

Your Name: _____

Date: _____

OUTREACH ACTIVITY DATA COLLECTION FORM		(December 9, 2005)
ACTIVITY NAME:		
1. NLM PROJECT TITLE: <i>(If applicable)</i>		
2. DATE OF ACTIVITY:		
3. ORGANIZATION CONDUCTING ACTIVITY:		
4. TYPE(S) OF ORGANIZATION(S) INVOLVED IN ACTIVITY: <i>(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.)</i>		
<input type="checkbox"/> Health Sciences Library	<input type="checkbox"/> Public Health	<input type="checkbox"/> Academic Institution
<input type="checkbox"/> Public Library	<input type="checkbox"/> Hospital	<input type="checkbox"/> Community-based
<input type="checkbox"/> Government Agency	<input type="checkbox"/> Clinic/Other Health Care Organization	<input type="checkbox"/> Faith-based
		<input type="checkbox"/> Other
5. SESSION CONTENT: <i>(Please check ALL that apply.)</i>		
<input type="checkbox"/> PubMed	<input type="checkbox"/> NCBI	<input type="checkbox"/> Other Technology Content <i>(E.g. Health Resources on the Internet, Website usability)</i>
<input type="checkbox"/> MEDLINEplus	<input type="checkbox"/> NLM Gateway	<input type="checkbox"/> Other, Non-technology Content
<input type="checkbox"/> ClinicalTrials.gov	<input type="checkbox"/> TOXNET	<i>Please specify: _____</i>
6. LENGTH OF ACTIVITY: <i>(As fraction of an hour, e.g., .5, .75, 1.5, 2.5)</i>	7. HANDS-ON PRACTICE: <i>(Access to computers provided during or after session)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. ACTIVITY CONDUCTED REMOTELY: <i>(From remote site, e.g., web-based class, videoconference, teleconference)</i>	9. CONTINUING EDUCATION CREDIT OFFERED: <i>(CME, CEU, etc.)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
PARTICIPANT INFORMATION		
10a. SIGNIFICANT NUMBER OF MINORITIES PRESENT: ([≥] 50%) <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, please fill out 10b.</i>		
10b. MINORITY POPULATIONS PRESENT: <i>(Report only when [≥]50% of participants are minorities. Check all that apply.)</i>		
<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	
11a. ESTIMATED NUMBER OF PARTICIPANTS:	11b. PARTICIPANT INFORMATION SHEET DISTRIBUTED :	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, please fill out the participant information sheet. If NO, please fill out 11c.</i>
11c. NATIONAL MEETING: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, please fill out 11d. If NO, please fill out 11e.</i>		
11d. ESTIMATED % INTERNATIONAL ATTENDANCE: <i>(For national meetings only)</i>		
11e. ESTIMATED % ATTENDANCE BY STATE: <i>(For state and regional meetings only)</i> <i>(E.g. IL – 60% , IN – 20%, OH – 20%)</i>		
ZIP CODE AND COUNTY WHERE ACTIVITY OCCURRED <i>E.g. 46202-4525, Marion County</i>		
12a. ZIP Code :	12b. ZIP+4: <i>(Optional)</i>	12c. County: