Maryland Department of Health and Mental Hygiene, Center for Cancer Surveillance and Control
Cancer Prevention, Education, Screening, and Treatment Program

EDB Form 1. Education Sessions
Maryland Cancer Education and Outreach Activity

Program Use Only

Bold indicates a 'must enter' field

Jurisdiction:_____ **Form 1 ID** (system generated):_____

Date of Session: (mm/dd/yyyy) ____/____/____ Form 1 Local ID (optional):_____

Education Information

Type of Cancer: (check all that apply)
☐ Breast ☐ Cervical ☐ Colorectal ☐ General* ☐ Lung ☐ Oral
☐ Prostate ☐ Skin ☐ Other, **specify:**_____

Topic/Description:_____

Method of Education: (check one) ☐ Brief Interaction ☐ Group Presentation ☐ Individual

Place of Event:_____

Category of Place of Event: (check one)
☐ Academic Inst. ☐ Business ☐ Business Organization ☐ Comm. Service Agency
☐ Faith-based ☐ Fraternal Org. ☐ Health Care Setting ☐ Local Program
☐ Private Home ☐ Other, **specify:**_____

Type of Audience: (check one) ☐ General Public ☐ Health Care Professionals ☐ Trainers or Educators

Duration of Session: (in minutes)_____ Number of Educators:_____

First Name of Lead Educator:_____ Last Name:_____

Lead Educator Affiliation:_____

Category of Lead Educator's Affiliation: (check one)
☐ Academic Inst. ☐ Business ☐ Business Organization ☐ Comm. Service Agency
☐ Faith-based ☐ Fraternal Org. ☐ Health Care Setting ☐ Local Program
☐ Other, **specify:**_____

Participant Information

Total Number of Participants Educated:_____

For General Public: (enter 0 if you know there are none; or check unknown)

Number of Male Participants: _____ ☐ Unknown

Number of Female Participants: _____ ☐ Unknown

Number of Minority Participants: _____ ☐ Unknown

Number of Low Income Participants: _____ ☐ Unknown

Age Group: (primary)
☐ Children/Youth ☐ Younger Adults (18-39) ☐ Older Adults (≥40)
☐ Adults, any age ☐ All ages ☐ Unknown

For Colorectal Cancer Education Only: Outcome

Were participants offered FOBT/FIT? ☐ No ☐ Yes ☐ Not using FOBT/FIT or Not Applicable

If yes, number of kits given out:_____

Were participants offered opportunity to sign up for screening by FOBT/FIT, sigmoidoscopy, colonoscopy at a future date? ☐ No ☐ Yes ☐ N/A

If yes, number who signed up at this event:_____

Questions/Comments

Questions asked by Participants:

Overall Comments/Suggestions:

For Local Program Use Only: Local Use Fields

Local field 1:_____

Local field 2:_____

Local field 3:_____

Local field 4:_____

*General cancer deals with topics more general in nature, non-specific, or prevention- or cancer-related info.

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EDB Form 2. Media/Resource Activity Implemented
Maryland Cancer Education and Outreach Activity

Program Use Only — **Bold indicates a 'must enter' field**

Jurisdiction:_____ **Form 2 ID** (system generated):_____

Date of Activity: (mm/dd/yyyy) ____/____/____ Form 2 Local ID (optional):_____

Activity Information

Type of Cancer: (check all that apply)
☐ Breast ☐ Cervical ☐ Colorectal ☐ General* ☐ Lung ☐ Oral
☐ Prostate ☐ Skin ☐ Other, **specify:**_____

Topic/Description:_____

Type of Activity/Resource Implemented: (check one)

- ☐ Aired PSA, press release (media, e.g., radio, TV)
- ☐ Conducted media interview
- ☐ Displayed billboard, bulletin, table display, marquee, sign, etc.
- ☐ Distributed brochure, flyer, poster, information sheet, postcard, insert, etc.
- ☐ Distributed resource directory, material
- ☐ Distributed video, CD, DVD, audio, other audiovisual
- ☐ Mailed information
- ☐ Posted Web site information and 'hits' made
- ☐ Published ad, article, journal, newsletter, etc. (print media)
- ☐ Other, **specify:**_____

Place of Activity:_____

Category of Place of Activity: (check one)
☐ Academic Inst. ☐ Business ☐ Business Organization ☐ Comm. Service Agency
☐ Faith-based ☐ Fraternal Org. ☐ Health Care Setting ☐ Local Program
☐ Private Home ☐ Other, **specify:**_____

Type of Audience: (check one) ☐ General Public ☐ Health Care Professionals ☐ Trainers or Educators

Length of Time to Implement Activity: (in minutes)_____ (optional)

First Name of Lead Educator:_____ Last Name:_____

Lead Educator Affiliation:_____

Category of Lead Educator's Affiliation: (check one)
☐ Academic Inst. ☐ Business ☐ Business Organization ☐ Comm. Service Agency
☐ Faith-based ☐ Fraternal Org. ☐ Health Care Setting ☐ Local Program
☐ Other, **specify:**_____

Participants Targeted/Reached

Number or Estimate of Participants Targeted/Reached:_____

Comments/Suggestions

For Local Program Use Only: Local Use Fields

Local field 1:_____

Local field 2:_____

Local field 3:_____

Local field 4:_____

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EDB Form 3. Media/Resource Materials Developed
Maryland Cancer Education and Outreach Activity

Program Use Only — **Bold indicates a 'must enter' field**

Jurisdiction:_____ **Form 3 ID** (system generated):_____

Date Developed: (mm/dd/yyyy) ____/____/____ Form 3 Local ID (optional):_____

Materials Developed Information

Type of Cancer: (check all that apply)
☐ Breast ☐ Cervical ☐ Colorectal ☐ General* ☐ Lung ☐ Oral
☐ Prostate ☐ Skin ☐ Other, **specify:**_____

Type of Item/Material Developed: (check one)

☐ Ad, article, journal, newsletter, etc. (print media)
☐ Billboard, display, poster, marquee, sign, etc.
☐ Brochure, flyer, postcard, insert, etc.
☐ Letter, form, correspondence
☐ PowerPoint presentation
☐ Novelty, trinket, etc., specify:_____
☐ Other, **specify:**_____
☐ PSA, press release (radio, TV)
☐ Resource directory, material
☐ Video, CD, DVD, audio or other AV
☐ Web site information

Type of Audience: (check one) ☐ General Public ☐ Health Care Professionals ☐ Trainers or Educators

Brief Description of Item: (what it is—e.g., trifold color brochure on screening for seniors)

Primary Message: (what it says—e.g., provides importance of screening, symptom/risk information)

Language of Material: (check all that apply)
☐ English ☐ Spanish ☐ Other, **specify:**_____

Are other programs allowed to copy item? ☐ Yes ☐ No

List any special copyrights or restrictions on use by other programs:

Contact Information

First Name:_____ Last Name:_____

Affiliation:_____

Telephone:_____

E-mail address:_____

Other Information/Comments

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EDB Form 4. Other Related Education or Outreach Activity (FOR LOCAL USE-Optional for Administrative Activity) Maryland Cancer Education and Outreach Activity

Program Use Only — Bold indicates a 'must enter' field

Jurisdiction:_____ **Form 4 ID** (system generated):_____

Date of Session: (mm/dd/yyyy) ____/____/____ Form 4 Local ID (optional):_____

Other Education/Outreach Information

Type of Cancer: (check all that apply)
☐ Breast ☐ Cervical ☐ Colorectal ☐ General* ☐ Lung ☐ Oral
☐ Prostate ☐ Skin ☐ Other, **specify:**_____

Type of Activity: (describe)

Category of Type of Activity: (check one)

☐ Distribution of FOBT kits or other clinical materials to health care providers
☐ Promotion of presentation or education sessions (e.g., visit to business or telephone call to schedule appointment with business or providers-no education)
☐ Outreach (administrative)
☐ Professional development (e.g., attend meetings, conferences)
☐ Recruitment of trainers, volunteers, or other persons who will deliver educational messages about cancer
☐ Other, **specify:**_____

Place of Activity:_____

Category of Place of Event: (check one)
☐ Academic Inst. ☐ Business ☐ Business Organization ☐ Comm. Service Agency
☐ Faith-based ☐ Fraternal Org. ☐ Health Care Setting ☐ Local Program
☐ Private Home ☐ Other, **specify:**_____

Type of Audience: (check one) ☐ General Public ☐ Health Care Professionals ☐ Trainers or Educators

Length of Time to Implement Activity: (in minutes)_____

First Name of Lead Educator:_____ Last name:_____

Lead Educator Affiliation:_____

Category of Lead Educator's Affiliation: (check one)
☐ Academic Inst. ☐ Business ☐ Business Organization ☐ Comm. Service Agency
☐ Faith-based ☐ Fraternal Org. ☐ Health Care Setting ☐ Local Program
☐ Other, **specify:**_____

Participants Targeted/Reached

Number or Estimate of Participants Targeted/Reached: (if applicable) _____

Comments

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