Using the following scale, please circle the indicator that best represent your response to the items below:

**Scale:**

- **SD**-Strongly Disagree
- **D**-Disagree
- **N**-Neutral
- **A**-Agree
- **SA**-Strongly Agree

1. As a result of this activity, I am able to:
   a. Identify how cognitive impairment negatively affects oral health.  
      SD  D  N  A  SA
   b. Recognize adverse effects of inadequate oral health for cognitively impaired patients.  
      SD  D  N  A  SA
   c. Identify how to improve oral health of cognitively impaired patients.  
      SD  D  N  A  SA
   d. Discuss current theories on how inappropriate oral health may worsen cognitive impairment.  
      SD  D  N  A  SA

2. The content of this presentation was appropriate for the stated learning objectives.  
   SD  D  N  A  SA

3. With regard to my professional practice, the information presented will be extremely useful.  
   SD  D  N  A  SA

4. Using the video with slides format was an excellent means of presenting this information.  
   SD  D  N  A  SA

5. The teaching effectiveness of the presenter was high.  
   SD  D  N  A  SA

6. The overall quality of this session/activity was high.  
   SD  D  N  A  SA

7. If you found the information useful, please cite a specific application you intend to make within your professional setting.

   ________________________________________________________________
   ________________________________________________________________

8. Did you perceive bias or promotion of commercial products and/or services in the presentation offered?  
   Yes (  ) No (  ) If yes, please briefly describe:

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

9. Name two subjects you need to know more about to better care for your geriatric patients.

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________