

Activity Title: [\[Activity organizer: Please enter activity title here.\]](#)
Activity Date: [\[Activity organizer: Please enter activity date here.\]](#)

Please complete this survey about the activity described above. This survey should take no more than 5 minutes to complete. The responses collected will be used for planning future activities.

SATISFACTION: Satisfaction includes many things. Considering your ideal activity and the expectations you may have had before attending this activity, please respond to the following questions.

	Not at all 1	2	3	4	5	6	7	8	9	Very 10
1a. How well did this activity meet your expectations?										
1b. How well did this activity compare to your "ideal" activity?										
1c. Based on your experience, how likely would you be to recommend a friend/colleague to attend a future activity like this one?										
1d. What is your overall level of satisfaction with this activity?										

ACTIVITY OBJECTIVES: The organizers had some objectives for this activity (e.g., increasing awareness of new resources or information). Based on your experience, please indicate whether or not the activity accomplished these objectives.

	Strongly disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly agree 5
2a. [Activity organizer: Please enter objective here.]					
2b. [Activity organizer: Please enter objective here.]					
2c. [Activity organizer: Please enter objective here.]					
2d. [Activity organizer: Please enter objective here.]					

3. What is the single most important point and/or tool that you took away from this activity?

IMPACT OF YOUR PARTICIPATION IN THIS ACTIVITY ON YOU: Please indicate your level of agreement with the following five statements.

My participation in this activity...	Strongly disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly agree 5
4a. increased my ability to decide if a health information source is trustworthy.					
4b. increased my ability to communicate health information to others.					
4c. increased my ability to find health information online.					
4d. was useful for my professional development.					
4e. I intend to use the knowledge, skills, and/or resources from this activity in future professional and/or personal settings.					

5. Did your participation in this activity increase your awareness or knowledge of any of these National Library of Medicine (NLM) websites? (Check all that apply.)

<input type="checkbox"/>	ClinicalTrials.gov
<input type="checkbox"/>	MedlinePLUS
<input type="checkbox"/>	PubMed
<input type="checkbox"/>	Other(s) - Please specify:
<input type="checkbox"/>	None of the above

AWARENESS OF ORGANIZATIONS & TRUST: Please indicate your level of agreement with the following statements.

My participation in this activity increased my awareness of the following organizations' mission and work.	Strongly disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly agree 5	I am not aware of this organization
6a. the organization that conducted this activity						
6b. my Regional Medical Library (RML)						
6c. the Network of the National Library of Medicine (NNLM)						
6d. the National Library of Medicine (NLM)						

Please skip Questions #7 and #8 (below) for any organizations you marked above as “I am not aware of this organization.”

My participation in this activity increased my trust in the following organizations as sources of reliable health information.	Strongly disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly agree 5
7a. the organization that conducted this activity					
7b. my Regional Medical Library (RML)					
7c. the Network of the National Library of Medicine (NNLM)					
7d. the National Library of Medicine (NLM)					

My participation in this activity increased my trust in the following organizations as potential collaborators and activity partners.	Strongly disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly agree 5
8a. the organization that conducted this activity					
8b. my Regional Medical Library (RML)					
8c. the Network of the National Library of Medicine (NNLM)					
8d. the National Library of Medicine (NLM)					

9. (Optional) Please share additional feedback on the activity that you attended and/or more information about any of your responses to the questions in this survey.

Thank you for completing this survey! Please return this to the activity organizers.