



GENERAL COMMUNITY SITE SUMMARY FORM

Thank you for participating in the **We Can!** program developed by the National Institutes of Health to enhance your community's obesity prevention efforts. Please use this form to summarize your **We Can!** activities once your programming is completed. To do so, simply print, complete, and then fax this form to the National Heart, Lung, and Blood Institute (NHLBI) Health Information Center at (240) 629-3246. If you prefer to enter this information in an online form, please visit the "Get Involved" page on the We Can! Web site at <http://wecan.nhlbi.nih.gov/get-involved/>

Completing this form indicates your willingness to post your activities for public use. Before we can post your activities, you must identify yourself so that we can verify or clarify any information if necessary. NHLBI will use your personal information only in the ways indicated in our Privacy Statement at <http://www.nhlbi.nih.gov/about/privacy.htm>. Submissions that promote businesses or commercial activities or products will not be accepted.

CONTACT INFORMATION

* Denotes a required information

* Primary Point of Contact:

First Name

Middle Initial

Last Name

Title:

* Name of Organization

/ Coalition:

Mailing Address:

* Phone:

Fax:

* E-mail:

Audiences reached through your **We Can!** Programming: *(please check appropriate boxes)*

Youth

Educators

Parents

Healthcare professionals

African American populations

Native American populations

Asian populations

Hispanic populations

Inner city populations

Suburban populations

Rural populations

Other: _____ *(please specify)*

Please indicate which curricula you used by checking the box next to the name of the curriculum; then complete the table for each curriculum you used.

CATCH Kids Club

How many times did you implement this curriculum?	
Where did each implementation take place?	<input type="checkbox"/> School classroom/grounds <input type="checkbox"/> Community/Rec. center <input type="checkbox"/> Faith-based community center <input type="checkbox"/> Hospital <input type="checkbox"/> Summer camp <input type="checkbox"/> Other: _____ (please specify)
When did you implement this program?	<input type="checkbox"/> Before school <input type="checkbox"/> During school <input type="checkbox"/> After school <input type="checkbox"/> In the evening <input type="checkbox"/> On the weekend <input type="checkbox"/> All day (summer camp) <input type="checkbox"/> Other: _____ (please specify)
On average, how long (in weeks) did each implementation last?	
On average, how many youth were involved in each implementation?	
Do you plan to implement this curriculum again?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What was easy about implementing this curriculum?	
What was hard about implementing this curriculum?	



Media-Smart Youth: Eat, Think, and Be Active!

How many times did you implement this curriculum?	
Where did each implementation take place? (e.g. after school on school grounds, at the local YMCA)	<input type="checkbox"/> School classroom/grounds <input type="checkbox"/> Community/Rec. center <input type="checkbox"/> Faith-based community center <input type="checkbox"/> Hospital <input type="checkbox"/> Summer camp <input type="checkbox"/> Other: _____ <i>(please specify)</i>
When did you implement this program?	<input type="checkbox"/> Before school <input type="checkbox"/> During school <input type="checkbox"/> After school <input type="checkbox"/> In the evening <input type="checkbox"/> On the weekend <input type="checkbox"/> All day (summer camp) <input type="checkbox"/> Other: _____ <i>(please specify)</i>
On average, how long (in weeks) did each implementation last?	
On average, how many youth were involved in each implementation?	
Do you plan to implement this curriculum again?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What was easy about implementing this curriculum?	
What was hard about implementing this curriculum?	



Student Media Awareness to Reduce Television (S.M.A.R.T.)

How many times did you implement this curriculum?	
Where did each implementation take place? (e.g. after school on school grounds, at the local YMCA)	<input type="checkbox"/> School classroom/grounds <input type="checkbox"/> Community/Rec. center <input type="checkbox"/> Faith-based community center <input type="checkbox"/> Hospital <input type="checkbox"/> Summer camp <input type="checkbox"/> Other: _____ <i>(please specify)</i>
When did you implement this program?	<input type="checkbox"/> Before school <input type="checkbox"/> During school <input type="checkbox"/> After school <input type="checkbox"/> In the evening <input type="checkbox"/> On the weekend <input type="checkbox"/> All day (summer camp) <input type="checkbox"/> Other: _____ <i>(please specify)</i>
On average, how long (in weeks) did each implementation last?	
On average, how many youth were involved in each implementation?	
Do you plan to implement this curriculum again?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What was easy about implementing this curriculum?	
What was hard about implementing this curriculum?	



We Can! Energize Our Families: Curriculum for Parents and Caregivers

How many times did you implement this curriculum?	
Where did each implementation take place? (e.g. during lunch hour at an office, in a community center during children's programming)	<input type="checkbox"/> School classroom/grounds <input type="checkbox"/> Community/Rec. center <input type="checkbox"/> Faith-based community center <input type="checkbox"/> Hospital <input type="checkbox"/> Workplace <input type="checkbox"/> Other: _____ (please specify)
When did you implement this program?	<input type="checkbox"/> In the evening <input type="checkbox"/> During work/lunch break <input type="checkbox"/> Before work <input type="checkbox"/> After work <input type="checkbox"/> On the weekend <input type="checkbox"/> Other: _____ (please specify)
On average, how long (in weeks) did each implementation last?	
On average, how many parents were involved in each implementation?	
Do you plan to implement this curriculum again?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What was easy about implementing this curriculum?	
What was hard about implementing this curriculum?	



Community Events

In the table below, please describe a *We Can!* community event you conducted.

Event Name:	
Dates of the event:	
Type of event: (Health Fair, Fitness Festival, etc.)	
Location of the event: (City and State)	
Description of the event:	
Target audience:	
Number of people in attendance:	
Event giveaways and promotional items:	
Event partners and their contributions:	

Please describe additional *We Can!* community events you hosted in the space below.

Overall *We Can!* Experience

Help us improve the *We Can!* program by answering the following questions:

1) Do you plan to continue implementing <i>We Can!</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No, but I would like to stay on the We Can! General Community Site listserv and <i>We Can!</i> in Action eNewsletter listserv in case I can implement in the future. <input type="checkbox"/> No, please remove me from the We Can! General Community Site listserv and <i>We Can!</i> in Action eNewsletter
2) What did you like best about the program?	<input type="checkbox"/> Curricula: _____ (please specify) <input type="checkbox"/> Promotion materials (handbook, brochure, poster, bracelet) <input type="checkbox"/> Media materials (PSAs, radio scripts) <input type="checkbox"/> Partnership materials (national partnership recognition, slideshow presentations) <input type="checkbox"/> Knowledge Management (listserv notifications, eNewsletter, We Can! Rally (October 6-7, 2006)) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
3) What materials would help you implement We Can! more effectively in your community?	<input type="checkbox"/> Curricula: _____ (please specify) <input type="checkbox"/> Promotion materials (handbook, brochure, poster, bracelet) <input type="checkbox"/> Media materials (branded materials, PSAs, radio scripts) <input type="checkbox"/> Partnership materials (national partnership recognition, slideshow presentation, partnership outreach letter) <input type="checkbox"/> Knowledge Management (listserv notifications, eNewsletter, We Can! Rally (October 6-7, 2006)) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
4) Would you recommend this program to a colleague?	

NHLBI would like to highlight *We Can!* community site activities in program materials to share ideas, successes and challenges. If we can share your experiences in *We Can!* web pages and eNewsletters, and other materials please check the box below. If you have any questions regarding this process, please contact the NHLBI Health Information Center by e-mail at nhlbiinfo@nhlbi.nih.gov or by phone at 301-592-8573; TTY: 240-629-3255; or toll-free at 1-866-35-WECAN.

I give permission to use the descriptions of community activities on this form in *We Can!* materials.

You have now completed your Summary Form. Thank you for taking the time to complete this form and for participating in the *We Can!* program. Please fax your completed for the NHLBI Health Information Center at (240) 629-3246.