Genetics in Clinical Practice: A Team Approach
Program Evaluation Questionnaire

For Continuing Medical Education (CME) credit, complete the evaluation and mail with $15.00 to

CME Accreditation Administration
Center for Continuing Education
Dartmouth Hitchcock Medical Center
Lebanon, NH  03756

NAME: __________________________ DATE: ______________
SIGNATURE: ______________________
PRACTICE AFFILIATION: __________________________
MAILING ADDRESS: __________________________
________________________________________
Identification #: ______________________
(Please include your initials and the last 4 digits of your Social Security Number, i.e. Jane L. Smith with last four digits SSN of 1234 would have identification number of JLS1234.)

Number of hours CME claimed (10 max): __________
________________________________________________

Please circle your response to the following statements.

1. The beginning orientation told me _________ I needed about using the program.
   much less than  less than  as much as  more than  much more than

2. The program contained _________ information.
   far too much  too much  just the right amount of  too little  far too little

3. The information covered in the program was _________ relevant to family practice.
   not at all  slightly  moderately  quite  extremely
4. The pace of the program was ___________.

much too slow a little slow just the right speed a little fast much too fast

5. The patient visits were ___________ realistic.

not at all slightly moderately quite extremely

6. The counseling sessions were ___________ realistic.

not at all slightly moderately quite extremely

7. The interviews with patients in the Learning Resources room were ___________.

extremely somewhat somewhat extremely

interesting interesting boring boring

8. The lectures in the Learning Resources room were ___________.

extremely somewhat somewhat extremely

interesting interesting boring boring

9. The tour of the molecular genetics lab was ___________.

extremely somewhat somewhat extremely

interesting interesting boring boring

10. I ___________ lost track of where I was in the program.

constantly often sometimes rarely never

11. I ___________ had problems getting to the parts of the program I wanted to see.

constantly often sometimes rarely never
12. Please rate how **useful** you found each of the following sections of the program:

<table>
<thead>
<tr>
<th></th>
<th>not at all useful</th>
<th>slightly useful</th>
<th>moderately useful</th>
<th>quite useful</th>
<th>extremely useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Office visits</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Counseling sessions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>c. Case discussions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. Lab tours</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. Lectures</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>f. Interviews with real patients</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

13. What did you like *best* about the program?

14. What did you like *least* about the program?

15. What improvements would you recommend?