

# 2003 Birth Defects Prevention Month Packet Evaluation and Comments

Please share your comments, activities and suggestions for future packets.

1. Did you collaborate with any of the following agencies to promote Birth Defects Prevention Month?  
(Please select all that applies.)

- |   |   |
|---|---|
| <input type="checkbox"/> State health department        | <input type="checkbox"/> Hospital/health clinic |
| <input type="checkbox"/> Local/county health department | <input type="checkbox"/> University             |
| <input type="checkbox"/> March of Dimes                 | <input type="checkbox"/> Other, specify: _____  |

2. a) Which materials did you use? (Check all that apply.)

<input type="checkbox"/> Preventing Birth Defects pamphlet <input type="checkbox"/> Spanish <input type="checkbox"/> English	<input type="checkbox"/> March of Dimes factsheets	<input type="checkbox"/> SBAA "Plan Ahead" pamphlet
<input type="checkbox"/> Resources on the Internet	<input type="checkbox"/> Suggested Activities Listing	<input type="checkbox"/> SBAA posters
<input type="checkbox"/> Birth Defects data and Perinatal Profiles	<input type="checkbox"/> Sample News Release	<input type="checkbox"/> Sample Letter to Legislators

b) How did you use the materials/resources?

\_\_\_\_\_

\_\_\_\_\_

c) Were there any materials which were not useful? If yes, which ones and how were they not useful?

\_\_\_\_\_

\_\_\_\_\_

3. Did you visit the NBDPN web site for Birth Defects Prevention Month materials?

Yes     No

4. a) Did you spend any money on your promotional activities?  Yes     No

Less than \$100	\$100-\$500	\$500-\$1000	\$1000-\$5000	Greater than \$5000
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b) Approximately how much time did you spend on promoting Birth Defects Prevention Month activities? \_\_\_\_\_

5. Please list any additional comments and suggestions for future packets.

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_  
State: \_\_\_\_\_

Organization: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Please return this form to:

**NBDPN**  
**Attn: Cara Mai**  
**4770 Buford Hwy, MS F45**  
**Atlanta, GA 30341-3724**

**Fax: (770) 488-7197**  
- or -  
**E-mail: [nbdpn@cdc.gov](mailto:nbdpn@cdc.gov)**

**THANK YOU!**