

Increasing rural nurses' awareness of a statewide health information resource: an educational outreach initiative

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APPENDIX C

One-month follow-up evaluation survey

Title of training session: Using HEALWA: A Health Evidence Resource for Washington State

Organization:

Date: [Month, Day, Year]

Your feedback will allow the National Network of Libraries of Medicine (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.

1. How well do you recall the workshop you attended approximately one month ago?

- a. Extremely well
- b. Very well
- c. Moderately well
- d. Slightly well
- e. Not well at all

2. Do you use the resources you learned about in that workshop?

- a. Yes
- b. No
- c. I'm not sure

3. Please indicate your level of agreement with each statement:

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Not applicable
The training improved my ability to find useful online health information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have used at least one resource or tool that I learned about in this training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have told others about at least one resource or tool that I learned about in this training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



4. Would you recommend this workshop to someone else?
 - a. Yes
 - b. Maybe
 - c. No