![Child Welfare Information Gateway — PROTECTING CHILDREN ■ STRENGTHENING FAMILIES]

Online Tool / Web Section Survey

Tool / Section Title:_____

Please rate your agreement with the following statements using this scale:
> **SD** *– Strongly disagree*
> **D** *– Disagree*
> **N** *– Neither agree nor disagree*
> **A** *– Agree*
> **SA** *– Strongly agree*
> **NA** *– Not applicable*

I am satisfied with the information found in *<insert name of tool/section>*	SD	D	N	A	SA	NA
<insert name of tool/section> is easy to use and understand.	SD	D	N	A	SA	NA
I like the way the information from *<insert name of tool/section>* is displayed.	SD	D	N	A	SA	NA
I will share *<insert name of tool/section>* with others.	SD	D	N	A	SA	NA

1. **How are you using or do you intend to use the information in *<insert name of tool/section>*?** *(Check one)*
    - ❑ Provide information for families
    - ❑ Research
    - ❑ Service delivery
    - ❑ Professional development
    - ❑ Program improvement
    - ❑ Fundraising/grant writing
    - ❑ Policy development
    - ❑ Public awareness
    - ❑ Other: _____
    - ❑ Personal use (personal situation, school report)

2. **Do you plan to use this information to train others: Yes No (drop down)**

3. **What would have made *<insert name of tool/section>* more helpful to you?**

    _____

    _____

4. **How did you learn about *<insert name of tool/section>*? (*Check one*)**
    - ❑ Child Welfare Information Gateway *E-lert!* (email/listserv notification)
    - ❑ Child Welfare Information Gateway website
    - ❑ Conference
    - ❑ Facebook
    - ❑ Other organization's website or publication
    - ❑ Referred by a colleague/friend
    - ❑ Other: _____

5. **Which of the following *best* describes your professional background or role in the child welfare field? (*Check one*)**
    - ❑ CPS/Child welfare/Foster care professional
    - ❑ Child abuse prevention/Family support professional
    - ❑ Adoption professional
    - ❑ Educator/Faculty

- ❑ Other professional:_____
- ❑ Student (e.g., K-12 or University)
- ❑ None of the above – I contacted Information Gateway for personal and NOT professional reasons.

6. **In which State/territory is your work geographically located? (drop down list)**_____

7. **Do you work in a State, county, or community based agency/organization?** Yes   No (drop down)

8. **Do you work with American Indian/Alaska Native/Native Hawaiian populations?** Yes   No (drop down)