



AMD A to Z
2012 Evaluation Form
Atlanta, GA

The American Optometric Association Vision Rehabilitation Section (AOA VRS), through a generous education grant from **Kemin**, is presenting this program. In order to continue providing this type of educational program, we need your input.

Nutrition

- Are you currently recommending eye vitamins containing FloraGLO® Lutein to your patients? **Yes** ___ **No** ___
Not Sure if the vitamin contains FloraGLO but Yes I do recommend _____
- If you recommend eye vitamins with lutein, do you recommend a specific dosage? **Yes**___ **No** _____
If **YES**, how much lutein do you recommend per day? (in mg) **2 4 6 10 20 Other** _____
- Are you currently measuring macular pigment optical density (MPOD) with some of your patients? **Yes** ___ **No** ___
- If you would like to receive technical information on lutein & zeaxanthin or would like free patient brochures for your office, please email us at **floraglo@kemin.com** or include your email here _____

Vision Rehabilitation

- Do you currently provide vision rehabilitation services in your practice? **Yes** **No**
If **No**, are you more likely to provide these services after attending this course? **Yes** **No**
- Are you a member of the AOA Vision Rehabilitation Section? **Yes** **No**
If **No**, are you more likely to join after attending this course? **Yes** **No**

Please rate the following on a scale of 1 to 10, 10 being the highest.

	Best/Yes					Worst/No				
Speaker- Dawn DeCarlo, OD										
1. Speakers' knowledge of course material	10	9	8	7	6	5	4	3	2	1
2. Presentation ability	10	9	8	7	6	5	4	3	2	1
3. Speaker qualifications and credibility	10	9	8	7	6	5	4	3	2	1
Course Content										
1. Please rate your overall satisfaction with the course content covered today.	10	9	8	7	6	5	4	3	2	1
Course Administration										
1. Please rate your overall satisfaction with the presentation of this program.	10	9	8	7	6	5	4	3	2	1
3. How do you rate the need for vision rehabilitation education?	10	9	8	7	6	5	4	3	2	1

Comments/Compliments/Suggestions: _____

Please return this form to the speaker, or fax to (314) 991-4101, at the completion of today's program.