

## Evaluation Survey – Spring 2005

*The RxFiles* Newsletter / Academic Detailing Program / Comparison Booklet



# We'd like your feedback!!!

Your evaluation, comments and suggestions are important in improving our information service!

**Please check:** Family Physician  Other Physician:  Medical Resident  Medical Student  Other   
Nurse  Pharmacist

**Location:** Saskatchewan , Canada , USA , Other & Specify  \_\_\_\_\_

**Your comments & feedback will be VERY helpful in determining the REACH & BENEFITS of the program!!!**

**1. Have you used our program information in making prescribing choices?** Yes No  
(for example: our RxFiles Comparative book, web page or palm based programs)

If yes, can you provide one or more examples of how our service has impacted a prescribing decision?

**2. Have you used our program information for patient discussions or for teaching purposes?** Yes No  
Comment:

**3. How important is it for the RxFiles to update drug information tools such as our drug comparison charts?**

**4. Do you have suggestions for future drug related topics? If so please list.**

**5. Other comments or suggestions regarding the RxFiles program:**

**Thank you!**

**Mail** to RxFiles, c/o Saskatoon City Hospital, 701 Queen Street, Saskatoon, Canada SK S7K 0M7, or **FAX** (306) 655-7980

**Email:** any or the above feedback can be sent to [RegierL@rxfiles.ca](mailto:RegierL@rxfiles.ca)