



PUBLIC HEALTH REPORT CARDS EVALUATION FORM

Thank you for your interest in the 2004 Public Health Report Cards. Please help us improve future Public Health Report Card editions by filling out this brief survey and returning it to the Department of Health.

1. What category best describes you: (please select only one answer)

- State or local health or human service organization in NH
- State or local government agency (not health or human services) in NH
- Academic researcher or student from NH
- Member of NH Media organization
- Resident of a NH community
- Out-of-State Organization
- Other (_____)

2. How much do you agree with the following statement, "The 2004 Public Health Report Cards met all of my expectations."? (please select only one answer)

- Strongly Agree
- Somewhat Agree
- Neither Agree or Disagree
- Somewhat Disagree
- Strongly Disagree

3. How do you plan to use the information from the 2004 Public Health Report Cards? (please select all that apply)

- Grant Application
- Organization/Community education presentation
- Program development and evaluation
- Community Benefits report
- Share with colleagues
- My general knowledge

4. Please list additional health topics that you would like to see a report card on.

5. Please share any other comments or suggestions.

PLEASE MAIL COMPLETED SURVEY TO:

City of Manchester, Department of Health
c/o Michelle Harrington
1528 Elm Street
Manchester, NH 03101-1350

If you would like to be notified of future releases of public health report cards or other specific health reports, please provide the following information:

Name: _____

Address: _____

Phone: _____

Email: _____