

# DIALOGUES

I N C O N T R A C E P T I O N <sup>TM</sup>



## Evaluation Questionnaire

We would appreciate your comments.  
Please return completed questionnaire to our toll-free fax number: (888) 665-8650.

1. How long did it take you to complete this CME activity? \_\_\_\_\_

2. I found the content (check appropriate boxes):

Not practical  Very practical

Moderately practical

Poorly written  Expertly written

Well written

Too difficult  Too easy

Moderately difficult

3. The stated objectives were achieved.  Yes  No

4. The examination questions were:

Too difficult  Too short  Poorly written

Too easy  Too long  Well written

5. Did you find the program:

Biased for or against any particular drug?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Fairly balanced in terms of treatment options?  Yes  No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

Suggestions for future topics: \_\_\_\_\_

\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

Name (optional): \_\_\_\_\_