**Title of training session: Trainer adds title of training session**

**Organization: [Trainer adds organization name] Date: [Trainer adds session date]**

Your feedback will allow NNLM to assess and improve its training program for all participants. Your responses to this form are anonymous. Summaries of course feedback may be reported publicly, but your specific responses will not be reported. Your participation is voluntary, but we value your assessment and hope you will provide it.

|  |  |  |  |
| --- | --- | --- | --- |
| Please circle your response to each question. |  |  |  |
| 1. **Did this training session introduce you to at least one health information resource or tool that you had never used before?**
 | **Yes** | **No** | **Not****Applicable** |
| 1. **Did you learn a new skill in this training session that you plan to use in the future?**
 | **Yes** | **No** | **Not****Applicable** |
| 1. **Did you improve your ability to apply a resource you already use?**
 | **Yes** | **No** | **Not****Applicable** |

Please indicate your level of agreement with each statement. (Please circle the number that reflects your response.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly****Agree** | **Somewhat****Agree** | **Somewhat****Disagree** | **Strongly****Disagree** | **Not****Applicable** |
| 1. **This training improved my ability to find useful online health information.**
 | **ST****Agree** | **SW****Agree** | **SW****Disagree** | **ST****Disagree** | **NA** |
| 1. **I plan to start using at least one resource or tool that I learned about in this training.**
 | **ST****Agree** | **SW****Agree** | **SW****Disagree** | **ST****Disagree** | **NA** |
| 1. **I plan to tell others about at least one resource or tool that I learned about in this training.**
 | **ST****Agree** | **SW****Agree** | **SW****Disagree** | **ST****Disagree** | **NA** |

1. **Please tell us how you intend to use or would like to use what you learned:**