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| **FAP Outreach Project Site Visit Implementation Checklist** | | | |
| **Date of Observation**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Observer Name**: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Installation Name/ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Campaign for Observation**:  Domestic Violence Awareness  Child Abuse Prevention  \*Please note: This checklist will need to be filled out for each material or event observed. Accessibility and translation for different languages will be an important consideration. | | **Service Branch**:  Army  Navy  Air Force  Marine Corps | |
| **MATERIALS** | | | |
| **Item** | **Response** | | **Notes** |
| 1. Did you observe campaign messages or materials (e.g., posters, flyers, announcements via screen/display/verbal advertisement)? | * Yes * No [If “No”, skip to item 2] | |  |
| 1. What type of material did you observe? | * Poster, flyer, or banner * Display * Announcement on a screen or display * Brochure * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| 1. How would you describe the display of the material? (Check all that apply) | * Readily visible * Partially visible * Hidden * Large and eye-catching * Small and difficult to see * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| **Item** | **Response** | | **Notes** |
| c. Where did you observe the material?  (Check all that apply) | * Installation main gate * Family Support Centers * Medical Facilities (Hospital, pharmacy, urgent care) * Commissary * Child Development Centers * Base Exchange * Childcare Center * Dental Clinic * Family Advocacy Program Office * Gymnasium/Fitness Center * Library * Personnel Support Office * Public restroom * Welcome/Visitors Center * Religious facility or place of worship * Restaurant * Off-installation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | *Provide more details here about the location of the material (i.e., foyer, hallway, bulletin board, etc.)* |
| d. Approximately how many materials did you observe? | * 1 – 5 * 6 – 10 * 11 – 20 * 21+ | |  |
| e. Take a photo of the campaign material. |  | | |
| **EVENTS** | | | |
| **Item** | **Response** | | **Notes** |
| 1. Were any campaign events happening when you visited the installation? | * Yes * No [If “No”, skip to item 3] | |  |
| a. Where did the event occur? | * Family Support Centers * Medical Treatment Facilities * Commissary * Base Exchange * Family Advocacy Program Office * Gymnasium/Fitness Center * Library * Personnel Support Office * Welcome/Visitors Center * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| b. Describe the events. Include a description of activities, perceived level of engagement, and purpose. |  | | |
| **Item** | **Response** | | **Notes** |
| c. Approximately how many people attended the event? | * 1 to 20 * 21-50 * 51 to 100 * 101 to 150 * 151 + | |  |
| d. Who attended the event? (Select all that apply) | * Service members * Family members and significant others * Leadership * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| e. Take a photo of event activities, signage, or advertising materials. |  | | |

**OTHER**

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| **Item** | **Response** | **Notes** |
| 1. Did you overhear or have any conversations about the campaigns? | * Yes * No [If “No”, skip to item 4] |  |
| a. Describe the content of the conversations. |  | |
| 1. Is there anything else you observed related to the campaigns that may be helpful? If yes, please describe. |  | |