**Post Conference Attendee Questionnaire**

**<Conference Name>**

**<Conference Date>**

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