(Attachment D)

Form Approved  
OMB No. 0935-XXXX  
Exp. Date XX/XX/20XX

**Initial Questionnaire for Learners**

1. Please indicate your prior and current levels of knowledge of the process by which Comparative Effectiveness Research (CER) reviews are developed by the Agency for Healthcare Research and Quality’s (AHRQ) Effective Health Care (EHC) program:

|  |  |
| --- | --- |
|  | **No Some High Very High**  **Knowledge Knowledge Knowledge Knowledge**  1 2 3 4 5 6 7 8 9 10 |
| Before CME activity: | ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ |
| After CME activity: | ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ |

2. How would you rate the credibility and rigor of each of the following in comparison to AHRQ CER reviews:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Superior to**  **CER Reviews** | **About the Same** | **Inferior to CER Reviews** | **[Not Sure]** |
| a. Single Research Studies | ○ | ○ | ○ | ○ |
| b. Clinical Guidelines | ○ | ○ | ○ | ○ |
| c. Systematic Reviews, Meta Analyses | ○ | ○ | ○ | ○ |

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3. How do you plan to make use of the evidence-based research and materials that were presented during this CME activity in relation to specific content? (select all that apply)

○ Use in discussing evidence-based clinical options with patients

○ Use in identifying areas for discussion with patients regarding their values and preferences concerning benefits and harms

○ Use in determining those treatments and interventions that are associated with the highest levels of evidence

○ Use in another way:

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○ Do not plan to make use of the information; Why not?

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4. To what extent will the evidence-based research presented during this CME activity enable you to improve the care that you give to your patients?

○ No improvement expected

○ Some improvement expected

○ Significant improvement expected

○ Uncertain at this time

5. Do you see any challenges or barriers that might hinder your application in practice?

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6. Are there additional tools or applications associated with CER evidence that would be useful to you?

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DEMOGRAPHICS

7. What year did you graduate from medical school? \_\_\_\_\_\_\_\_\_\_

8. What is your professional category/degree?

○ MD/DO—in practice ○ Nurse Specialist (e.g., CRNA, NP) ○ PA-C

○ MD/DO—Resident/Fellow ○ Nurse (e.g., RN, LVN) ○ Allied Health

○ Pharmacist ○ PhD/PsyD/EdD/DrPH ○ Other

9. If you are a physician, how would you classify yourself?

○ Primary Care

○ Specialist

○ Surgeon

○ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. If you are a physician, what is your practice setting?

○ Solo

○ Group

○ Hospital-based

○ Clinic-based

○ Other

11. If you are a physician, please indicate the population of the area where you conduct the majority of your practice:

○ 0 – 5,000

○ 5,001 – 10,000

○ 10,001 – 25,000

○ 25,001 – 50,000

○ 50,001 – 100,000

○ 100,001 – 250,000

○ 250,001 – 500,000

○ 500,001 – 1 million

○ 1 million +

12. If you are a physician, what are your patient population(s)? (select all that apply)

○ Adults

○ Older adults

○ Children/Adolescents

○ Diverse cultural backgrounds

○ Diverse socioeconomic status (SES) conditions