

OHIO PAIN INITIATIVE  
CONTINUING EDUCATION EVALUATION

**TITLE:** Atypical Pains 101

**DATE:** September 29, 2009

*To assist us in evaluating the effectiveness of the CNE activity and to make recommendations for future programs, please complete the evaluation form by circling the appropriate rating.*

**SESSION EVALUATION** Key: 1 = Not at all 2 = Low 3 = Medium 4 = High

1. To what degree did you achieve the goal of this activity? 1 2 3 4

*To relieve suffering from pain by providing nurses with current information related to the care of persons with pain.*

2. To what degree did you achieve the following objectives?

Identify assessment findings that indicate the presence of an atypical pain. 1 2 3 4

Discuss interventions to treat atypical pains. 1 2 3 4

3. How would you rate the teaching effectiveness of the presenter?

Ann Hudson, RN, CHPN 1 2 3 4

4. How useful will the information presented be to your practice? 1 2 3 4

5. Were you notified of any commercial support, presenter financial relationships, and off-label/investigational use of products (if applicable) for this program?

Yes No If no, please explain: \_\_\_\_\_

6. Did the program provide objective, complete, evidence-based information without expressing a professional preference for any one product or service?

Yes No If no, please explain: \_\_\_\_\_

**Comments/Suggestions:**