(Attachment D)
Initial Questionnaire for Learners

1. Please indicate your <u>prior</u> and <u>current</u> 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 Knowledge		Some Knowledge			High Knowledge			Very High Knowledge	
	1	2	3	4	5	6	7	8	9	10
Before CME activity:	O	O	O	O	O	O	O	O	O	O
After CME activity:	O	O	O	O	O	O	O	O	O	O

2. How would you rate the <u>credibility and rigor</u> 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	O	O	O	O
b. Clinical Guidelines	O	O	O	O
c. Systematic Reviews, Meta Analyses	O	O	O	O

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:

     _____

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

     _____

     _____

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?

     _____

     _____

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

     _____

     _____

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