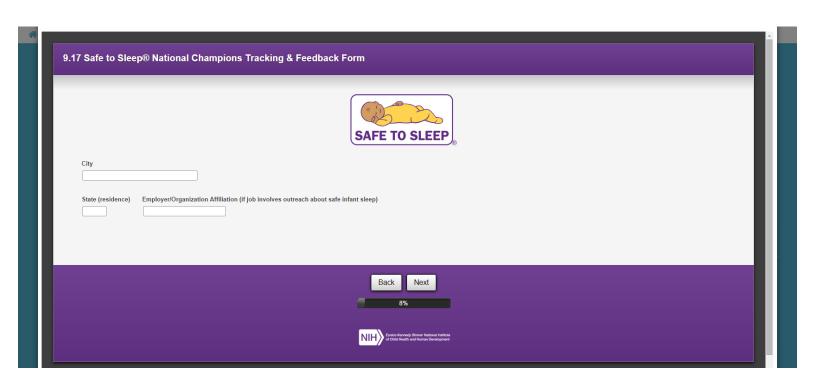
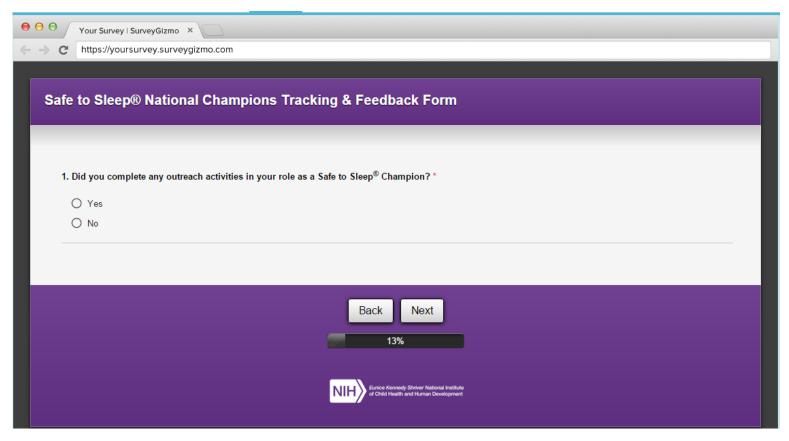
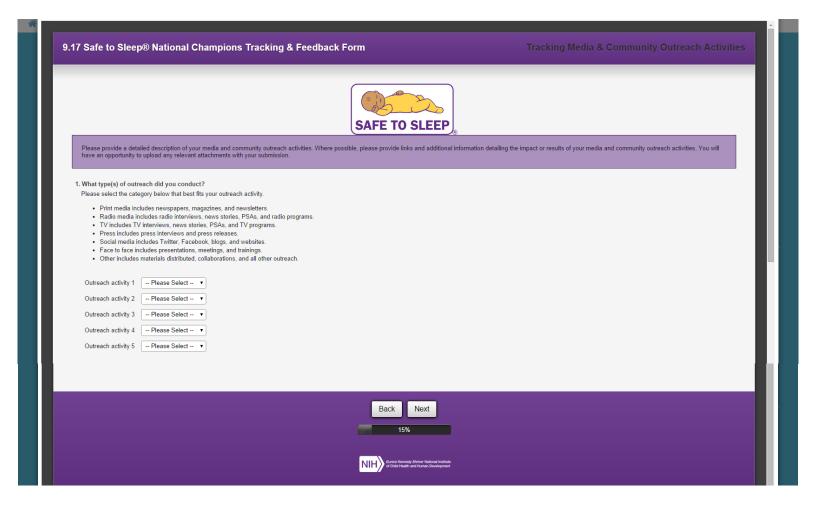
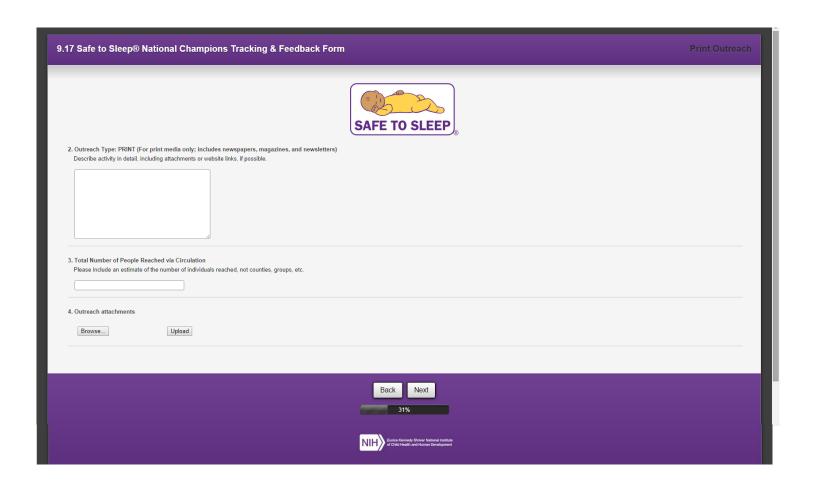
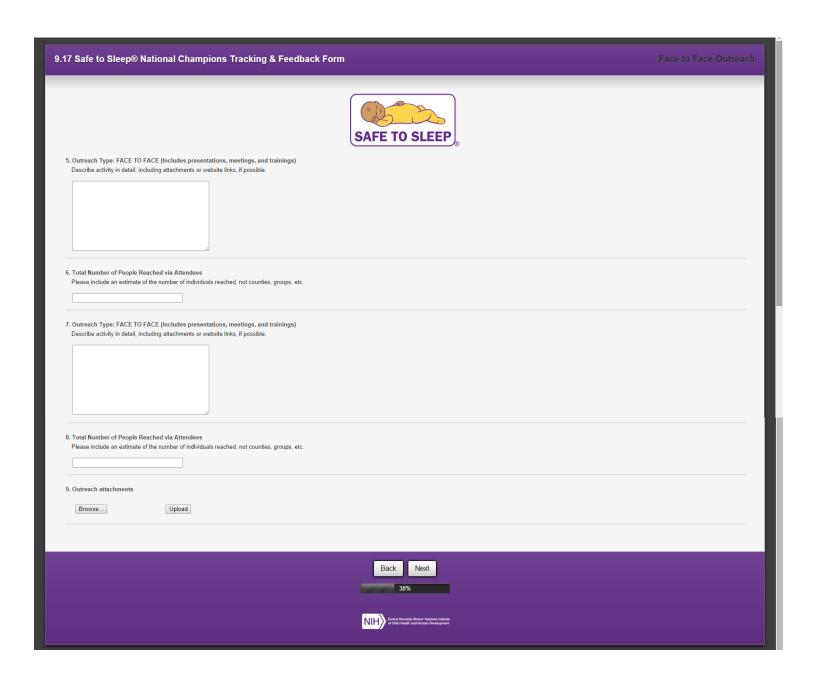
## 12.2.14 Safe to Sleep® National Champions Tracking & Feedback Form - copy OMB Number: 0925-0701 Expiration Date: 07/31/2017 Safe to Sleep® National Champions Tracking & Feedback Form You are receiving this form because you completed the Safe to Sleep® Champions training in 2013. The Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) of the National Institutes of Health (NIH) developed this tracking and feedback form for you to document your media and community outreach activities, and to gather feedback on your experience as a Safe to Sleep® Champion. This form covers activities completed between your Safe to Sleep® Champions training in 2013 and June 2013 (webinar-trained Champions) or October 2013 (in-person trained Champions). We appreciate your input as it will help guide future program activities and inform the best use of our resources. Respondents will receive \$10 as a thank you for completing the survey. Respondents will be notified about delivery of the incentive via email once the survey has been completed. Completing this form is completely voluntary. Thank you in advance for your participation! Informed Consent Identification of Project Safe to Sleep® Champions Tracking & Feedback Form I state that I am at least 18 years of age, am in good physical health, and wish to participate in a survey being conducted by the National Institutes of Health, Bethesda, MD 20892 I understand that the purpose of the form is to track media and community outreach activities conducted by Safe to Sleep® Champions and to gather feedback on my experience as a Champion. I will be asked to access a Web-based form and complete to the form by a specific date. The total time involved, including instructions, will be no more than 30 minutes. All information collected in this form will be kept secure to the extent permitted by law. I understand that the data I provide will be grouped with data that others provide for the purpose of reporting and presentation and that my name will not be used. Data collected will be reported only in aggregate I understand that the risks of my participation are expected to be minimal in nature Benefits, Freedom to Withdraw, & Ability to Ask Questions I understand that this form is not designed to help me personally, but that the NIH hopes to learn about outreach activities and experiences of the Safe to Sleep® Champions. The population will include all individuals who participated in the Safe to Sleep® Champions initiative. I am free to ask questions or withdraw from participation at any time and without penalty. Please contact the NICHD (nichdsafetosleep@mail.nih.gov) if you have questions regarding the form or have technical difficulties accessing the form. Agreement to Participate \* I have read the information about this form, and I agree to participate ☐ I have read the information about this form, and I DO NOT wish to participate at this time Public reporting burden for this collection of information is estimated to average 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0701). Do not return the completed form to this address. Next surveygizmo

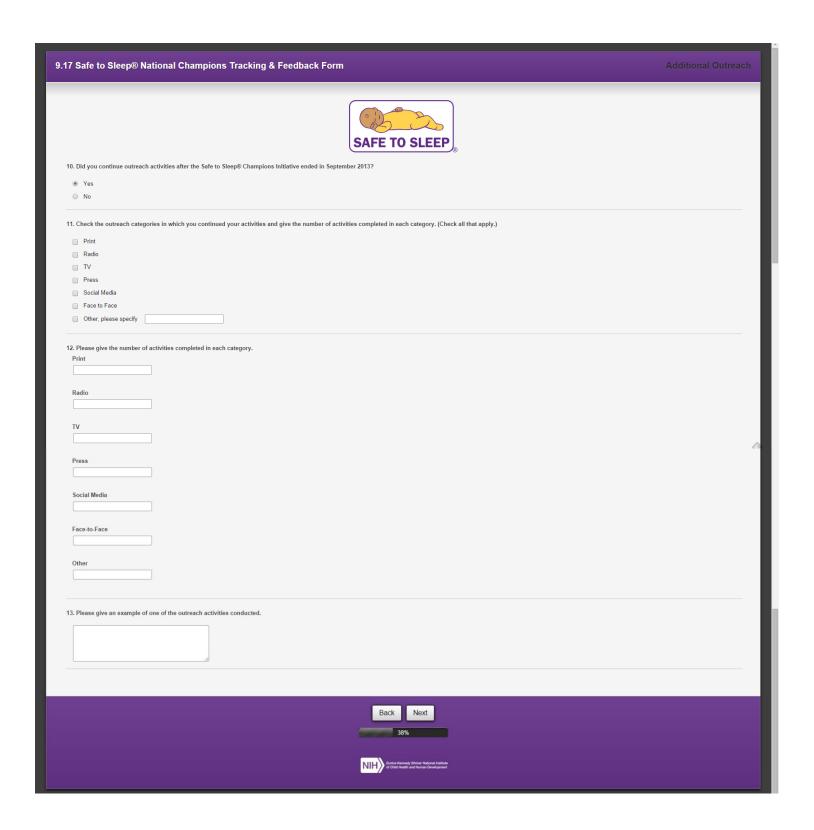












7 Safe to Sleep® National Champions Tracking & Feedback Form	Feedback
SAFE TO SLEEP	
eedback	
4. What overall challenges, if any, did you face serving in your role as a Safe to Sleep® Champion for your state?  (Check all that apply.)  Lack of response or interest from media Shortage of staff, time, or resources Limited supply of Safe to Sleep® materials Too few accomplishments Difficulty coordinating with others or contacts not following through Competition with other community events No challenges Other, please specify  5. What, if any, challenges did you face while conducting media outreach? (Check all that apply.)  Media was not responsive or did not pick up the campaign Shortage of staff, time, or resources	
Contact with media limited by organizational policies	
□ No challenges □ Other, please specify	
Check all that apply.  Lack of response or interest from community organizations  Shortage of staff, time, or resources  Difficulty recruiting participants  Difficulty finding location for training  Conflict with date or time of other community events  No challenges  Other, please specify	
7. What was your greatest accomplishment while serving in your role as a Safe to Sleep® Champion?	
(Check all that apply.)	
Reaching out to others directly (e.g., presentations, training, sharing information)	
Forming additional coalitions or partnerships to help with message promotion	
Collaborating on newspaper or online article(s)	
Placing radio or TV spot(s) or securing interview(s)	
Changing organizational policies or practices	
Recruiting spokesperson(s) from the community	
Recruiting spokesperson(s) from the community	
Recruiting spokesperson(s) from the community  Other, please specify:  8. What specific factors contributed most to your success?	
Recruiting spokesperson(s) from the community  Other, please specify:  8. What specific factors contributed most to your success? (Check all that apply.)	
Recruiting spokesperson(s) from the community  Other, please specify:  8. What specific factors contributed most to your success?  (Check all that apply.)  Point of contact at local media (print, TV, radio) outlet(s)	
Recruiting spokesperson(s) from the community  Other, please specify:  8. What specific factors contributed most to your success?  (Check all that apply.)  Point of contact at local media (print, TV, radio) outlet(s)  Working with your organization's media staff  Existing relationship between your organization and community organization  Ability to build on other existing community events	
Recruiting spokesperson(s) from the community  Other, please specify:  8. What specific factors contributed most to your success?  (Check all that apply.)  Point of contact at local media (print, TV, radio) outlet(s)  Working with your organization's media staff  Existing relationship between your organization and community organization  Ability to build on other existing community events  Engaging local or community partners early in the process	
Recruiting spokesperson(s) from the community  Other, please specify:  8. What specific factors contributed most to your success?  (Check all that apply.)  Point of contact at local media (print, TV, radio) outlet(s)  Working with your organization's media staff  Existing relationship between your organization and community organization  Ability to build on other existing community events	

