**Activity Evaluation**

Activity Title: Activity ID#

Date Completed: Location: Online

 Circle the number that best fits your evaluation of this activity:

4=strongly agree 3=agree 2=somewhat disagree 1=strongly disagree

1. As a result of my participation in this activity, I am better able to:

a. Assess the pregnant patient 4 3 2 1

b. Identify potential complications in pregnancy 4 3 2 1

c. treat complications during pregnancy 4 3 2 1

2. The author demonstrated experiential knowledge of the topic.

a. Brenda Halliday NP 4 3 2 1

3. The content provided a fair and balanced coverage of the topic. 4 3 2 1

4. The content was free of commercial bias. 4 3 2 1

5. Author fully disclosed any conflict of interest and discussion of off-label usage of medication and/or medical devices at beginning of, or during the presentation

4 3 2 1

6. The individual objectives/content topics were cohesive with one another

4 3 2 1

7. I would recommend this activity to my colleagues. YES   NO