1. **I have HEARD of the following NLM online health resources**

|  |  |  |
| --- | --- | --- |
| MedlinePlus | * Yes
 | * No
 |
| PubMed | * Yes
 | * No
 |
| PubMed Clinical Queries | * Yes
 | * No
 |
| PubMed Topic Specific Queries | * Yes
 | * No
 |
| DailyMed | * Yes
 | * No
 |

1. **I have USED the following NLM online health resources**

|  |  |  |
| --- | --- | --- |
| MedlinePlus | * Yes
 | * No
 |
| PubMed | * Yes
 | * No
 |
| PubMed Clinical Queries | * Yes
 | * No
 |
| PubMed Topic Specific Queries | * Yes
 | * No
 |
| DailyMed | * Yes
 | * No
 |

1. **I have applied the following skills in the past month when working with patients**

|  |  |  |
| --- | --- | --- |
| Universal Precaution, Health Literacy | * Yes
 | * No
 |
| Clear Communication | * Yes
 | * No
 |
| Teach Back | * Yes
 | * No
 |
| Clear Communication of risk/numbers | * Yes
 | * No
 |
| Shared Decision Making  | * Yes
 | * No
 |
| Cultural Humility | * Yes
 | * No
 |
| LGBTQ+ Affirming Care | * Yes
 | * No
 |
| Addressed/Discussed Social Determinants of Health | * Yes
 | * No
 |
| Motivational Interviewing | * Yes
 | * No
 |
| Evidence-Based Practice | * Yes
 | * No
 |

1. **Please indicate the level to which you feel your organization supports you using the following skills in practice, where one is the lowest possible support and five is the highest possible support.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Universal precaution, health literacy | 1 | 2 | 3 | 4 | 5 |
| Clear communication | 1 | 2 | 3 | 4 | 5 |
| Teach back | 1 | 2 | 3 | 4 | 5 |
| Clear communication of risk/numbers | 1 | 2 | 3 | 4 | 5 |
| Shared decision making  | 1 | 2 | 3 | 4 | 5 |
| Cultural humility | 1 | 2 | 3 | 4 | 5 |
| LGBTQ+ Affirming Care | 1 | 2 | 3 | 4 | 5 |
| Addressing the social determinants of health | 1 | 2 | 3 | 4 | 5 |
| Motivational interviewing | 1 | 2 | 3 | 4 | 5 |
| Evidence-based practice | 1 | 2 | 3 | 4 | 5 |

1. **Please choose yes, no, or not applicable for each of the following questions:**

|  |  |  |  |
| --- | --- | --- | --- |
| Did this program introduce you to at least one health information resource or tool that you never used before? | * Yes
 | * No
 | * Not applicable
 |
| Did this program improve your ability to apply a resource or skill you had already used? | * Yes
 | * No
 | * Not applicable
 |

1. **Please choose the most appropriate response for the following statements:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Agree | Strongly Agree |
| I plan to tell others about at least one resource or tool that I learned about in this program. | 1 | 2 | 3 | 4 |
| I intend to use the resources and/or skills I learned from this program in my daily work. | 1 | 2 | 3 | 4 |
| Overall, I found it valuable to participate in this program.  | 1 | 2 | 3 | 4 |

1. **What part of this program was MOST helpful?**
2. **How could this program be improved?**