

Your Name: \_\_\_\_\_

Date: \_\_\_\_\_

**OUTREACH ACTIVITY DATA COLLECTION FORM**

**(May 23, 2006)**

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

**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<br><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:** *(<sup>≥</sup>50%)*  YES *If YES, please fill out 13.*  NO

**13. Minority populations present:** *(Report only when <sup>≥</sup>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