

LEO HEALTH COMMUNICATION/PUBLIC INFORMATION FORM

MEDIA INTERVENTIONS

LHJ/Agency #: **Agency Name:** _____

Campaign Name/Message: _____

Start Date: (mm/dd/yy) **End Date:** (mm/dd/yy)

Target (mark all that apply "x"):

- | | | | |
|--------------------------------------|-----------------------------------------------------------|---------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Men | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Hispanic/Latino(a) | <input type="checkbox"/> Substance User |
| <input type="checkbox"/> Women | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> White | <input type="checkbox"/> Youth |
| <input type="checkbox"/> TGs: M to F | <input type="checkbox"/> Asian | <input type="checkbox"/> MSM | <input type="checkbox"/> Sex Worker |
| <input type="checkbox"/> TGs: F to M | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> IDU | <input type="checkbox"/> HIV-Positive |

Program Objective (mark all that apply "x"):

- Safer Sex Testing AIDS Awareness Other, Specify: _____

_____ **Q1 (Jul-Sep)** _____ **Q2 (Oct-Dec)** _____ **Q3 (Jan-Mar)** _____ **Q4 (Apr-Jun)**

Broadcast Media (Cable/TV):

Number of Spots Created: _____
 Estimated Size of Audience Reached: _____

Broadcast Media (Radio):

Number of Spots Created: _____
 Estimated Size of Audience Reached: _____

Outdoor Media:

Media Type (mark all that apply "x" & record #):

- | | |
|--------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Billboard: # _____ | <input type="checkbox"/> Bench Sign: # _____ |
| <input type="checkbox"/> Bus Shelter: # _____ | <input type="checkbox"/> Bus Sides/Backs: # _____ |
| <input type="checkbox"/> Bus Int. Cards: # _____ | <input type="checkbox"/> Other, Specify: _____ # _____ |

Print Materials:

Media Type (mark all that apply "x" & record # distributed):

- | | |
|----------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Brochures: # _____ | <input type="checkbox"/> POP Display: # _____ |
| <input type="checkbox"/> Posters: # _____ | <input type="checkbox"/> Media Release Kit: # _____ |
| <input type="checkbox"/> Palm Cards: # _____ | <input type="checkbox"/> Other, Specify: _____ # _____ |

Print Advertising (Newspapers, Magazines):

Media Type (mark all that apply "x" & record # ads):

- | | |
|---------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Newspaper: # _____ | <input type="checkbox"/> Magazine: # _____ |
| <input type="checkbox"/> Journal: # _____ | <input type="checkbox"/> Electronic: # _____ |

News Coverage:

Media Type (mark all that apply "x" & record #):

- | | |
|---------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Newspaper: # _____ | <input type="checkbox"/> Magazine: # _____ |
| <input type="checkbox"/> Journal: # _____ | <input type="checkbox"/> Electronic: # _____ |
| <input type="checkbox"/> Cable/TV: # _____ | <input type="checkbox"/> Radio: # _____ |

Web Media:

Website URL: _____

Estimated Website Hits: _____

Advertising Type (mark all that apply "x"):

- | | |
|--------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Online Ads | <input type="checkbox"/> Webcasting |
| <input type="checkbox"/> Forums/Newsgroups | |

Local Telephone Information Line or Hotline:

Telephone Number (with area code): _____

Number of Callers: _____

Referrals Made: _____

Please also include a narrative paragraph about this Media Intervention in your Semi-Annual Report.

Data Entry Initials:

LEO Form #: