

**USCSOM-PHR CME ORGANIZATION  
MODERATOR EVALUATION FORM**

Activity Title: \_\_\_\_\_ Date: \_\_\_\_\_

Session Title: \_\_\_\_\_

Speaker: \_\_\_\_\_

We greatly appreciate your feedback, it will provide valuable information for improving our CME activities.

Please evaluate the following items using the scale of:

1-Excellent, 2-Good, 3-Satisfactory, 4-Poor, 5-Very Poor

- |    |                  |   |   |   |   |   |
|----|------------------|---|---|---|---|---|
| 1. | Meeting Facility | 1 | 2 | 3 | 4 | 5 |
| 3. | Participation    | 1 | 2 | 3 | 4 | 5 |
| 4. | Speaker          | 1 | 2 | 3 | 4 | 5 |

5. Were appropriate acknowledgements of commercial support and speaker disclosure/s made to the audience? Yes \_\_\_\_\_ No \_\_\_\_\_  
If not, how did you remedy the situation? \_\_\_\_\_  
\_\_\_\_\_

6. Was appropriate disclosure/s of off-label/investigative uses of product/device(s) made to the audience? Yes \_\_\_\_\_ No \_\_\_\_\_  
If not, how did you remedy the situation? \_\_\_\_\_  
\_\_\_\_\_

7. If you detected bias in any of the presentations, please describe how you remedied the situation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. We would deeply appreciate receiving any suggestions you have for improving the activity, or any comments you wish to share:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for completing this evaluation form.

Signature: \_\_\_\_\_