OMB No.: XXXX – XXXX Expiration Date: XX/XXXX

Community Event Survey

Today's Date:/ Name of today's community event:	
Gender: Female Male Age:	
Ethnicity:	
1. How did you learn about today's event? TV, radio or print ad (includes billboards, flyers, etc.) Program Staff My teacher/principal/someone at school told me Word of mouth (My friend told me) I saw/heard the event and came over to check it out Other(please specify)	
 2. How much new information did you learn today? A lot! All of the information they shared was new to me Some. I didn't know most of the information they shared today A little. I already knew most of the information they shared None. I already knew everything they told me 	
3. How much will the information you learned today change how you think and act in t \[\] A lot \[\] Some \[\] A little \[\] Not at all	he future?
4. What did you think about today's event <u>overall</u> ? [] I liked it a lot [] Some [] It was O.K. [] I did not like it at all	
 5. Do you think you will come to another community event like this one in the future? Yes, I will come to another event I probably will come to another event I probably will not come to another event No, I will never come to another event 	

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-XXXX. The time required to complete this information collection is estimated to average 5 minutes per respondent, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:

U.S. Department of Health & Human Services OS/OIRM/PRA

200 Independence Ave., S.W. Suite 531-H

Washington, D.C. 20201

Attention: PRA Reports Clearance Officer