

PKIDs' Pediatric Hepatitis Report Evaluation

Please take a moment to fill out this evaluation form so PKIDs can continue to provide the type of information you need in the format that best suits your needs.

1. Are you a: (check as many as apply to you)
Parent _____
Daycare Provider _____
Healthcare Provider _____ (Type) _____
Social Worker _____
Nonprofit Organization _____ (Type) _____
Other _____
 2. How did you hear about PKIDs' Pediatric Hepatitis Report (PHR)?
My doctor _____ (Type) _____
Media _____ (Type) _____
Support Group _____ (Which one?) _____
A nonprofit agency _____ (Which one?) _____
Other _____
 3. How did you obtain the PHR? From website _____ Order CD-ROM _____ Other _____
 4. How helpful was the PHR to you?
Extremely Helpful _____
Very Helpful _____
Somewhat Helpful _____
Not Helpful _____
Comments _____

 5. Did you find the information to be accurate? Yes _____ No _____
Comments _____

 6. Was the information easy to understand? Yes _____ No _____
Comments _____

 7. Could you easily find what you were looking for in the report? Yes _____ No _____
Comments _____

 8. Which feature(s) did you find most helpful? _____

 9. Which feature(s) were the least helpful to you? _____

 10. What topics do you feel were missing from the report? _____

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Answer the following only if you viewed the PHR from the website:

11. Which section(s) did you view? _____

12. Do you have any specific suggestions for the web version (i.e.: format other than .pdf, larger or smaller .pdf sections, etc.) _____

Answer the following if you ordered a CD-ROM:

13. Did you have any problems receiving your order? _____

14. Do you have any specific suggestions to improve the CD-ROM version of the PHR? _____

Would you like to be notified when updates or additions are made to the PHR? If yes, please include contact information:

Name _____

Address _____

Phone _____ Fax _____

Email Address _____

Would you be willing to be interviewed by PKIDs staff to provide feedback about the report? Y / N

Would you like more information about PKIDs and its programs? Y / N

To order more copies of the report, write PKIDs or call 360-695-0293.

Please share any other comments you have about the PHR: _____

Thank you for your time in filling out this evaluation. It is important for PKIDs to receive accurate and timely feedback so we can provide the best possible information to the people who need it.

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