NNLM Subawardee Participant Activity Survey

On [DATE], you participated in [ACTIVITY]. This activity was supported with funding from the Network of the National Library of Medicine (NNLM), which is the outreach arm of the National Library of Medicine. Please complete the following survey about this activity.

SATISFACTION

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

How well did this activity meet your expectations?

- ○ 1 Not at all
- ○ 2
- ○ 3
- ○ 4
- ○ 5 Average
- ○ 6
- ○ 7
- ○ 8
- ○ 9
- ○ 10 Very

How well did this activity compare to your "ideal" seminar/training/activity?

- ○ 1 Not at all
- ○ 2
- ○ 3
- ○ 4
- ○ 5 Average
- ○ 6
- ○ 7
- ○ 8
- ○ 9
- ○ 10 Very

Based on your experience, how likely would you be to recommend a friend/colleague to attend a future event like this one?

- ○ 1 Not at all
- ○ 2
- ○ 3
- ○ 4
- ○ 5 Average
- ○ 6
- ○ 7
- ○ 8
- ○ 9
- ○ 10 Very

What is your overall level of satisfaction with this activity?

- ○ 1 Very dissatisfied
- ○ 2
- ○ 3
- ○ 4
- ○ 5 Average satisfaction
- ○ 6
- ○ 7
- ○ 8
- ○ 9
- ○ 10 Very satisfied

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	Disagree	Neutral	Agree	Strongly agree
Objective #1	○	○	○	○	○
Objective #2	○	○	○	○	○
Objective #3	○	○	○	○	○
Objective #4	○	○	○	○	○

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	Disagree	Neutral	Agree	Strongly agree
increased my ability to decide if a health information source is trustworthy.	○	○	○	○	○
increased my ability to communicate health information to others.	○	○	○	○	○
increased my ability to find health information online.	○	○	○	○	○
was useful for my professional development.	○	○	○	○	○
I intend to use the knowledge, skills, and/or resources from this activity in future professional and/or personal settings.	○	○	○	○	○

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)

☐ ClinicalTrials.gov
☐ MedlinePLUS
☐ PubMed
☐ Other(s) - Please specify below: None of
☐ the above

Other(s), please specify:

_____

AWARENESS OF ORGANIZATIONS

Please indicate your level of agreement with the following statement:

My participation in this activity increased my awareness of the following organizations' mission and work.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I am not aware of this organization.
the organization that conducted this activity	○	○	○	○	○	○
my Regional Medical Library (RML)	○	○	○	○	○	○
the Network of the National Library of Medicine (NNLM)	○	○	○	○	○	○
the National Library of Medicine (NLM)	○	○	○	○	○	○

TRUST

Please indicate your level of agreement with the following statements:

My participation in this activity increased my trust in the following organizations as sources of reliable health information.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
the organization that conducted this activity	○	○	○	○	○
my Regional Medical Library (RML)	○	○	○	○	○
the Network of the National Library of Medicine (NNLM)	○	○	○	○	○
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	Disagree	Neutral	Agree	Strongly agree
the organization that conducted this activity	○	○	○	○	○
my Regional Medical Library (RML)	○	○	○	○	○
the Network of the National Library of Medicine (NNLM)	○	○	○	○	○
the National Library of Medicine (NLM)	○	○	○	○	○

(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.