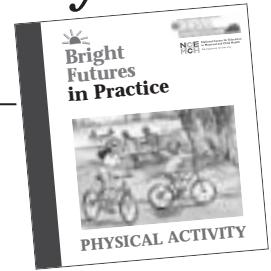


Bright Futures in Practice: Physical Activity Evaluation Form



To help improve future editions and create other materials, please take a few minutes to share your comments about *Bright Futures in Practice: Physical Activity*. Return the form to the address or fax number shown on the reverse side.

1. What is your occupation?

- Advocate
- Child Care Provider/Educator
- Community Health Worker
- Dentist/Dental Hygienist
- Dietitian/Nutritionist
- Health Educator
- Nurse/Nurse Practitioner
- Occupational/Physical Therapist
- Parent
- Physician
- Physician Assistant
- Program Administrator/Coordinator
- Psychiatrist/Psychologist
- Social Worker
- Teacher/Professor
- Other (please specify)

2. What type of agency or facility do you work in?

- Child Care Facility
- Community Health Center
- Federal Agency
- Head Start Program
- Hospital/Medical Center
- Managed Care Organization
- Private Practice
- Professional Organization
- Public Health Clinic
- School, College, or University
- State/Local Health Department
- WIC Clinic
- Other (please specify)

3. How useful was *Bright Futures in Practice: Physical Activity* to you?

- More useful than most guidelines
- Average
- Less useful than most guidelines
- Parts of it are useful (please specify)

4. How do you plan to use *Bright Futures in Practice: Physical Activity*?

- Develop programs
- Develop standards of practice and protocol
- Incorporate into health supervision visit
- Train and educate health professionals
- Train and educate students
- Train and educate paraprofessionals
- Provide in-service training and education to staff
- Use as a textbook or reference
- Educate children, adolescents, and families
- Refer families to resources
- Obtain support for policies

5. What types of materials based on *Bright Futures in Practice: Physical Activity* would be helpful (e.g., pocket guide for health professionals, fact sheets for families)?

6. Additional comments:

Optional information:

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Thank you!

Please fold this form in thirds,



staple, and mail. Or fax to (703) 524-9335.

Place
stamp
here

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