









Satellite and Webcast Activity Evaluation

INSTRUCTIONS: Please return the completed evaluation and credit request forms to your on-site activity coordinator. They may also be mailed to the address on the second page. Both must be returned for credit to be awarded.

In the past two weeks, how frequently did you initiate a discussion with a patient that could have led you to suspect major depressive disorder in that patient?		<input type="radio"/> Several times a day <input type="radio"/> Once a day <input type="radio"/> 2-3 times a week <input type="radio"/> Once or twice in the two week period <input type="radio"/> I did not initiate such a discussion
After participating in this activity, how likely are you to initiate (or increase) such discussions more frequently?		<input type="radio"/> Very Likely <input type="radio"/> About the same <input type="radio"/> Less Likely <input type="radio"/> I regularly initiate such discussions
In the past two weeks, how frequently did you screen patients with chronic conditions for depression?		<input type="radio"/> Several times a day <input type="radio"/> Once a day <input type="radio"/> 2-3 times a week <input type="radio"/> Once or twice in the two week period <input type="radio"/> I did not screen them for depression
After participating in this activity, how likely are you to begin (or continue) regular screenings of patients with chronic conditions for depression?		<input type="radio"/> Very Likely <input type="radio"/> About the same <input type="radio"/> Less Likely <input type="radio"/> I regularly screen patients with chronic conditions for depression
In your practice, how frequently do you typically screen women over 40 for depression when they present for other chief complaints?		<input type="radio"/> Always <input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never
After participating in this activity, how likely are you to screen women over 40 for depression when they present for other chief complaints?		<input type="radio"/> Very Likely <input type="radio"/> About the same <input type="radio"/> Less Likely <input type="radio"/> I regularly screen women patients over 40 for depression when they present other chief complaints
Thinking about the last 20 female patients over 40 whom you've diagnosed with depression, what was your level of comfort in treating their depression?		<input type="radio"/> Very Comfortable <input type="radio"/> Somewhat Comfortable <input type="radio"/> Uncomfortable <input type="radio"/> I referred most of the patients to a specialist or they received treatment elsewhere
Now, after attending this activity, how comfortable do you believe you will be in treating diagnosed depression?		<input type="radio"/> More comfortable than I was before <input type="radio"/> No more or less comfortable than in the past <input type="radio"/> I am less comfortable now than I was

Which statement best describes your feelings after attending this activity:

- I will increase efforts to diagnose and treat depression in women at midlife and beyond
- I was already diagnosing and treating depression in women over 40 regularly, but I DID learn new
- I'm glad I attended, but really didn't learn anything new and don't plan on changing my approach

Funds from commercial sources were used to develop and conduct this activity. We believe we have exercised due diligence in making sure the content presented is scientifically sound and unbiased. Please tell us our level of success:



- Successful - I detected no commercial bias
- Not successful - Commercial bias was obvious



If we did not succeed in eliminating the perception of commercial bias, please give us specific examples below so we can make the appropriate changes.

Please rate the activity's presenters:	Dr. Alan Podawiltz	Dr. Ann Dimapilis
	Excellent → → → → Poor (5) (4) (3) (2) (1)	Excellent → → → → Poor (5) (4) (3) (2) (1)
Seemed knowledgeable	(5) (4) (3) (2) (1)	(5) (4) (3) (2) (1)
Seemed well-prepared	(5) (4) (3) (2) (1)	(5) (4) (3) (2) (1)
Responded to questions appropriately	(5) (4) (3) (2) (1)	(5) (4) (3) (2) (1)
Should be considered for future activities	(5) (4) (3) (2) (1)	(5) (4) (3) (2) (1)

Please share any comments about the presenters:	Please share any general comments about the activity:
What topics related to the content of THIS activity would you like to see covered in future programs?	Nurses: Please answer the following questions: <div style="text-align: right; margin-bottom: 10px;"> Excellent → → → → Poor </div> <p>The objectives support the purpose & goals (5) (4) (3) (2) (1)</p> <p>The teaching methods used were effective (5) (4) (3) (2) (1)</p> <p>The format of the activity was appropriate (5) (4) (3) (2) (1)</p> <p>The facilities were appropriate for this activity (5) (4) (3) (2) (1)</p> <p>The time of day was convenient (5) (4) (3) (2) (1)</p>

If you were not able to return your evaluation and credit request form to your on-site coordinator, please mail them to:
 PACE Office
 3500 Camp Bowie Blvd
 Fort Worth, TX 76107.