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ANSWER FORM

Expert Review Supplement – Current Evidence and Future Directions: *Augmentation and Dosing Strategies for Major Depressive Disorder*



TERMINATION DATE: June 30, 2012

To receive credit, you should score 70% or better (participants will receive certification for their records in approximately 4–6 weeks). Early submission of this posttest is encouraged. Please submit this test by June 1, 2012, to be eligible for credit. If you have any questions about this, or any of our other CME materials, please e-mail CME@mbicommunications.com

Please circle your answers

1. A B C D 2. A B C D 3. A B 4. A B C D 5. A B C D 6. A B C D 7. A B C D 8. A B C D 8. A B C D

EVALUATION SECTION (please provide the information below and print clearly)

1=Minimally, 5=Completely

1. Please rate how well this CME activity met the stated learning objectives:

- A. Identify the need for expanded treatment options for patients with treatment-resistant depression 1 2 3 4 5
- B. Assess current evidence on augmentation strategies, including the use of atypical antipsychotics, in the treatment of major depressive disorder for patients who do not achieve full remission or recovery 1 2 3 4 5
- C. Design treatment plans that address functional outcomes and motivate patients to make relevant lifestyle and behavior changes 1 2 3 4 5

2. Please indicate how well this CME activity met your expectations regarding the following:

- A. Translating clinical information/trial data to patients I see in my practice 1 2 3 4 5
- B. Providing new information 1 2 3 4 5
- C. Increased my knowledge and/or skills in delivering patient care 1 2 3 4 5
- D. Communicated information in an effective, accessible manner 1 2 3 4 5

3. Compared to other CME activities in which I have participated this year, I would rate this activity as:

1=Needs Improvement, 5=Outstanding
1 2 3 4 5

4. As a result of participating in this educational activity, I will (please check one)

- Change my practice Seek additional information Confirm my current practice

4a. If "change my practice," please describe: _____

5. Did this CME activity provide a balanced, scientifically rigorous presentation of therapeutic options related to the topic without commercial bias and influence?

Yes No

5a. If "no," please explain: _____

6. Do you feel these topics should be repeated/updated in future CME activities?

Yes No

6a. If "yes," what suggestions would you make to improve this activity? _____

7. Please indicate your three preferred formats for CME activities:

- Print media Internet Multimedia/video Live meeting PDA Podcast

8. Please indicate three professional education gaps you would like to be addressed in future CME activities:

Topic 1: _____

Topic 2: _____

Topic 3: _____

Name _____ Degree _____ Affiliation _____

Street _____

City _____ State _____ Zip Code _____

Tel: _____ Fax: _____ Specialty _____

Email _____

I certify that I completed this CME activity (signature) _____ Date _____

I have read the CME article and completed this activity in _____ hour(s).