

#3 2006 Back Up your Birth Control Evaluation Form



Name _____
Address _____
Organization _____
Phone _____ Email _____
Date(s) of you Back Up your Birth Control Activity(s) _____
How does the *Back Up Your Birth Control* Campaign fit into your organizational goals for 2006?

Do you undertake Back Up Your Birth Control Related activities only on the Day of Activism (please specify duration and time period) or at other times?

Please describe any other activities that you undertook or that you would like to undertake that are not currently promoted by the Back Up Your Birth Control Campaign.

Did you visit Wal-Mart to verify that they stock EC? Did you find the survey tool helpful?

Which of the sample documents or materials did you find the most helpful?

Which documents or suggested activities in the Toolkit did you find needed improvement? Why?

Did you use the Back Up Your Birth Control website as a resource?

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Back Up your Birth Control Activity	Type of Materials	Target Audience
Local Media Activities:		# Media Hits (articles, radio interviews etc)
Public Awareness Activities:		# People Attending Event or Receiving Materials
Campus Activities:		# People Attending Event or Receiving Materials
Legislative Activities:		# of Legislators Contacted
Engaging the Medical Community:		# People Attending Event or Receiving Materials

Feel free to use additional sheets with evaluation form if necessary.
 Please return to *The Back Up your Birth Control Campaign* by April 21, 2006
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