

EVALUATION FORM
AlphaNet, Inc
Alpha-1 Antitrypsin Deficiency and Augmentation Therapy-Prolastin C Liquid
Expiration Date for Activity_2-12-2021_____
Date Completed _____
Date this evaluation completed & submitted _____

We hope you found this educational offering both interesting and informative. We'd like to hear from you and appreciate you taking the time to answer these evaluation questions.

Were you able to complete this activity in the allotted time? ___ Yes ___ No

Were your personable objectives successfully achieved? Yes No Somewhat
 If not, why not? _____

What one thing might you do differently in your practice after this session? _____

5 = EXCELLENT 4 =VERY GOOD 3=GOOD 2=FAIR 1=POOR

Presentation organized	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
Materials offered relevant content	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
Assistance provided as needed	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>

Stated objectives achieved:

1. Participants will describe that Alpha-1 is genetically transmitted, can lead to liver disease, early onset emphysema, and other conditions	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
2. Participants will explain common barriers to the clinical diagnosis of Alpha-1.	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
3. Participants will list at least three key elements in the treatment plan of individuals with Alpha-1 including augmentation therapy with Prolastin C Liquid.	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
4. Participants will describe criteria for augmentation therapy with Prolastin C Liquid.	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
5. Participants will list at least 4 potential side effects associated with augmentation therapy with Prolastin C Liquid.	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>

6. Each participant shall identify procedures necessary for safe and effective Prolastin C Liquid augmentation therapy.	5 ○	4 ○	3 ○	2 ○	1 ○
7. Participants will name resources available in the community for those affected by Alpha-1 Antitrypsin Deficiency and their health care providers	5 ○	4 ○	3 ○	2 ○	1 ○
Overall strength of presentation	5 ○	4 ○	3 ○	2 ○	1 ○