## **O** EBAC<sup>®</sup> Evaluation Form

1)																						
a) I	am a																					
	traine	ardiolo	ca	rdiolo	diologist 📃 sul				bspeci	alist in	this are	ea 🗌	other:									
b) In my daily practice I have to deal with the issues addressed in this presentation																						
very often frequently								ently rare							never							
c) R	egardir	ng the	issues	dealt	with i	n this	event	l am,	in my	daily p	ractice	ice, (select one)										
	able	o deci	de and	l execu	ite on	my ow	n			pende	endent on the decisions of others, which I then execute											
only discussing therapeutic alternatives with those, who decide and execute																						
d) I have already visited a similar event before																						
yes no																						
2)																						
a) ⊦	las the	title o	f the o	event l	been						b) Did the content match your expectations raised by the title of the event?											
too general just right								too specific				Not a						Yes, fully				
5	4	3	2	1	0	1	2	3	4	5		1	2	3	4	5	6	7	8	9	10	
																C (1)						
	las the elation						tion b	een ad	equate		d) Please give an estimate for the relation of time for discussion to length of presentation: (select one)											
too	short			ju	ust righ	nt			to			-	·		Selec	t one						
5	4	3	2	1	0	1	2	3	4	5		> 50	50 %	% 30 % 25 %					<	10 %		
e) To	otal am	ount d	of time	e for d	iscussi	on has	s been				f) The answers of the speaker(s) during the discussion were straight to the point?											
too	hort			jı	ust righ	nt			to	o long		No, not at all Yes, perfect										
5	4	3	2	1	0	1	2	3	4	5		1	2	3	4	5	6	7	8	9	10	
g) D	o you t	hink t	hat th	e eduo	cationa	al effe	ctivity	of the	e event		h) Did you recognize any influence of the sponsor(s)											
<ul><li>g) Do you think that the educational effectivity of the event could have been increased by</li><li>h) Did you recognize any influence of the sponsor(s) on the content</li></ul>																						
	. increa	-		-	preser	ntation	is:					1) of the presentations? Yes No / If yes, please specify:										
	Yes				time	for dis	cussio	n:					Weak influence         Stro           1         2         3         4         5         6         7         8						ong inf			
	Yes	No	No <sup>-</sup>	t sure								2	3	4	5	6	/	ð	9	10		
	. increa				during	the p	resenta	ation:		2)	of the	discussio	n2	Yes [		fves r		ecify:				
<ul> <li>Yes No Not sure</li> <li>4) use of different didactic methods:</li> </ul>													<ul> <li>2) of the discussion? Yes No / If yes, please specify:</li> <li>Weak influence Strong influence</li> </ul>									
Yes No Not sure // If yes, please specify (which me-												1	2	3	4	5	6	7	8	9	10	
t	nods):																					
	i) If this same event is offered again in the near future: Would you recommend participation to your colleagues and friends?																					
	Yes No																					
3)																						
	iender					b) A	-															
male     female     20 - 30     30 - 4       c) To attend this event I have (select one)											J	40 - 50     50 - 60     60 - 70     > 70       d) Registration fee, travel and accommodation have been paid by										
_	been delegated by my hospital/department												(multiple answers possible)									
		the ir						vited b	by indu	stry		me  industry    hospital  other:										

4) Additional comments: