

## 1. CME and physician practice. OMB#0925-XXXX, Exp: XX-XXXX

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Please complete this voluntary survey. We welcome your feedback and appreciate your honesty.

Thank you for attending the (insert name of conference). As part of the onsite evaluation process, you provided us this email to help us determine the usefulness and outcomes of the education that was provided.

To refresh your memory, (insert the title of the conference)

As we strive to improve our ability to deliver information at NIH that has a positive impact on your practice, patient care, and/or research, we ask that you complete this brief voluntary electronic survey below.

1. Did the options, alternatives, or information that were provided in the (insert name of conference) have an impact on your approach to research or patient care?

Yes

No

If yes, please elaborate:

2. Did the presentation initiate or increase collaboration between your efforts and the efforts of other investigators in your field of research?

Yes

No

If yes, please elaborate:

3. To what degree do you think that your practice or research focus has been changed as a result of the activity?