Critical Care Nutrition

Review the Process with Us
Workshop Questionnaire

1. What did you learn today? Please try to list three "things".

2. Does this new learning relate to what you knew and have been doing?

   Yes No

   Please explain:

3. How will you use what you've learned in your own setting?

4. When you elected to attend this session, did you have any intention of changing the way you practice nutrition support in the ICU?

   Yes No

5. Do you intend to make any changes in your work as a result of this activity?

   Yes No

   5a if yes, on a scale of 1 (low) to 5 (high), how committed are you to making this change? (Circle)

   1 2 3 4 5
   Not at all committed very committed

   5b What do you plan to change? (Please be specific)

6. Who do you believe is your local opinion leader on nutrition support?

May we contact you for follow-up? Yes No

Print Name: _____

Email Address: _____