

Attn: ADHD PROFESSIONALS

CME Outfitters Needs Assessment Survey—January 2007

In order to provide clinically relevant educational activities that address the needs and interests of ADHD professionals, we ask that you take a few minutes to complete the following questionnaire. Responses from this survey will be used to design and implement future educational activities. Please photocopy as necessary for additional respondents and return via fax to **240.243.1033** by January 22, 2007. Please visit **neuroscienceCME.com** for additional resources of interest to ADHD professionals.

Your Name/Credentials

Date Survey Completed

Primary Practice Facility/Office Address

Phone

Fax

Email

1. What is your healthcare discipline?
Physician (please specify): Psychiatrist Pediatrician Family Practice Internal Medicine
 Nurse Counselor Psychologist Social Worker Other: _____
2. In your practice, patients with attention-deficit hyperactivity disorder (ADHD) are likely to be:
 Children Adolescents Adults A mix of all three
3. CME Outfitters now offers online testing and certificate printing. How will this service impact your utilization of CME Outfitters as a continuing education provider?
_____ Increase _____ Decrease _____ Stay the same
4. Please rate the importance of each online education/website attribute. (1 = very important; 5 = not important)

_____ Caliber of scientific content	_____ Ease of use
_____ Frequent updates to content	_____ Interviews with expert authorities
_____ Interactive case studies	_____ Streaming multimedia content
_____ Scientific animations (MOA, anatomy, etc.)	_____ Synopsis of current literature
_____ Digest reports from medical meetings	_____ Ability to personalize homepage
_____ Podcasts	_____ PDA downloads
_____ Ability to track CME/CE credits	_____ Slide library
_____ Interaction with peers (e.g., chat rooms, discussion groups)	_____ Synopsis of lay literature (what your patients are reading about ADHD)
5. What websites do you currently visit that you believe are credible sources of information and education on ADHD?

6. What major national meetings for ADHD professionals have you attended?

7. What qualities make you return to an educational website?

8. What resources do you utilize for information about ADHD?

Professional publications:

- | | |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> <i>Journal of Developmental and Behavioral Pediatrics</i> | <input type="checkbox"/> <i>American Journal of Psychiatry</i> |
| <input type="checkbox"/> <i>Journal of the American Academy of Adolescent Psychiatry</i> | <input type="checkbox"/> <i>Archives of General Psychiatry</i> |
| <input type="checkbox"/> <i>Child and Adolescent Clinics of North America</i> | <input type="checkbox"/> <i>Pediatrics</i> |
| <input type="checkbox"/> <i>Pediatric Clinics of North America</i> | <input type="checkbox"/> <i>Biological Psychiatry</i> |
| <input type="checkbox"/> <i>Journal of Attention Disorders</i> | Other: _____ |

Websites:

Educational workshops/conferences:

9. Please list up to five areas of ADHD where you recognize an educational need or encounter problems or dilemmas in your clinical practice. These may be related to controversial issues, knowledge gaps, regulatory/compliance concerns, etc.

Practice Area/Topic	Describe the Specific Educational Need or Problems/Dilemmas You Encounter
<i>example: Adherence to medication</i>	<i>example: Strategies to improve poor adherence</i>
	<i>example: Novel medication delivery systems</i>
a.	1.
	2.
b.	1.
	2.
c.	1.
	2.
d.	1.
	2.
e.	1.
	2.

10. What is your preference in regard to receiving information/notification of upcoming continuing education activities?

- | | |
|---------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Email announcements | <input type="checkbox"/> Healthcare facility education department/coordinator |
| <input type="checkbox"/> Fax announcements | <input type="checkbox"/> Healthcare facility bulletin board posters |
| <input type="checkbox"/> Handheld portable device | <input type="checkbox"/> Direct mail brochures |
| <input type="checkbox"/> Website posting | <input type="checkbox"/> Professional associations/societies/licensing boards |
| <input type="checkbox"/> Other (explain) _____ | |

PLEASE FAX COMPLETED FORM TO 240.243.1033

