

**Utah's Behavioral Risk Factor Surveillance System TREND REPORT 1989-1999 -- Feedback Form**

We welcome your opinions of this report. Please help us by completing this page and returning it to:

*Office of Public Health Assessment, Utah Department of Health*

*P O Box 142101, Salt Lake City, UT 84114-2101*

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1. Why were you interested in this report? (*CHECK ALL THAT APPLY*)

- POLICY SETTING AND STRATEGIC PLANNING (ALLOCATION OF RESOURCES, SETTING PRIORITIES, ETC.)
- PROGRAM PLANNING AND MONITORING (TRACKING PROGRESS ON PROGRAM OBJECTIVES, ETC.)
- BACKGROUND INFORMATION FOR RESEARCH, FUNDING PROPOSALS, ETC.
- ADVOCACY FOR SPECIAL POPULATION GROUP(S)
- SATISFYING REQUESTS FOR INFORMATION FROM OTHERS WHO CONTACT YOU
- OTHER (SPECIFY): \_\_\_\_\_

2. For what specific activities did you use the information in this report?

3. Which information in this report did you find most useful?

4. What could we have done to make the information more useful?

5. a. Was the purpose clearly stated? .....  YES  NO
- b. Was it organized so that you could find information easily? .....  YES  NO
- c. Was it presented in a way that was clear and understandable? .....  YES  NO
- d. Were the graphs easy to understand? .....  YES  NO
- f. Did the text contain sufficient explanations? .....  YES  NO
- g. Did it have a professional appearance? .....  YES  NO
- h. Did the report contain the right amount of information? .....  YES  NO
- i. Please clarify your answers to Questions #5a-h if necessary:

6. What other topics would you like to see covered in future reports?

7. Is there anything else you can tell us that could help us with future reports of this type?

**Thank you.** If you'd like, you may provide your name, address and phone number. We may want to call to discuss your ideas with you further. (OPTIONAL):

name: \_\_\_\_\_ address: \_\_\_\_\_

phone: \_\_\_\_\_

fax: \_\_\_\_\_