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ANSWER FORM

Expert Panel Supplement – Real World Management of Schizophrenia in the Comorbid Patient



TERMINATION DATE: July 31, 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 July 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@mblcommunications.com

Please circle your answers

1. A B C D 2. A B C D E 3. A B C D E 4. A B C D 5. A B C D 6. A B C D 7. A B C 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 long-term health impact of common psychiatric and medical comorbidities in patients with schizophrenia 1 2 3 4 5
- B. Assess current evidence on the efficacy, safety, and tolerability of treatments for schizophrenia that address comorbid psychiatric and medical conditions to create targeted care plans 1 2 3 4 5
- C. Integrate psychoeducation, establish a clinician-patient alliance to provide a supportive care environment, and address real world clinical concerns 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).