

OUTREACH ACTIVITY DATA COLLECTION FORM (May 23, 2006)	
1. NLM project title: <i>(if applicable)</i>	This will be filled in for you.
2. Activity name:	The system can generate this or you can choose something.
3. Describe activity: <i>(optional)</i>	Optional
4. Date of activity:	9/23/07
5. Organization conducting activity:	The system will fill this in.
6. 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 checked="" type="checkbox"/> Health Sciences Library	<input type="checkbox"/> Hospital
<input type="checkbox"/> Public Library	<input type="checkbox"/> Clinic/Other Health Care
<input type="checkbox"/> Government Agency	<input checked="" type="checkbox"/> Academic Institution
<input type="checkbox"/> Public Health	<input type="checkbox"/> Community-based
<i>Please specify: _____</i>	
7. Session content: <i>(please check ALL that apply)</i>	
<input type="checkbox"/> PubMed	<input type="checkbox"/> NLM Gateway
<input checked="" type="checkbox"/> MedlinePlus	<input type="checkbox"/> TOXNET
<input type="checkbox"/> ClinicalTrials.gov	<input type="checkbox"/> Other Technology Content
<input type="checkbox"/> NCBI	<i>(e.g., Health Resources on the Internet, Website Usability)</i>
<i>Please specify: _____</i>	
8. Length of activity: <i>(as fraction of an hour, e.g., .5, .75, 1.5, 2.5)</i>	2.5
9. Hands-on practice: <i>(access to computers provided during or after session)</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
10. Activity conducted remotely: <i>(from remote site, e.g., web-based class, videoconference)</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
11. Continuing education credit offered: <i>(CME, CEU, etc.)</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>PARTICIPANT INFORMATION</b>	
12. Significant number of minorities present: ( $\geq 50\%$ ) <input checked="" type="checkbox"/> YES <i>If YES, please fill out 13.</i> <input type="checkbox"/> NO	
13. Minority populations present: <i>(Report only when <math>\geq 50\%</math> of participants are minorities. Check ALL that apply.)</i>	
<input checked="" type="checkbox"/> African American	<input type="checkbox"/> Asian and Pacific Islander
<input type="checkbox"/> Alaska Native	<input checked="" type="checkbox"/> Native American
<input type="checkbox"/> Hispanic	
14. Estimated number of participants: 10	
ZIP CODE AND COUNTY WHERE ACTIVITY OCCURRED <i>E.g. 46202-4525, Marion County</i>	
15. ZIP code: 60612 <i>(if activity was not held in the US, indicate "International")</i>	County: Cook <i>(applicable only if activity was held in US)</i>
16. Was a participant information sheet distributed? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	