EVALUATION FORM

New and Emerging Novel Pharmacotherapies for Major Depressive Disorder, Depression Subtypes, and Treatment-Resistant Depression
December 22, 2017 – Gainesville, Florida
Project ID: PS7LCR001

prIME CNS is committed to excellence in continuing education, and your opinions are critical in this effort. To assist us in evaluating the effectiveness of this activity and planning future educational offerings, please take a few minutes to complete this evaluation form. All responses are confidential.

Shade in bubbles and boxes = ☐ ☐

What is your profession?
☐ Physician ☐ Physician assistant ☐ Nurse practitioner ☐ Nurse ☐ Pharmacist ☐ Other mental health professional ☐ Nonclinical

What is your practice setting?
☐ Hospitals ☐ Forensic ☐ Outpatient clinics ☐ Private practice ☐ Academic ☐ Nonclinical

How many patients in this therapeutic area do you see each week?
☐ 1-20 ☐ 21-40 ☐ 41-60 ☐ 61-80 ☐ 81+ ☐ Not applicable

Please rank the overall quality of this activity
Great ☐ Good ☐ Neutral ☐ Poor ☐ Very Poor
5 4 3 2 1

Please rate your level of agreement by marking the appropriate rating.

This activity...

Strongly Agree Agree Neutral Disagree Strongly Disagree
Met the stated educational objectives
5 4 3 2 1

Contained content relevant to my practice
5 4 3 2 1

Presenter(s) was/were knowledgeable and effective
5 4 3 2 1

Increased my likelihood to change management strategies in this therapeutic area within the next six months
5 4 3 2 1

Increased my likelihood to share the patient treatment video that is part of this program with patients and families
5 4 3 2 1

Increased my likelihood to use shared decision-making approaches described in this program with patients and families
5 4 3 2 1

As a result of attending this educational activity, please list one or two specific changes in your practice you are committed to making.

________________________________________________________________________
________________________________________________________________________
Was this educational activity fair, balanced, and free of commercial bias? If no, please elaborate.

☐ Yes
☐ No ____________________________

Are there any specific barriers to practice associated with this therapeutic area for which you would like further education?

_______________________________________________________________
_______________________________________________________________

Please provide any additional comments or feedback:

_______________________________________________________________
_______________________________________________________________

<table>
<thead>
<tr>
<th>Prior to the educational activity</th>
<th>1: Not Confident</th>
<th>2: Confident</th>
<th>3: Very Confident</th>
<th>After the educational activity</th>
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Please rank your confidence in treating this therapeutic area

Select the national quality strategy priorities this program addressed. (Select all that apply)

☐ Safer care  ☐ Effective communication  ☐ Coordination of care  ☐ Effective treatment practices

Select the barriers to optimal patient care this program addressed. (Select all that apply)

☐ Conflicting evidence  ☐ Cost of therapy  ☐ Patient adherence
☐ Clinical trial access  ☐ Lack of training  ☐ Patient knowledge

Select the quality components this program addressed. (Select all that apply.)

☐ Shared decision making  ☐ Care management  ☐ Communication
☐ Patient education  ☐ Treatment expectations  ☐ Care transition
☐ Cross-provider coordination

Email: ___________________________________________@___________________________.___________