

ADHD Through The Years

CHALLENGES & TRANSITIONS

Please select the activity you participated in:

- MP3 Download
 On-Demand teleconference

This information is for CME/CNE purposes only. You may not receive your CME/CNE credit if the information below is not filled out in its entirety. Please allow 4-6 weeks for delivery of your certificate.

PARTICIPANT INFORMATION

Name _____
First M. Last

What is your professional degree?

MD NP PA RN Other _____ What is your primary specialty? _____

Practice/University/Hospital Name _____

Address (Home Work) _____
Street Address Apt. or Suite No.

City State ZIP Code

Daytime Phone () _____ Fax () _____

By providing your fax number, you are giving CMK permission to fax information to you in the future. This is for internal use and will not be sold to other companies for use.

E-Mail Address _____

I hereby certify that I have spent _____ hour(s) in this educational activity.* *Hours may not exceed 1.0 for physicians and 1.2 for nurses

Signature _____ Date _____

(I certify that I have completed this CME/CNE activity as designated.)

May we contact you in the future with brief surveys to assess how you have used the information presented in this activity or to assess other educational needs? Yes No

Preferred method of follow-up: Fax E-mail

Posttest (please circle one)

- Which of the following symptoms of hyperactivity is more common in children than adults?
 - Inner restlessness
 - Overwhelmed
 - Self-selects active jobs
 - Runs and climbs excessively
- According to data from the National Comorbidity Survey Replication, what percentage of adults with ADHD also had mood disorders?
 - 5%
 - 18%
 - 38%
 - 68%
- Which of the following statements about the use of stimulant medications for adult ADHD is not supported by substantial evidence or consensus opinion?
 - It is never appropriate to prescribe a stimulant medication for a patient with a substance abuse disorder
 - Stimulant medications are not the only effective option for treating adult ADHD
 - Stimulant therapy should not be started if untreated bipolar disorder has not been addressed
 - Stimulant therapy may be initiated without a baseline ECG, provided that the patient's history and family history do not suggest increased cardiac risk

Please complete the evaluation form and either fax or mail to:

FAX: 1-866-350-9325

The Center for Medical Knowledge, LLC

ATTN: ADHD

189-6 Middlesex Turnpike, Chester, CT 06412

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If you have questions regarding your CME/CNE certificate, please call The Center for Medical Knowledge at 1-866-482-4263, extension 123.

Project No. 272473

Please evaluate the activity by checking the appropriate boxes.

Having completed this activity, how would you rate your confidence in your ability to:	Low		High	
Explain how the signs and symptoms of ADHD may differ in children, adolescents, and adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnose ADHD in patients who were not diagnosed as children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design individualized treatment plans for patients with ADHD and psychiatric comorbidities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please rate the effectiveness of the speaker(s):	Low		High	
David W. Goodman, MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional comments:				

Did the presentation meet the learning objectives? Yes No

Which of the following is the most important information you learned in this CME/CNE activity? (Please check one.)

- The changing symptomatology of ADHD from childhood through adulthood
- Pharmacologic treatment to best suit the needs of a given patient, depending on his/her age, comorbidities, lifestyle, and preferences
- Strategies to overcome barriers to the recognition and effective treatment of adolescent and adult patients with ADHD

Do you feel that the content presented at this activity was appropriate to your learning needs? Yes No

If NO, please specify: Too basic Too complex

Which of the following factors was most important in your decision to participate in this activity? (Please check one.)

- Speaker
- Topics being presented

How likely are you to incorporate the information from this CME/CNE activity into your clinical practice?

- Not likely
- Likely
- Very likely

In what areas will you make the changes in your clinical practice? (Please check all that apply.)

- Screening/diagnosis
- Patient education
- Treatment/management
- Staff education
- Other: _____

Was this activity fair, balanced, and free from commercial bias? Yes No

Was faculty financial disclosure information available for this activity? Yes No

If applicable, were you advised of off-label/unapproved uses of products or devices? Yes No

Please complete the following statement:

In the future, I would like to attend an educational program on _____.

Please indicate how long you have been in practice:

- < 5 years
- 6-15 years
- 16-25 years
- > 26 years
- Retired/not in practice

Which type of CME/CNE activity are you most likely to attend in the next 12 months? (Please check only 2.)

- Small, local meeting (< 45 minutes from home/office)
- Regional meeting (> 45 minutes from home/office)
- Live teleconference
- Live Webcast
- National association meeting
- Grand rounds/journal club
- Other: _____

In the past 12 months, which type of CME/CNE material have you most frequently completed? (Please check only 2.)

- Printed piece (monograph, supplement, newsletter, etc)
- CD-ROM/DVD
- Archived Webcast
- Podcast
- Web-based activity
- PDA
- Archived teleconference
- Other: _____

Additional comments: _____