

Spirometry CD-ROM Evaluation

Please complete the following survey after viewing the Spirometry CD-ROM. Once completed please return to the contact information provided below. Thank you.

1. Please select your health care profession:

(check all that apply)

- Physician
- Respiratory Therapist
- Pharmacist
- Nurse Practitioner
- Registered Nurse
- Physiotherapist
- Asthma/COPD Educator
- Other

2. Please select your practice type:

(check all that apply)

- Solo
- Group
- Office
- Hospital
- CHC
- Urban
- Suburban
- Rural

3. Is the information provided on spirometry clear and comprehensive?

- Yes No

4. Has your knowledge on spirometry increased after using this tool?

- Yes No

5. Is this an effective learning format?

- Yes No

6. Were you able to navigate through this CD-ROM with ease?

- Yes No

7. Would you recommend this CD-ROM to a colleague?

- Yes No

8. Do you currently perform spirometry in your office practice?

- Yes No

a. If not, would you consider incorporating spirometry in your practice after viewing this CD-ROM?

- Yes No

b. If not, what are the possible barriers to incorporating spirometry into your practice?

COMMENTS:

Please Fax or Mail Evaluation to:

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