

**Evaluation Form of HA CME Training Activity for Non-specialists**  
**To be completed by practising doctors who have registered with a CME Program Administrator**

Activity Title: \_\_\_\_\_ Name of Training Organizer: \_\_\_\_\_

Activity Date: \_\_\_\_\_ Venue: \_\_\_\_\_

Time/Duration: \_\_\_\_\_ CME Credit Points: \_\_\_\_\_

Item No.	Description	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	Do you agree that this CME training activity has achieved its stated objectives?	1	2	3	4	5	6
2	Do you agree that the CME training activity meets your training needs?	1	2	3	4	5	6
3	Do you agree the CME training activity content is practical for use in your workplace?	1	2	3	4	5	6
4	Do you agree that the CME training activity is appropriate to your level of interest and understanding?	1	2	3	4	5	6
5	Do you agree that the CME training activity is clearly and logically organized?	1	2	3	4	5	6
6	Do you agree that the speaker is able to enhance participants' learning in the CME training activity ?	1	2	3	4	5	6
7	Do you agree that the learning material (if any) are practical and are good reference for participants?	1	2	3	4	5	6
8	Do you agree that there is enough time for questions from participants?	1	2	3	4	5	6
9	Do you agree that the CME training activity duration is appropriate?	1	2	3	4	5	6
10	Do you agree that the logistic arrangement of the CME training activity (e.g. enrollment, venue set-up, etc) is appropriate?	1	2	3	4	5	6
11	Do you agree that you are satisfied with this CME training activity?	1	2	3	4	5	6

12 Which parts of the CME training activity are the most applicable to your work?

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13 Which parts of the CME training activity are the least applicable to your work?

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14 Other comments:

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