

COURSE EVALUATION

Please tell us about yourself by indicating your profession:

Physician Resident/Fellow Physician Assistant Nurse Practitioner
 Nurse Pharmacist Other (Please indicate): _____

If applicable, what is your overall evaluation of the educational DVD:

1 = poor 2 = fair 3 = good 4 = very good 5 = excellent

Objectives:

- (1) Explain and define Parkinson's disease.
- (2) Explain what causes Parkinson's disease.
- (3) Explain signs and symptoms of disease onset and progression.
- (4) Explain changes in mood and thinking which accompany Parkinson's disease.
- (5) Explain medication treatment options and side effects.
- (6) Explain the role of clinical trials in Parkinson's disease.
- (7) Explain lifestyle alterations and how to manage symptoms (such as occupational therapy assistive devices, physical therapy therapies, and other therapies such as dance, LSVT) that can help patients successfully adapt to and manage Parkinson's disease.
- (8) Explain patients', caregivers', and physicians' reactions to diagnosis and coping methods.

1. Did the DVD fulfill the objectives and was the intended result of those objectives achieved?

Yes ___ No ___

2. How would you rate the DVD overall?

1 = poor 2 = fair 3 = good 4 = very good 5 = excellent

3. How helpful was the information presented in the DVD?

1 = poor 2 = fair 3 = good 4 = very good 5 = excellent

4. How timely and relevant was the information presented?

1 = poor 2 = fair 3 = good 4 = very good 5 = excellent

5. Was the DVD free from commercial bias? Yes ___ No ___

If not, please explain: _____

6. Would you recommend this DVD to others? Yes ___ No ___

7. After viewing this DVD, do you anticipate changing any of your patient care practices?

Yes____ No____ If yes, what do you anticipate changing?

8. Do you foresee any barriers to implementing these changes?

Yes____ No____ If yes, please explain.

9. Topics suggested for future DVDs:

10. Comments and suggestions for improvements:

As part of an outcomes measurement for this activity, we may be following up with you to determine if you have participated in any research. We will also be inquiring if you identified additional topics which you would like to (or need to) learn more. Please be sure to include your email address. Your responses and comments on this evaluation will remain anonymous.

Email address for post-course outcomes survey:
