Evaluation Survey – Spring 2005

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