COMMUNITY EVENT REPORT

EVENT DATE: ___/___/___  STAFF PERSON(S)/FACILITATOR: ____________________________
SPONSORING ORGANIZATION: ______________________________________________________
LOCATION/VENUE: ________________________________________________________________

COUNTY:  □ Georgetown  □ Charleston  □ Other County (specify) ________________________

EVENT TYPE:  □ Workshop  □ Health Fair  □ Screening  □ Other ___________________________

□ Workshop (check program and session as appropriate)
  □ Power to Prevent  Session 1 (of 12)
  □ Wise Woman  Session 1 (of 8)
  □ Wise Men Helping Wise Women  Session 1 (of 8)
  □ Choose to Live  Session 1 (of 8)
  □ Diabetes 101  □ National Library of Medicine
  □ Foot Care  □ Eat Smart Move More
  □ Physical Activity/Fitness  □ Cooking Classes
  □ Other Workshop (specify) _______________________________________________________

ATTENDANCE (estimate #): ______

Men: ___  Women: ___  (if available write in the number attended for each group)

Age: 
  18-29  ___  65-74  ___
  30-49  ___  75 plus  ___
  50-64  ___  Other  ___  Describe: __________________________
     (e.g. youth)

Race/Ethnicity: (if available write in the number attended for each group)

_____ African American  _____ White  _____ Hispanic  _____ Other ______________________

PROGRAM PROMOTION METHODS: (Describe, include samples)  Rough estimates of #’s

□ Flyers
  □ Public places _________________________________________________________________
  □ Organization only ___________________________________________________________

□ Organization newsletter/bulletin ________________________________________________
□ Posters
  □ Public places _______________________________________________________________
  □ Organization only ___________________________________________________________

□ Paycheck stuffer
□ Newspaper article/public service announcement _________________________________
□ Newspaper paid ad __________________________________________________________
□ Radio public service __________________________________________________________
□ Radio paid ad ________________________________________________________________
□ Internet (email, listserv, website, etc.) __________________________________________
□ Social/worksite network ______________________________________________________
□ Other _______________________________________________________________________

Tuesday, November 17, 2009
**COLLABORATING AGENCIES/GROUPS:**

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**FACILITATOR COMMENTS:**

General impressions
________________________________________________________________________________________
________________________________________________________________________________________

What went well?
________________________________________________________________________________________
________________________________________________________________________________________

What could be improved?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Suggestions for future events: _____________________________________________________________
________________________________________________________________________________________

Other: ________________________________________________________________________________
________________________________________________________________________________________

RETURN THESE FORMS to REACH Office, MUSC College of Nursing @ HOT, Suite 304, 19 Hagood Avenue, MSC 803, Charleston, SC 29425 or e-mail to: reachseo@musc.edu

*Tuesday, November 17, 2009*