

## Patient Education Website Evaluation Form

Date of evaluation \_\_\_\_\_ Evaluator \_\_\_\_\_

Website name \_\_\_\_\_

URL \_\_\_\_\_ Length (pages) \_\_\_\_\_

### 1. Credibility / Authority (Check all that apply)

- Author**
- Developer / Webmaster identified
  - Contact Address / e-mail provided
  - Qualifications / Credentials specified

#### Site supported by:

- Government
- University
- Organization
- Individual
- Commercial body
- Other (specify) \_\_\_\_\_

### 2. Purpose of Web-site

- Information
- Entertainment
- Treatment recommended
- Attitudinal change
- Other (Specify) \_\_\_\_\_
- To market product
- Prevention / Wellness
- Raising Awareness
- Address behavior

#### Intended audience:

- Patients / General Use
- Medical students
- Physicians / Health Professionals
- Other (Specify) \_\_\_\_\_

### 2. Content: (Brief Description): \_\_\_\_\_

#### Accuracy:

- Accurate content
- Comprehensive
- Explores topic in depth
- Comparable to similar sites
- Reference / Bibliography provided
- Disclaimer included
- Valuable / Useful information
- Reliable
- EBM principles apply

#### Currency:

- Up-to-date information
- Not Repetitious
- Date first written \_\_\_\_\_
- Date revised \_\_\_\_\_
- No Doubtful material
- Clear pointers
- Date posted \_\_\_\_\_

