(Attachment E)

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

**Follow-up Questionnaire for Learners**

1. Please indicate your current level 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 |
|  | ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ |

2. Have you been able to make use of the evidence-based research and materials that were presented during this CME activity in your clinical practice? (select all that apply)

○ Unsure

○ Yes; have used in discussing evidence-based clinical options with patients

○ Yes; have used in identifying areas for discussion with patients regarding their values and preferences concerning benefits and harms

○ Yes; have used in determining those treatments and interventions that are associated with the highest levels of evidence

○ Yes; have used in another way:

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○ Did not make use of the information; Why not?

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Public reporting burden for this collection of information is estimated to average 5 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

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

○ No improvements made

○ Some improvements made

○ Significant improvements made

○ Uncertain

5. Please explain any challenges or barriers that hindered 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