



## Podcast – Overcoming Barriers to Better Fitness

65-02082007-01; expires August 2, 2008

**1. Your specialty:** (check all that apply)

- Family Physician
- Other Physician \_\_\_\_\_
- Nurse
- Health Educator
- Medical Technician
- Practice Administrator
- Other \_\_\_\_\_

**2. The podcast provided ideas and/or techniques I can use to help patients move toward better health.** (check one)

- Strongly Agree
- Agree
- Uncertain
- Disagree
- Strongly Disagree

**3. During this presentation, I gained new knowledge about using behavioral counseling to open a dialogue with patients.** (check one)

- Strongly Agree
- Agree
- Uncertain
- Disagree
- Strongly Disagree

**4. I have learned effective strategies for getting paid/reimbursed for the medical treatment of overweight and obesity.** (check one)

- Strongly Agree
- Agree
- Uncertain
- Disagree
- Strongly Disagree

**5. I currently use body mass index (BMI) as a vital sign.** (check one)

- Yes (skip question #6)       No       Not Sure

**6. I plan to start including body mass index (BMI) as a vital sign.** (check one)

- Yes       No       Not Sure

7. **The presentation was scientifically balanced.** (check one)

- Strongly Agree
- Agree
- Uncertain
- Disagree
- Strongly Disagree

8. **The podcast format was conducive to learning.** (check one)

- Strongly Agree
- Agree
- Uncertain
- Disagree
- Strongly Disagree

9. **Overall, the presentation met my expectations.** (check one)

- Strongly Agree
- Agree
- Uncertain
- Disagree
- Strongly Disagree

10. **I would like to see additional podcasts on** \_\_\_\_\_.

**What suggestions would you make to improve this podcast?**

---

---

---

Fax your completed evaluation to 913-906-6099, Attn: AIM

or mail to:

Ashley Jungles

American Academy of Family Physicians

11400 Tomahawk Creek Parkway, Leawood, KS K66211

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

If you want to receive a certificate of participation for this event, please check the box below and provide your e-mail address. We will e-mail your certificate to you.

Request certificate for activity participation. E-mail address \_\_\_\_\_

*Please visit [www.americansinmotion.org](http://www.americansinmotion.org) for FREE resources  
from the AAFP's Americans In Motion initiative.*