

(Attachment E)
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 Knowledge		Some Knowledge			High Knowledge			Very High Knowledge	
1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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:

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

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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:

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?

- | | | |
|---|---|-------------------------------------|
| <input type="radio"/> MD/DO—in practice | <input type="radio"/> Nurse Specialist (e.g., CRNA, NP) | <input type="radio"/> PA-C |
| <input type="radio"/> MD/DO—Resident/Fellow | <input type="radio"/> Nurse (e.g., RN, LVN) | <input type="radio"/> Allied Health |
| <input type="radio"/> Pharmacist | <input type="radio"/> PhD/PsyD/EdD/DrPH | <input type="radio"/> 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