

# Clinical Center Patient Education Materials: Database Information Sheet

<b>I. Submitter to complete</b> <b>Title:</b> _____ <b>Topic:</b> _____ <b>Source* :</b> _____ * Include web address if applicable	<b>Target Audience</b> _____ <b>Language(s)</b> English      Spanish      Other <b>Reading Level:</b> High      Medium      Low <b>Medium:</b> Print      Video      Audio      Web      other <b>Date Developed/Printed:</b> _____ <b>Date Last Review:</b> _____ <b>Location/User:</b> _____ <b>Primary reviewer:</b> _____
<b>Available by consultation only?</b> ___ No    ___ Yes    Dept/Service : _____	
<b>Recommendation:</b> ___ New    ___ Continue using as is    ___ Delete ___ Add to website                  ___ Revise	<b>Category:</b> coping ___ procedure ___ drug ___ research ___ research ___ support ___ other ___

## II. Department Patient Education Committee to Complete

	Yes	No	N/A
<b>A. Content</b>			
1. Accurate and up-to-date	___	___	___
2. Supports standards of professional practice	___	___	___
3. Educational objectives are clearly stated	___	___	___
4. Educational objectives are met	___	___	___
5. Information is presented clearly	___	___	___
6. Culturally sensitive	___	___	___
<b>B. Readability</b>			
1. Reading level fits target audience	___	___	___
2. New terms are defined	___	___	___
3. Sentences use active voice	___	___	___
4. Ideas flow logically	___	___	___
5. Important points are clearly stated	___	___	___
<b>C. Design</b>			
1. Headings are used	___	___	___
2. Type is readable	___	___	___
3. Graphics are appropriate	___	___	___
4. Visual appearance enhances readability	___	___	___

**Comments**

## III. Required Signatures

**Submitter**    Name \_\_\_\_\_ Department \_\_\_\_\_ Date \_\_\_\_\_  
                   E-mail \_\_\_\_\_

### Interdisciplinary Reviewer(s) (if applicable)

Name \_\_\_\_\_ Department \_\_\_\_\_ Date \_\_\_\_\_  
 Name \_\_\_\_\_ Department \_\_\_\_\_ Date \_\_\_\_\_

### Department Reviewer

Name \_\_\_\_\_ Department \_\_\_\_\_ Date \_\_\_\_\_  
 Name \_\_\_\_\_ Department \_\_\_\_\_ Date \_\_\_\_\_