

**Don't Wait—Vaccinate
Educational Kit**

Evaluation Form

The staff at the Centers for Disease Control and Prevention values your opinions about the contents of this kit. Please take a few minutes to complete and mail this evaluation form. Your comments will help us improve our public education programs.

1. Did you use any of the following materials for NIW activities? Please indicate if you did by checking the "yes" or "no" box. Also, please indicate in the space provided how useful the materials were to you. Use a scale from 1 to 5, where **1 = not useful** and **5 = very useful**.

	Yes	No	
<u>Factsheets for Parents/Caregivers:</u>			
Childhood Immunization Facts	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
10 Reasons to Vaccinate Babies Before They Are Age 2	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
What's Your Excuse?	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
Tips for Parents About Your Baby's Shots	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
<u>Materials for Providers:</u>			
Checklist for Child Health Care Providers on Infant Immunization	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
Childhood Immunization Standards for Health Care Providers	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
Reminder slip for parents	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
Sample text for reminder/recall letter	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
Immunization Schedule	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
<u>Print Ads</u>			
Ten big reasons to make sure your baby gets shots by age 2	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
Two years old! Do you have the shots you need?	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
One of four of America's children is not fully protected against childhood diseases.	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
<u>Media Pieces</u>			
Sample news release: Don't Wait--Vaccinate	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
Sample op-ed: Vaccinating Children Protects Our Community	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
Sample op-ed: Schedule Changes for Childhood Immunizations	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
Sample newsletter article for organizations: National Infant Immunization Week - A Week of Opportunity	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
<u>Other:</u>			
Sample proclamation	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
Sample request for editorial support	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
Sample letter to influential organizations	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _

2. Did you use the Community Guide to conduct your activities?

Yes No

Which level of activities were most appropriate for your organization?

- _____ Level 1 - Getting Started
- _____ Level 2 - Enhancing Your Program
- _____ Level 3 - Broadening Your Scope
- _____ Level 4 - Focusing on Health Care Providers

3. What other types of materials, not included in the kit, did you use to conduct your activities?

4. What other types of materials would be helpful for the 1999 observance?

5. How would you best describe the target audience(s) for your immunization education program? *Check all that apply.*

Health Care Providers

- | | | | |
|----------------------|--------------------------|----------------------------|--------------------------|
| Public health clinic | <input type="checkbox"/> | Managed care organizations | <input type="checkbox"/> |
| Private provider | <input type="checkbox"/> | Community Health Center | <input type="checkbox"/> |
| Hospitals | <input type="checkbox"/> | Other: _____ | |

Parents/Caregivers

Age:

- 18 and under
- 19-24
- 25-34
- 35-44
- 45 and older

Race/ethnicity:

- White
- African American
- Asian/Pacific Islander
- Hispanic/Latino
- Native American/Alaskan
- Other: _____

Socioeconomic Status

- | | | | |
|---------------------|--------------------------|---------------------|--------------------------|
| Less than \$15,000 | <input type="checkbox"/> | \$15,000 - \$24,999 | <input type="checkbox"/> |
| \$25,000 - \$34,999 | <input type="checkbox"/> | \$35,000- \$49,999 | <input type="checkbox"/> |
| \$50,000 or more | <input type="checkbox"/> | | |

6. Overall, how useful was this kit to you? Please rate on a scale of 1 to 5, where
1 = not useful and 5 = very useful:
7. Have you been involved in activities for National Infant Immunization Week in previous
years?

Yes No

8. How did you obtain this kit?

From CDC

From another organization (specify)

Other: _____

9. Additional comments:

Name: _____

Title: _____

Address: _____

County: _____

City/State/Zip: _____

Telephone: _____

*Thank you for taking the time to
complete this evaluation form.*

Please return this form by May 31, 1998, by fax (404-639-8555)

or mail it to:

Centers for Disease Control and Prevention
Community Outreach and Planning Branch
Immunization Services Division
National Immunization Program
1600 Clifton Road, MS E-52
Atlanta, GA 30333