

National Infant Immunization Week (NIIW) 2009 FEEDBACK FORM



NAME _____

ORGANIZATION/AGENCY _____

ADDRESS _____

TELEPHONE _____

CITY/STATE/ZIP _____

E-MAIL _____

EVENT DETAILS

GOALS OF THE EVENT:

DESCRIPTION OF THE EVENT:

(USE ADDITIONAL SPACE IF NECESSARY)

EVENT TYPE: (CHECK ALL THAT APPLY)

- | | |
|---|---|
| <input type="checkbox"/> MEDIA EVENT / PRESS CONFERENCE | <input type="checkbox"/> PUBLIC EDUCATION |
| <input type="checkbox"/> COMMUNICATION CAMPAIGN | <input type="checkbox"/> COALITION MEETING |
| <input type="checkbox"/> PARENT EDUCATION / TRAINING | <input type="checkbox"/> TELEVISION/RADIO PROGRAM |
| <input type="checkbox"/> PROVIDER/VOLUNTEER RECOGNITION | <input type="checkbox"/> CONGRESSIONAL BRIEFING |
| <input type="checkbox"/> PROVIDER EDUCATION | <input type="checkbox"/> IMMUNIZATION CLINIC |
| <input type="checkbox"/> PARENT EDUCATION / TRAINING | <input type="checkbox"/> OTHER: _____ |
| | <input type="checkbox"/> OTHER: _____ |
| | <input type="checkbox"/> OTHER: _____ |

TARGET AUDIENCE:

(YOU MAY CHECK MORE THAN ONE FOR EACH EVENT)

- PARENTS / CAREGIVERS OF INFANTS AND YOUNG CHILDREN
- | | |
|---|---|
| <p>AGE</p> <p><input type="checkbox"/> 18 YEARS AND UNDER</p> <p><input type="checkbox"/> 19-24 YEARS</p> <p><input type="checkbox"/> 25-34 YEARS</p> <p><input type="checkbox"/> 35-44 YEARS</p> <p><input type="checkbox"/> 45 YEARS AND OLDER</p> | <p>RACE / ETHNICITY</p> <p><input type="checkbox"/> WHITE</p> <p><input type="checkbox"/> AFRICAN-AMERICAN</p> <p><input type="checkbox"/> ASIAN / PACIFIC ISLANDER</p> <p><input type="checkbox"/> HISPANIC / LATINO</p> <p><input type="checkbox"/> NATIVE AMERICAN / ALASKA NATIVE</p> <p><input type="checkbox"/> OTHER: _____</p> |
|---|---|
- HEALTHCARE PROVIDERS
- | | |
|---|--|
| <p><input type="checkbox"/> PUBLIC HEALTH CENTER</p> <p><input type="checkbox"/> PRIVATE PROVIDERS</p> <p><input type="checkbox"/> HOSPITALS</p> <p><input type="checkbox"/> MANAGED CARE ORGANIZATIONS</p> | <p><input type="checkbox"/> COMMUNITY HEALTH CENTER</p> <p><input type="checkbox"/> PHYSICIANS</p> <p><input type="checkbox"/> NURSES</p> <p><input type="checkbox"/> OTHER: _____</p> |
|---|--|
- MEDIA
- COMMUNITY LEADERS
- COALITION MEMBERS
- OTHER: _____
- OTHER: _____

HOW MANY OF THE TARGET GROUP PARTICIPATED IN THE EVENT? _____

HOST / SPONSOR OF THE EVENT:

WHO WERE YOUR PARTNERS?

(Contributions can include political support and advocacy, resources, resource mobilization, financial support, planning committee member, technical support/assistance, on-site assistance, staffing, transportation, etc.)

PARTNER AGENCY	CONTRIBUTION	NEW PARTNER?
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

WERE SPECIAL GUESTS, FEDERAL/NATIONAL/STATE/LOCAL OFFICIALS, OR CELEBRITIES AT YOUR EVENT?

YES NO

IF YES, LIST SPECIAL GUESTS / VIPS AND THEIR TITLES:

WERE IMMUNIZATIONS AVAILABLE AT YOUR EVENT?

YES NO

IF YES, CHECK THE APPROPRIATE BOXES OR PROVIDE INFORMATION REQUESTED BELOW.

- NO APPOINTMENT WAS NEEDED / WALK-INS ACCEPTED
- APPOINTMENTS WERE PREFERRED BUT NOT NECESSARY
- APPOINTMENTS WERE MADE IN ADVANCE
- EXTENDED HOURS / DAYS WERE AVAILABLE

HOW MANY VACCINES WERE AVAILABLE? _____

HOW MANY VACCINES WERE GIVEN? _____

HOW MANY PEOPLE RECEIVED VACCINES? _____

IF THE EVENT RECEIVED ANY MEDIA COVERAGE, DESCRIBE:
(TELEVISION, PRINT, RADIO, ETC.)

NAME OF MEDIA OUTLET	TYPE (TV, radio, print, PSAs, billboard)	LANGUAGE	DATE	DESCRIPTION OF COVERAGE / SPOKESPERSON / ETC.	MEDIA IMPRESSIONS
		<input type="checkbox"/> ENG <input type="checkbox"/> SPAN			
		<input type="checkbox"/> ENG <input type="checkbox"/> SPAN			
		<input type="checkbox"/> ENG <input type="checkbox"/> SPAN			
		<input type="checkbox"/> ENG <input type="checkbox"/> SPAN			
		<input type="checkbox"/> ENG <input type="checkbox"/> SPAN			
		<input type="checkbox"/> ENG <input type="checkbox"/> SPAN			

EVENT MATERIALS

INDICATE WHICH MATERIALS FOR NIIW ACTIVITIES YOU USED AND THE QUANTITY DISTRIBUTED LOCALLY:

MATERIALS	QUANTITY
<input type="checkbox"/> POSTER – ENGLISH	_____
<input type="checkbox"/> POSTER – SPANISH	_____
<input type="checkbox"/> STICKERS – ENGLISH	_____
<input type="checkbox"/> STICKERS – SPANISH	_____
<input type="checkbox"/> ADD YOUR NIIW ACTIVITY/EVENT	_____
<input type="checkbox"/> FIND OUT WHAT OTHERS ARE DOING	_____
<input type="checkbox"/> OVERVIEW	_____
<input type="checkbox"/> PREPARING FOR NIIW	_____
<input type="checkbox"/> EVENT CHECKLIST AND TIMELINE	_____
<input type="checkbox"/> SAMPLE PROCLAMATION	_____
<input type="checkbox"/> MEDIA TIPS	_____
<input type="checkbox"/> KEY MESSAGES	_____
<input type="checkbox"/> MEDIA ADVISORY	_____
<input type="checkbox"/> PRESS RELEASE	_____
<input type="checkbox"/> OP-ED ARTICLE	_____
<input type="checkbox"/> MATTE ARTICLES	_____
<input type="checkbox"/> TALKING POINTS	_____
<input type="checkbox"/> TELEVISION PUBLIC SERVICE ANNOUNCEMENT (PSA) – ENGLISH	_____
<input type="checkbox"/> TELEVISION PUBLIC SERVICE ANNOUNCEMENT (PSA) – SPANISH	_____
<input type="checkbox"/> RADIO PUBLIC SERVICE ANNOUNCEMENT (PSA) – ENGLISH (LIVE-READ SCRIPT)	_____
<input type="checkbox"/> RADIO PUBLIC SERVICE ANNOUNCEMENT (PSA) – SPANISH (LIVE-READ SCRIPT)	_____
<input type="checkbox"/> RADIO PUBLIC SERVICE ANNOUNCEMENT (PSA) – SPANISH	_____
<input type="checkbox"/> RADIO SOUND BITES – SPANISH	_____
<input type="checkbox"/> PRINT AD PSAs – ENGLISH	_____
<input type="checkbox"/> PRINT AD PSAs – SPANISH	_____
<input type="checkbox"/> WEBLINK ICON/BANNER	_____
<input type="checkbox"/> WEBLINK ICON/BUTTON	_____
<input type="checkbox"/> LOGO/ICON	_____
<input type="checkbox"/> LETTERHEAD	_____
<input type="checkbox"/> NIIW BACKGROUND	_____
<input type="checkbox"/> IMMUNIZATION SCHEDULE	_____
<input type="checkbox"/> E-CARD	_____
<input type="checkbox"/> PROVIDER Q&A FLYER	_____
<input type="checkbox"/> FREQUENTLY ASKED QUESTIONS	_____
<input type="checkbox"/> VACCINE-PREVENTABLE DISEASE FACT SHEET	_____
<input type="checkbox"/> COLORING SHEET – ENGLISH	_____
<input type="checkbox"/> COLORING SHEET – SPANISH	_____
<input type="checkbox"/> BOOKMARKS – ENGLISH	_____
<input type="checkbox"/> BOOKMARKS – SPANISH	_____
<input type="checkbox"/> EVENT BANNER – ENGLISH	_____
<input type="checkbox"/> EVENT BANNER – SPANISH	_____
<input type="checkbox"/> MEDIA KIT – ENGLISH	_____
<input type="checkbox"/> MEDIA KIT – SPANISH	_____
<input type="checkbox"/> CERTIFICATE OF APPRECIATION	_____
<input type="checkbox"/> PODIUM SIGN – ENGLISH	_____

(Comments:) _____

DID YOU VISIT THE NIIW WEBSITE, www.cdc.gov/vaccines/events/niiw? YES NO

DID YOU POST THE WEBLINK BUTTON OR BANNER ON YOUR WEBSITE AND LINK TO THE NIIW SITE? YES NO

DID YOU INCLUDE THE NATIONAL CDC INFORMATION CONTACT CENTER NUMBER, 800-CDC-INFO (800-232-4636), IN YOUR MEDIA MATERIALS AND OTHER EVENT MATERIALS? YES NO

DID YOU ADAPT ANY OF THE NIIW MATERIALS FOR LOCAL DISTRIBUTION? YES NO

DID YOU PARTICIPATE IN THE TELEPHONE TECHNICAL ASSISTANCE CONFERENCE CALL ON SPANISH-LANGUAGE CAMPAIGN PLACEMENT? YES NO

DID YOU PRODUCE ADDITIONAL LOCAL MATERIALS FOR NIIW? YES NO
If yes, please list materials produced.

WHAT OTHER TYPES OF MATERIALS NOT MENTIONED DID YOU USE TO CONDUCT YOUR ACTIVITIES?

WHAT OTHER TYPES OF MATERIALS WOULD BE HELPFUL TO YOU?

GENERAL EVENT INFORMATION

HAVE YOU BEEN INVOLVED IN NIIW ACTIVITIES IN PREVIOUS YEARS?

YES NO

WHAT I LIKE BEST ABOUT NIIW IS:

WHAT I LIKE LEAST ABOUT NIIW IS:

OUR BIGGEST NIIW SUCCESS IS:

TO IMPROVE NIIW, I WOULD...

HOW DID YOU HEAR ABOUT NIIW?

- U.S.-MEXICO BORDER HEALTH COMMISSION (USMBHC)
- CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)
- PAN AMERICAN HEALTH ORGANIZATION (PAHO)
- ANOTHER ORGANIZATION: _____
- OTHER: _____

HOW DID YOU EVALUATE YOUR EVENT/ACTIVITY?

PLEASE SHARE ANY BENEFITS GAINED FROM YOUR NIIW EVENT/ACTIVITY.

PLEASE LIST ANY "LESSONS LEARNED"

PLEASE SHARE YOUR THOUGHTS ON WORKING WITH LOCAL, STATE, AND NATIONAL PARTNERS (I.E. CDC, SOUTHERN NEVADA IMMUNIZATION COALITION (SNIC), STATE IMMUNIZATION PROGRAM, EVERY CHILD BY TWO) DURING NIIW:

DO YOU PLAN TO PARTICIPATE IN NIIW 2010?

YES NO

ADDITIONAL COMMENTS:

**FAX THIS FORM TO
PAM BEAL
702-385-4586
BY
JUNE 26, 2009
THANK YOU!**