## **Publication Survey**

Public reporting burden for this collection of information is estimated to be 3 minutes per response to complete this questionnaire. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0970-0303. The control number expires on XX/XX/XXXXX.

D	ro	dı	ict	/Di	hl	ica	tion	Title:
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Please rate your agreement with the following statements using this scale:

SD - Strongly disagree

**D** – Disagree

N – Neither agree nor disagree

A – Agree

SA - Strongly agree

NA - Not applicable

I am satisfied with the content of <insert name="" of="" product="" publication="">.</insert>	SD	D	N	Α	SA	NA
<pre><insert name="" of="" product="" publication="">.is easy to read and understand.</insert></pre>	SD	D	N	Α	SA	NA
<pre><insert name="" of="" product="" publication="">.is useful.</insert></pre>	SD	D	N	Α	SA	NA
I would recommend <insert name="" of="" product="" publication=""> to others.</insert>	SD	D	N	Α	SA	NA

## 1. How are you using or do you intend to use the information in *insert name of product/publication*? (Check one)

- Provide information for families
- Research
- Service delivery
- Professional development
- Program improvement
- Fundraising/grant writing
- Policy development
- Public awareness
- □ Other:
- Personal use (personal situation, school report)
- 2. Do you plan to use this information to train others:
  - Yes
  - □ No
- 3. What would have made <insert name of product/publication> more helpful to you?

## 4. How did you learn about <insert name of product/publication>?

- Child Welfare Information Gateway E-lert! (email/listserv notification)
- Child Welfare Information Gateway website
- Conference
- Facebook
- Other organization's website or publication
- Referred by a colleague/friend
- Other:

5. Which of the following best describes your professional background or role in the child welfare field? (Check one)

- CPS/Child welfare/Foster care professional
- Child abuse prevention/Family support professional
- Adoption professional
- Educator/Faculty
- Other professional:
- Student (e.g., K-12 or University)
- None of the above I contacted Information Gateway for personal and NOT professional reasons.

6.	In which state/territory is your work geographically located? (drop down list)
7.	<b>Do you work in a State, county, or community based agency/organization?</b> Yes No (drop down)
8.	<b>Do you work with American Indian/Alaska Native/Native Hawaiian populations?</b> Yes No (drop down)
9.	Do you have any suggestions or recommendations to make future <i>products/publications</i> more useful (e.g., different format, more interactive, specific topics)?

Thank you very much for your participation. Your time and input are greatly appreciated.