

Your Name: _____

Date: _____

OUTREACH ACTIVITY DATA COLLECTION FORM

(May 23, 2006)

1. NLM project title: *(if applicable)* Outreach Challenge

2. Activity name:

3. Describe activity: *(optional)*

4. Date of activity:

5. Organization conducting activity:

6. Type(s) of organization(s) involved in activity: *(please check ALL that apply - e.g., if you are an academic health sciences library, check both Health Sciences Library as well as Academic Institution)*

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Health Sciences Library | <input type="checkbox"/> Hospital | <input type="checkbox"/> Faith-based |
| <input type="checkbox"/> Public Library | <input type="checkbox"/> Clinic/Other Health Care | <input type="checkbox"/> Other |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Academic Institution | <i>Please specify :</i> _____ |
| <input type="checkbox"/> Public Health | <input type="checkbox"/> Community-based | |

7. Session content: *(please check ALL that apply)*

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> PubMed | <input type="checkbox"/> NLM Gateway | <input type="checkbox"/> Other Technology Content
<i>(e.g., Health Resources on the Internet, Website Usability)</i> |
| <input type="checkbox"/> MedlinePlus | <input type="checkbox"/> TOXNET | <i>Please specify :</i> _____ |
| <input type="checkbox"/> ClinicalTrials.gov | | <input type="checkbox"/> Other, Non-technology Content |
| <input type="checkbox"/> NCBI | | <i>Please specify :</i> _____ |

8. Length of activity: *(as fraction of an hour, e.g., .5, .75, 1.5, 2.5)*

9. Hands-on practice: *(access to computers provided during or after session)* YES NO

10. Activity conducted remotely: *(from remote site, e.g., web-based class, videoconference)* YES NO

11. Continuing education credit offered: *(CME, CEU, etc.)* YES NO

PARTICIPANT INFORMATION

12. Significant number of minorities present: *([≥]50%)* YES *If YES, please fill out 13.* NO

13. Minority populations present: *(Report only when [≥]50% of participants are minorities. Check ALL that apply.)*

- | | | |
|---|---|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian and Pacific Islander | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Hispanic | |

14. Estimated number of participants:

ZIP CODE AND COUNTY WHERE ACTIVITY OCCURRED *E.g. 46202-4525, Marion County*

15. ZIP code:
(if activity was not held in the US, indicate "International")

County:
(applicable only if activity was held in US)

16. Was a participant information sheet distributed? YES NO