

Community Event Survey

Today's Date: ____/____/____ Name of today's community event:_____	
Gender: _____ Female _____ Male Age: _____	
Are you Hispanic or Latino? <input type="checkbox"/> Yes, I am <input type="checkbox"/> No, I am not	
What else do you call yourself? (Select all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White	
1.	How did you learn about today's event? <input type="checkbox"/> TV, radio or print ad (includes billboards, flyers, etc.) <input type="checkbox"/> _____ Program Staff <input type="checkbox"/> My teacher/principal/someone at school told me <input type="checkbox"/> Word of mouth (My friend told me) <input type="checkbox"/> I saw/heard the event and came over to check it out <input type="checkbox"/> Other _____ (please specify)
2.	How much new information did you learn today? <input type="checkbox"/> A lot! All of the information they shared was new to me <input type="checkbox"/> Some. I didn't know most of the information they shared today <input type="checkbox"/> A little. I already knew most of the information they shared <input type="checkbox"/> None. I already knew everything they told me
3.	How much will the information you learned today change how you think and act in the future? <input type="checkbox"/> A lot <input type="checkbox"/> Some <input type="checkbox"/> A little <input type="checkbox"/> Not at all
4.	What did you think about today's event <u>overall</u> ? <input type="checkbox"/> I liked it a lot <input type="checkbox"/> Some <input type="checkbox"/> It was O.K. <input type="checkbox"/> I did not like it at all
5.	Do you think you will come to another community event like this one in the future? <input type="checkbox"/> Yes, I will come to another event <input type="checkbox"/> I probably will come to another event <input type="checkbox"/> I probably will not come to another event <input type="checkbox"/> 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 0990-0360. The time required to complete this information collection is estimated to average 2 hours 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:

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Attention: PRA Reports Clearance Officer