

**Initial Assessment form for Prevention Outreach Activities-Draft**

Fax to: Casetta Simmons at 404-498-0079 or email to [crrl@cdc.gov](mailto:crrl@cdc.gov) with a cc to your technical advisor.

**Date faxed to state personnel:** \_\_\_\_\_

Date state responded: \_\_\_\_\_

**Description of previous data clearance request (Casetta will provide):**

\_\_\_\_\_

Date activity was completed: \_\_\_\_\_

Name (HSEES coordinator): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Actual Audience Number (i.e., the number of copies distributed, the attendees at the conference session, or the number of visitors at a website):** \_\_\_\_\_

**Feed-back/Success Story (A brief description of how the activity went. Please write clearly):**

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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Future Plans:**

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Thanks and have a wonderful day!

----- For Official Use Only -----

Date received: \_\_\_\_\_

**Data Clearance Request #** \_\_\_\_\_ **Follow-up #** \_\_\_\_\_