Outreach Activity Participant Information Sheet

Note: The information collected is for project evaluation purposes only.

	1. I am a*:*					**2. My ZIP code and county:**	
	Check ALL THAT APPLY from the categories below.					**Health professionals/students and library staff***: Please enter your WORK or SCHOOL ZIP code and county.* **General public:** *Please enter your HOME ZIP code and county.*	
	Health care or service provider (including health profession students)	**Public health worker**	**Health sciences library staff member**	**Public / other library staff member**	**Member of general public** (no other categories apply)	**ZIP code of work or school -** *E.g., 46202 (General public: Enter your HOME ZIP code instead)*	**County of work or school -** *E.g., Marion County* *(General public: Enter your HOME county instead)*
1	☐	☐	☐	☐	☐		
2	☐	☐	☐	☐	☐		
3	☐	☐	☐	☐	☐		
4	☐	☐	☐	☐	☐		
5	☐	☐	☐	☐	☐		
6	☐	☐	☐	☐	☐		
7	☐	☐	☐	☐	☐		
8	☐	☐	☐	☐	☐		
9	☐	☐	☐	☐	☐		
10	☐	☐	☐	☐	☐		
11	☐	☐	☐	☐	☐		
12	☐	☐	☐	☐	☐		
13	☐	☐	☐	☐	☐		
14	☐	☐	☐	☐	☐		
15	☐	☐	☐	☐	☐		
16	☐	☐	☐	☐	☐		
17	☐	☐	☐	☐	☐		
18	☐	☐	☐	☐	☐		
19	☐	☐	☐	☐	☐		
20	☐	☐	☐	☐	☐		

<u>**For Office Use Only:**</u>

Name of Instructor: **Date of Activity:**   **Time of Activity:**   Form revised: 5/19/2006