

EVALUATION FORM  
*Improving CVD Risk in Patients With Type 2 Diabetes: A Multifactorial Approach  
Managing Dyslipidemia and the Prevention of Macrovascular Disease*  
Project ID: 4523ES22

---

---

Please print the form and fax it back to the number indicated below. Please allow up to 3 weeks for the statement of credit to be mailed to you only upon receipt of a completed activity evaluation form and a completed posttest with a score of 70% or better.

**Program Exam—Session 2 “Managing Dyslipidemia and the Prevention of Macrovascular Disease”**

1. Macrovascular disease is the primary cause of death and disability among patients with diabetes.
  - a. True
  - b. False
  
2. The three most important preventable risk factors for macrovascular disease among patients with diabetes are:
  - a. Glycemic control, cigarette smoking, and dyslipidemia
  - b. Dyslipidemia, weight control, and hypertension
  - c. Cigarette smoking, hypertension, and dyslipidemia
  - d. Cigarette smoking, glycemic control, and dyslipidemia
  
3. Lipid abnormalities are highly prevalent in patients with diabetes. What factor(s) best accounts for the frequency of dyslipidemia in diabetes?
  - a. Insulin resistance
  - b. The effects of hyperglycemia
  - c. Obesity
  - d. All of the above
  
4. Elevated LDL-C levels are not particularly characteristic of diabetes. Nonetheless, statins should be employed for the treatment of dyslipidemia in in most patients with diabetes.
  - a. True
  - b. False
  
5. According to the NCEP guidelines, when is it appropriate to expand statin therapy for the treatment of dyslipidemia through the addition of a second- or third-line agent or a higher statin dose:
  - a. When patients are not at non-HDL-C goal
  - b. When patients are 30 points above non-HDL-C goal
  - c. When patients have high triglyceride levels
  - d. When independent cardiovascular disease risk markers are present

**Please answer the following questions by circling the appropriate rating:**

5 = Outstanding      4 = Good      3 = Satisfactory      2 = Fair      1 = Poor

**Extent to Which Program Activities Met the Identified Purpose**

Provide the most current information available on the diagnosis, management, and treatment of cardiovascular disease

5 4 3 2 1

**Extent to Which Program Activities Met the Identified Objectives**

*After completing this activity, participants should be better able to:*

- Describe the pathophysiology of dyslipidemia in the patient with diabetes  
5 4 3 2 1
- Identify dyslipidemia as a major preventable risk factor for CVD in diabetes  
5 4 3 2 1
- Choose strategies for aggressive combination therapy of dyslipidemia in diabetes  
5 4 3 2 1
- Recall the relationship of glucose-lowering agents to dyslipidemia and CVD risk  
5 4 3 2 1

**Overall Effectiveness of the Activity**

Was timely and will influence how I practice      5 4 3 2 1  
Will assist me in improving patient care      5 4 3 2 1  
Fulfilled my educational needs      5 4 3 2 1  
Avoided commercial bias or influence      5 4 3 2 1

**Impact of the Activity**

*The information presented:*  
(check all that apply)

- Reinforced my current practice/treatment habits.       Will improve my practice/patient outcomes.
- Provided new ideas or information I expect to use.       Enhanced my current knowledge base.

Will the information presented cause you to make any changes in your practice?

- Yes       No

If yes, please describe any change(s) you plan to make in your practice as a result of this conference:

---

---

How committed are you to making these changes?  
5 (Very committed)    4    3    2    1 (Not at all committed)

**Future Activities**

Do you feel future activities on this subject matter are necessary and/or important to your practice?

- Yes       No

Please list any other topics that would be of interest to you for future educational activities:

---

---

Follow-up

As part of our continuous quality improvement effort, we conduct postactivity follow-up surveys to assess the impact of our educational interventions on professional practice. Please indicate if you would like to participate in such a survey:

- Yes, I would be interested in participating in a follow-up survey.  
 No, I'm not interested in participating in a follow-up survey.

Additional comments about this activity:

---

---

---

---

Request for Credit

Name \_\_\_\_\_ Degree \_\_\_\_\_  
Organization \_\_\_\_\_ Specialty \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
Signature \_\_\_\_\_ Date Completed \_\_\_\_\_

For Physicians Only

I certify my actual time spent to complete this educational activity to be:

- I participated in the entire activity and claim 0.75 credits.  
 I participated in only part of the activity and claim \_\_\_\_\_ credits.

**Please fax back to (973) 525-1891.**