**Post Conference Attendee Questionnaire**

**<Conference Name>**

**<Conference Date>**

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| **Participant Name:** | |  | | | | |
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| 1. **Do you believe the information and/or skills learned in this program enhanced your professional effectiveness?** | | | | | | Yes No |
|  | *If yes, how?* |  | | | | |
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|  | *If no, why not?* |  | | | | |
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| 1. **Have you applied the information and/or skills learned in this program when working with your patients?** | | | | | | YesNo |
|  | *How has it changed your knowledge level?* | | | |  | |
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|  | | | | | | |
|  | *How has it changed your skills level?* | | |  | | |
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|  | *How has it changed your patient outcomes?* | | | |  | |
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|  | *If no, why not?* |  | | | | |
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| 1. **Are there any additional topic areas you would be interested in learning more about in future programs?** | | | | | | YesNo |
|  | *If yes, please list.* | |  | | | |
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