

Required Evaluation Questions for all AAP CME Activities

1. Were the individual learning objectives of this CME activity achieved? Yes No

2. Based on what you learned in this activity, do you plan to change:

a. The *strategies you implement* in practice (e.g., how you diagnose/manage patients, coordinate care, etc.)? Yes No

b. *What you do* in practice (e.g., how you perform exams, instruct, counsel patients/families, etc.)? Yes No

3. If **YES** to either of the above questions, please identify any changes in practice that you plan to make: ____

4. If **NO** and you do not plan to make changes in practice, other than lack of time and resources, why not? (select all that apply)

- Systems-related barriers - please describe: ____ (*open text box*)
- The activity reinforced what I am already doing in practice
- No practice changes were recommended
- Changes were not appropriate options for my practice
- Other - please describe: ____ (*open text box*)

5. Do you feel a commercial product, device, or service was inappropriately promoted in the educational content?

- No Yes - If yes, please comment: _____

Note to activity managers: For comparable results, Question #5 should only be asked with a 7 point Likert scale. If evaluation systems cannot accommodate a 7 point Likert scale, this question should not be asked, until feasible.

6. On a scale of 1 to 7, what was the return on your investment of time/effort for participating in this activity?

Low Return	Medium Return	High Return
1 2	3 4 5	6 7

Note to activity managers: If you are awarding NAPNAP credit for this activity you must collect and report the number of NAPNAP members by asking the below question to participants during the reg or eval process (you do not have to ask this question twice).

7. Are you a member of NAPNAP (National Association of Pediatric Nurse Practitioners)? Yes No

Note to activity managers: If you plan to share attendee contact info with external sources you must first secure learner consent during the reg or eval process then ensure you only share the contact info of those who consented. One way to do this is by adding the below question to your eval form (speak to your accreditation specialist as there are alternative options to achieve this).

8. Your contact information (name, address, phone, and/or email) may be shared with exhibitors, advertisers, financial/in-kind supporters, and/or others external parties for promotional purposes. You may **opt-in/opt-out** of having information used for purposes either directly or indirectly related to this activity by checking this box .

