this in their presentation. No Yes
If no, please specify: _____

B. Comments:

1. What comments or suggestions do you have for the faculty presenter(s)?

2. Are there any other speakers or new topics you would like to have covered in this or a related activity?

3. Do you have additional comments to enhance the utility or impact of the activity?

4. May we contact you in several week's time with a very brief survey to assess the usefulness of this CME activity? Yes No If yes, please provide your email: _____