Tracking Form – Extension Agent

Agent Name: ________________ County: ______________ Date: __________

1. Please place a check in the box (☐) next to the item you used from the media toolkit and list the quantity used.
   - Press Release Qty: _____
   - Church Bulletin insert Qty: _____
   - Mammogram Bookmarks Qty: _____
   - Flyer Qty: _____
   - Pap Bookmarks Qty: _____
   - Brochure Qty: _____

2. How many individuals received the materials from the medial toolkit?
   - Women under the age of 64__________
   - Women over the age of 64
   - Men _____________
   - Children__________

3. Did you use any of the following media outlets?
   - T.V.
   - Newspaper
   - Radio
   - Other

4. What audience are you planning on sharing these materials with?
   - Community/Civic Organizations
   - Hospitals/Health Care facilities
   - Homemakers
   - Lay health workers
   - Church groups
   - Schools
   - Local businesses
   - Senior citizen group
   - Other

5. Have you found these materials helpful in your breast and cervical cancer screening programming?  ☐ YES  ☐ NO

6. Are there additional materials that you are using in your media/marketing campaign?
   - Glenna Fletcher Birthday Party Toolkit
   - American Cancer Society materials
   - CDC materials
   - Cooperative Extension/H.E.E.L. Publications
   - Other

7. Have you used the Cooperative Extension Team Up Breast and Cervical cancer curriculum materials in your cancer programming efforts?
   - Yes
   - No. If no, why not? ____________________________

[Signature]
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8. Please check the list below regarding the types of cancer programming activities you have done in your county using the “Wise Eastern KY Women Take Care of Themselves” and Team Up Materials.

☐ Lunch and Learn ☐ Seminar ☐ Workshop
☐ One-on-One education ☐ Small Group lesson (<10) ☐ Health fair
☐ Ladies only event ☐ Large group discussion (>10) ☐ Other_______

10. Have you collaborated with any other county partners in your local cancer programming efforts? Please check all that apply.

☐ Local Health Department ☐ Community Organizations ☐ Other_______
☐ Local/Community Hospital ☐ Home Place ☐ Local Businesses
☐ Local Church(s) ☐ Non-profit agencies (ACS, etc)
☐ PTA/site based council ☐ Individual health care providers
☐ Kentucky Cancer Program

11. Please check the types of materials that you are using for your cancer awareness and education program.

☐ Mammogram Flip chart ☐ Power points ☐ Brochures
☐ Pap Flip chart ☐ Video/DVD ☐ Incentives/Giveaways
☐ Fact Sheets/Handouts ☐ Overheads ☐ Pre/Post Test

13. Please use the lines below for any additional comments or observations regarding the Team Up KY materials. Your input is invaluable.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please return the following form to:

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