



## ASK CAHABA A TELECONFERENCE EVALUATION

### REVIEW GUIDELINES

Complete this evaluation of the Ask Cahaba A Teleconference to help us measure the effectiveness of the teleconference. The results will be used to develop our future teleconferences.

Complete this evaluation using the following choices: Very Satisfied  
Satisfied  
Dissatisfied  
Very Dissatisfied

### EVALUATION

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
The speaker(s) was/were able to explain the topic(s) clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The speaker was courteous and professional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The teleconference increased my knowledge of Medicare Part A policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The topic(s) presented was/were informative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The length of the teleconference is adequate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall teleconference rating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please fax the completed form to: 205 220-0484  
 Attention: Medicare Part A Provider Outreach and Education Department  
 Ask Cahaba A Teleconference

Your Name: (Optional): \_\_\_\_\_

Your Telephone Number (Optional): \_\_\_\_\_

Thank you for your participation!