



Recruitment Activity Reporting (RAR) Form



NC WISEWOMAN

Which quarter are you reporting for?

- 1st quarter (July -September.)
- 3rd quarter (Jan- March)

- 2nd quarter (Oct-Dec.)
- 4th quarter (April- June)

NOTE: Please only report activities that you have implemented since last quarter.

Please fax completed form to Cancer Branch Program Manager’s Attention at (919) 870-4812.

You can also complete this survey online via: <https://www.surveymonkey.com/r/F7CKW68>

1. Agency/County Name: _____
2. Total number of activities conducted during this quarter: _____

3. Which of the following describe your activities surrounding Public Education (creating awareness among the general population) during this quarter? Select all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> Direct mailings | <input type="checkbox"/> Press Releases | <input type="checkbox"/> Flyers or pamphlets |
| <input type="checkbox"/> Patient Incentives | <input type="checkbox"/> Newsletters | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Website | <input type="checkbox"/> Self-help Kits | |

4. Which of the following describe your activities surrounding Program Recruitment (both inreach and outreach initiatives) during this quarter? Select all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Reminder prompts for internal staff | <input type="checkbox"/> Patient contests |
| <input type="checkbox"/> Visual prompts in exam rooms | <input type="checkbox"/> Transportation assistance |
| <input type="checkbox"/> Internal staff presentation | <input type="checkbox"/> Presentation in community |
| <input type="checkbox"/> Information distributed during other clinics | <input type="checkbox"/> Reminder system for rescreening |
| <input type="checkbox"/> Other _____ | |

5. Please select the location(s) where recruitment activities took place? Select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Clinical Settings | <input type="checkbox"/> Social Service Settings |
| <input type="checkbox"/> Faith Community | <input type="checkbox"/> Business Settings |
| <input type="checkbox"/> Other: _____ | |

6. Please list all internal clinics that you worked with to recruit for BCCCP during this quarter:

7. Please list all external partner agencies/organizations that assisted with recruitment and retention activities:

8. Which of the following job categories best describes the person(s) responsible for conducting the reported activities? Select all that apply.

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> BCCCP Coordinator | <input type="checkbox"/> Trained Lay Health Advisor | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Health Educator | <input type="checkbox"/> Community Partner | <input type="checkbox"/> Other _____ |

9. Which of the following populations were served through these reported activities?

- | | | |
|---|---|---|
| <input type="checkbox"/> Racial/Ethnic Minorities | <input type="checkbox"/> Urban Residents | <input type="checkbox"/> Low Income Individuals |
| <input type="checkbox"/> Medicaid Populations | <input type="checkbox"/> Senior Citizens (55+) | <input type="checkbox"/> Individuals with |
| <input type="checkbox"/> Rural Residents | <input type="checkbox"/> Adults with Disabilities | multiple chronic conditions |

10. Please estimate the total number of persons reached through your reported activities this quarter:

11. How effective would you rate your recruitment efforts on a scale from 1 to 10?

- 1 (Poor)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (Excellent)

12. What items or tools have you found to be the most beneficial with your recruitment and retention efforts?

13. Please list any barriers that have hindered your activities: _____

14. Are you interested in receiving technical assistance for recruitment efforts to help you reach your target numbers?

Yes

Who should we contact to schedule a technical assistance visit or call?

Name:

Phone Number:

Email:

No