

**CME Evaluation form**

**Name of activity:**

**Date:**

**Facilitator (s):**

Sr. No.		Strongly agree	Agree	Unsure	Disagree	Strongly disagree
1	This activity was relevant for me					
2	This activity increased my knowledge					
3	This activity is likely to improve my performance					
4	Learning outcomes were achieved					
5	The facilitator was knowledgeable					
6	Presentations were comprehensive					
7	I will recommend other colleagues to attend this activity					

Any suggestions for improvement: -----

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