

## Family Planning Media Review Summary Form

This form is a summary of the data from all Participant Media Review Forms. This form is not for individual Participant Media Review.

Agency Name: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Material Summary

1. Title: \_\_\_\_\_

2. Topic Area: \_\_\_\_\_ 3. Publication Date: \_\_\_\_\_

#### 4. Type of Media

Billboard  Poster  Brochure/Pamphlet  Other:

#### 5. Where your Agency Obtained Material

Created In-House  
 Women, Infant, and Community Wellness Section Publications webpage  
 Other: \_\_\_\_\_

#### 6. Intended Audience (Check all that apply)

##### Gender:

Male  
 Female  
 LGBTQ+  
 All Genders

##### Age Groups:

General (All Ages)  College  
 Middle School  Young Adults  
 High School  Adults

##### Racial Group Focus:

American Indian/ Alaskan Native  Native Hawaiian/ Pacific Islander  
 Asian American  White  
 African American/ Black  More Than One Race

##### Ethnicity:

Hispanic  Non-Hispanic

Reading Level. For written materials, what is the reading level? \_\_\_\_\_

How did you determine the reading level?  SMOG Method  FOG Method  Provided by the Producer  
 Other: \_\_\_\_\_

7. Is this material trauma informed?  Yes  No

### Summary of Participant Review

For this section, please provide the total number of participant answers for each question and record the total numerical value for each question. If there were no responses for a question, please record a zero or no response for that answer. Please remember that each review group should be made up of at least five participants.

#### 8. Demographics

**Age:**

15-24 \_\_\_\_\_

25-34 \_\_\_\_\_

35-44 \_\_\_\_\_

Over 44 \_\_\_\_\_

**Gender:**

Female \_\_\_\_\_

Male \_\_\_\_\_

Transgender \_\_\_\_\_

Other \_\_\_\_\_

**Race:**

American Indian or Alaskan Native \_\_\_\_\_

Asian American \_\_\_\_\_

African American/ Black \_\_\_\_\_

Native Hawaiian or Pacific Islander \_\_\_\_\_

White \_\_\_\_\_

More Than One Race \_\_\_\_\_

**Ethnicity:**

Hispanic \_\_\_\_\_

Non-Hispanic \_\_\_\_\_

9. What is the main message of the material? (Please include all free response answers)

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**10. Material Evaluation**

**Is the material easy to understand?**    Yes \_\_\_\_\_    No \_\_\_\_\_

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**Do you like the way the material looks?**    Yes \_\_\_\_\_    No \_\_\_\_\_

(If No, please write why in the comment section below)

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**Does the material provide information that is helpful to you or your friends?**    Yes \_\_\_\_\_    No \_\_\_\_\_

**Is there anything you do not like about the material?**    Yes \_\_\_\_\_    No \_\_\_\_\_

(If Yes, please write why in the comment section below)

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**Do you recommend that we share this material with our clients?**    Yes \_\_\_\_\_    No \_\_\_\_\_

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## INSTRUCTIONS

- Purpose:** To document that a local committee representing the community has reviewed and approved all informational and educational materials used in a local family planning program. For questions related to Media Review, call **919-707-5700**.
- Preparation**
1. Complete a separate form for each item reviewed.
  2. Each consumer may use a form to write their comments. The staff person may then transfer a summary of the consumer's comments onto a separate form to submit to the Reproductive Health Branch.
  3. The staff person completes items **1-7** prior to review.
  4. The staff person completes items **8-10** after the committee has reviewed the material and reached a consensus on the questions.
- Distribution**
1. Retain original in a media review file at the Local Health Department.
  2. Submit information to: Reproductive Health Branch via Smartsheet starting FY25 and prior email to Naisha Coley at [Naisha.coley@dhhs.nc.gov](mailto:Naisha.coley@dhhs.nc.gov)
- Disposition:** You may destroy the form when the material reviewed is no longer available or in use.