

Evaluation Form

Thank you for taking the time to complete this short survey. All responses are anonymous. The information gathered from this survey will assist us to improve services and supports for TBI survivors. **You can also complete on line at: www.surveymonkey.com/tbiproductsurvey**

1. Please identify the product you received: Early Childhood TBI Toolkit

2. How would you rate the quality/usefulness of the product?

Low Moderate High

3. If you ordered this product, what was the timeliness of the product you received?

Slow to Arrive In Time Very Fast

4. How would you describe yourself? (Choose all that apply)

Youth TBI Family Member Educator/School Personnel
 Rehabilitation Professional Minority with TBI Social Worker/Case-Manager
 Adult with TBI Other (Please describe) _____

5. How will you use this product? (Choose all that apply)

Increase personal knowledge about TBI Educate Others
 Discuss with my physician/other health care professional
 Locate resources Share with other organizations
 Other: _____

6. How could the product be improved? _____

7. What other services, supports or information do you need regarding TBI?

8. Please enter your Zip Code _____

9. Gender: Male Female

10. Race/ Ethnicity (optional): White Non Hispanic Black non Hispanic

Hispanic Native American Asian Pacific Islander Others

11. May we contact you to discuss further your need for services, supports or information?

Yes No

If yes please give, Name: _____

Phone #: _____ **E-Mail address:** _____

*Please complete survey at: www.surveymonkey.com/tbiproductsurvey or mail to:
Dr. Waheeda Hossain, UMKC-IHD, 215 W. Pershing, 6th Floor, Kansas City, MO 64108
Thank you so much!*