Texas Academy of Palliative Medicine

P. O. Box 127, Rockdale, TX 76567

Voice/Fax: 512-857-1233 email: tapm@earthlink.net web: www.tapm.org

Post-test Answer Sheet & Evaluation Form

Post-test Answers

Please mark for which module you are completing the sheet:

__ 1. Opioid Pain Management (Dr. Manfredonia)
__ 2. Neuropathic Pain and Adjuvant Therapy (Dr. Crossno)
__ 3. Acute Infections in Hospice (Dr. Muraida)
__ 4. Seizures in End of Life (Dr. Stockrahm)
__ 5. Metastatic Pain Management (Dr. Henning)
__ 6. Cachexia, Anorexia, and Fatigue (Dr. McKinnis)
__ 7. Anxiety, Agitation & Delirium in Hospice (Dr. Garner)
__ 8. Nausea: Assessment & Management (Dr. Crossno)
__ 9. Dementia: Mgmt of Behavioral Sxs (Dr. Manfredonia)

Circle the correct letter corresponding to the question on the indicated quiz:

1.	A	B	C	D	E
2.	A	B	C	D	E
3.	A	B	C	D	E
4.	A	B	C	D	E
5.	A	B	C	D	E
6.	A	B	C	D	E

Participant Evaluation

Please rate each of the following by marking your response at the right.

		Agree	Mostly Agree	Mostly Disagree	Disagree
1.	Content met the module objectives.	4	3	2	1
2.	Level and amount of material was appropriate for the format and objectives.	4	3	2	1
3.	Speaker was knowledgeable of the subject and communicated clearly and effectively	4	3	2	1
4.	The information presented will be useful to me in my medical practice	4	3	2	1
5.	Content was free of commercial bias.	4	3	2	1

6. Describe how you will apply this to your practice setting. _____

_____

In order to receive a Certificate of Completion for credit, please fill out the following & return to TAPM:

Name (print clearly):_____

Address: _____ _____

City: _____ ***State:*** _____ ***Zip code:*** _____ ***Phone:*** _____

__ ***TAPM Member: $10 / module*** ***Method of payment:*** __***Check*** __***MC*** __***Visa*** __***AMEX*** __***Online with PayPal***

__ ***Non-member: $15 / module*** ***Credit Card Number:*** _____ ***Expires:*** _____

Credit Card Billing Zip code: _____ ***Signature:*** _____

Please enter the email address or fax number to which your Certificate of Completion should be sent:

_____

This activity has been reviewed and is acceptable for up to 10.25 Prescribed credits by the American Academy of Family Physicians. AAFP accreditation begins 7/1/2006. Term of approval is for two years from this date.

Mail or fax the completed sheet, with payment, to the address or fax number listed above.
We cannot accept credit card payments by email.