

## 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 did 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)

## 10. Material Evaluation

Is the material easy to understand?     Yes     No

Do you like the way the material looks?     Yes     No (If No, please write why in the comment section below)

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)

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

## 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.