

2007 Birth Defects Prevention Month Packet

EVALUATION AND COMMENTS

1. Did you coordinate any activities for Birth Defects Prevention Month? Yes No
 If no, to whom or where did you forward your packet? _____
2. Indicate whether you collaborated with any of the following agencies to promote Birth Defects Prevention Month.
 (Please select all that apply.)
- | | |
|---|---|
| <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: _____ |

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

Please tell us language of materials used: <input type="checkbox"/> Spanish <input type="checkbox"/> English Other: _____	<input type="checkbox"/> Sample Letter to Health Care Professionals	<input type="checkbox"/> Fact Sheets on: Diabetes, Folic Acid, Infections and Immunizations, Domestic Violence, Smoking, Medical Conditions, and Healthy Lifestyles (available on-line)
<input type="checkbox"/> Resources on the Internet	<input type="checkbox"/> Suggested Activities Listing	<input type="checkbox"/> Fact sheets on selected birth defects
<input type="checkbox"/> March of Dimes materials	<input type="checkbox"/> Sample News Release	<input type="checkbox"/> Proclamation
<input type="checkbox"/> MI Preventing Birth Defects pamphlet	<input type="checkbox"/> MI Resources for Families of Infants and Toddlers with Special Needs pamphlet	<input type="checkbox"/> MI Genetic Counseling Services pamphlet
<input type="checkbox"/> MI Folic Acid pamphlet	<input type="checkbox"/> Preconception Checklist	<input type="checkbox"/> CDC materials

b) Are there any materials which are not useful? If so, which ones are not useful?

4. Did you visit the MIGeneticsConnection web site (www.MIGeneticsConnection.org) for Birth Defects Prevention Month materials or resources?
 Yes No
5. Do you prefer receiving the Birth Defects Prevention Month Folder (i.e., hard copy)? Yes No
6. Do you think there is a better way to promote Birth Defects Prevention Month? Yes No
 If yes, please describe. _____
- _____
7. Please list any additional comments or suggestions for future packets.
- _____
- _____

8. Name (optional): _____
 Organization: _____
 State: _____

Please fax or e-mail this form to:
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