Consumer Family Planning Media Review

What Do You Think?
Thanks for your Feedback!

County: ______________________________ Date: ______________________________

TYPE OF MATERIAL (check one)
☑ Brochure ☐ Poster ☐ Newspaper Article ☐ Video ☐ Webpage Post ☐ Billboard
☐ Other: ____________________________________________________________________________

Please Give Us Your Opinion of This Material: Check your answers below:

Quality: ☐ Excellent ☐ Good ☐ Fair ☐ Poor
Easy to Understand: ☐ Yes ☐ No
Racially/Ethnically Diverse: ☐ Yes ☐ No
If you saw this material would you take time to read it? ☐ Yes ☐ No
Do you like the photos/graphics? ☐ Yes ☐ No

Is there anything you would change on this material? (Created by state or local agency) ____________________________________________
__________________________________________
__________________________________________

Who is this material created for? ☐ Males ☐ Females ☐ Both
Which age group is this best for? ☐ All ages ☐ Elementary School ☐ Middle School ☐ High School ☐ College ☐ Adults
Approve use of this material? ☐ Yes ☐ No
Restrictions for use? ☐ No ☐ Yes (Example: High school and above only)

Please provide the information below about yourself to help us report required information to our federal funders.

Please write in your age and check what applies to you.

Age_________ ☐ Male ☐ Female ☐ Transgender ☐ Hispanic ☐ Non-Hispanic
☐ American Indian or Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander
☐ Other/Unknown ☐ White/Caucasian

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