

# The North Carolina Asthma Plan

## Evaluation Form

Thank you for your interest in the North Carolina Asthma Plan. To help us evaluate the plan and to improve future editions, please complete the brief survey below and return via fax to 919-870-4801. (Note: **You may save this form as a PDF for later use but NONE of the form data you entered will be saved with it.**)

Thank you,  
The North Carolina Asthma Program

1. What type of organization do you represent (check all that apply):

- Local Health Department
- State or Local Asthma Coalition
- Community Health Organization
- Hospital
- Clinic or Medical Practice
- Academic Institution (College, University)
- Elementary/Secondary School
- Medical/Health Professional Association
- Faith Based Organization
- Person with Asthma
- Parent of Child with Asthma
- OTHER

2. Name of Organization (optional): \_\_\_\_\_

3. What is your position in the organization (check all that apply):

- Physician
- Nurse
- Health educator
- Epidemiologist
- Researcher
- Faculty
- Community leader
- Government official
- Legislator
- Administrator
- OTHER

4. How will you use this plan (check all that apply):

- Priority-Setting
- Community-level Strategic Planning
- Presentations
- Grant Writing
- Coalition Development
- Educational Materials
- OTHER

5. For each statement below, please select the choice that best reflects your opinion:
- a. The plan is clear and easy to understand.
  - b. The plan is well organized.
  - c. The plan reflects the issues most important to addressing asthma in North Carolina.
  - d. The plan has helped me to structure and develop my asthma-related activities and interventions.

6. Please rate the usefulness of each section:
- a. The *Executive Summary*:
  - b. *Asthma is a Public Health Priority*:
  - c. The *Burden of Asthma in North Carolina*:
  - d. The *Planning Process*:
  - e. The *Strategic Plan* (by topic area):
    - 1. *Education and Public Awareness*:
    - 2. *Health Disparities*:
    - 3. *Medical Management*:
    - 4. *Surveillance*:
    - 5. *Environmental*:
  - f. The *Evaluation Plan*:

7. Please list any other content areas that you would like to see represented in future editions of the plan:

8. Please list any organizations (name, phone #, email address) you feel would benefit from this plan.

9. Other comments/suggestions:

**Instructions:** To submit the completed form, please print (before saving and closing) and fax it to the North Carolina Asthma Program at 919-870-4801. If you are using Adobe Reader, please note that **you may save this form for later use, but NONE of your data will be saved.**

If you need additional help submitting the form, please contact the North Carolina Asthma Program at 919-707-5209.