

OUTREACH ACTIVITY DATA COLLECTION FORM

(December 17, 2003)

YOUR NAME:

1. NLM PROJECT TITLE *(if applicable)*:

2. DATE OF ACTIVITY:

3. ORGANIZATION CONDUCTING ACTIVITY:

4. TYPE(S) OF ORGANIZATION(S) INVOLVED IN ACTIVITY: *(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"/> 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: *(check ALL that apply)*

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

6. LENGTH OF ACTIVITY:
(as percentage of an hour, e.g. .5, .75, 1.5, 2.5):

7. HANDS-ON PRACTICE: YES NO
(access to computers provided during or after session.)

8. ACTIVITY CONDUCTED REMOTELY: YES NO
(from remote site, e.g. videoconference, teleconference, web-based class, etc.)

9. CONTINUING EDUCATION CREDIT OFFERED: YES NO
(CME, CEU, etc.)

PARTICIPANT INFORMATION

10a. SIGNIFICANT NUMBER OF MINORITIES PRESENT: *(≥50%)* YES NO *If YES, fill out 10b.*

10b. 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 | |

11a. ESTIMATED NUMBER OF PARTICIPANTS:

11b. PARTICIPANT INFORMATION SHEET DISTRIBUTED: YES NO
If NO, fill out 11c, if yes fill out the participant information sheet.

11c. NATIONAL MEETING: YES NO *If YES, fill out 11d, If NO, fill out 11e.*

11d. ESTIMATED % INTERNATIONAL ATTENDANCE *(for national meetings only):*

11e. ESTIMATED % ATTENDANCE BY STATE *(for state and regional meetings only):*
(e.g. IL – 60% , IN – 20%, OH – 20%)

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

12a. ZIP Code
(5-digit, e.g. 46202):

12b. ZIP+4 *(optional)*
(4-digit, e.g. -4525):

12c. County: