Optimizing The Management of Pain in Fibromyalgia Patients

Webinar EVALUATION FORM

Please help us improve our educational programs by completing this evaluation.

Please evaluate the effectiveness of this CME activity using the following scale:
4 – Excellent **3** – Good **2** – Fair **1** – Poor

1. Interest/Timeliness of Topic

	4	**3**	**2**	**1**
Program met my expectations				
Informative and current				
Usefulness in patient management				

2. Quality of Presentation and Speaker

Speaker Name	Material Covered Met Expectations	Answered questions appropriately	Presenter without commercial bias
David Williams, PhD			

3. Did you feel the time allocated for this program was sufficient? Yes No

4. What did you like most and least about this program?

   Most: _____

   Least: _____

5. Will the information presented change your practice patterns? Yes No

   If yes, how? _____

6. What other topics would be of interest to you? _____

7. Was this activity without commercial bias? Yes No

Name: _____ Physician Nurse CCM

Organization_____

Title_____

Address_____ City_____ ST_____ Zip_____

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This evaluation must be completed and sent to keads@namcp.org or by fax 804-747-5316 to receive credit.