

Appendix 1C

Community Indicator Assessment Form

Community Indicator Assessment Form

Indicator Number: _____ Indicator Title: _____

Dates Assessment Conducted: _____

Indicator Assessment Period: _____

Assessed

Not Assessed (indicate primary reason):

Low program priority

Insufficient resources

Insufficient data source(s) available

Other: _____

	None	Poor	Fair	Good	Excellent	I/D	N/A
Public awareness Comment:	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
Public support Comment:	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
Media attention Comment:	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>

Appendix 1C

	None	Poor	Fair	Good	Excellent	I/D	N/A
Education/awareness campaign Comment:	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
Media campaign Comment:	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary policy Comment:	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
Legislated policy Comment:	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
Active enforcement Comment:	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
Compliance Comment:	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
Overall Indicator Rating	1	2	3	4	5		

Appendix 1C

Ethnic/Special Populations

Are there ethnic or other special populations in this community that have specific needs regarding this indicator? Yes No

If yes, identify which ethnic/special groups: _____

If yes, which areas from the Continuum of Strategies (above) would benefit from enhanced intervention: _____

Data Sources (including data on ethnic and other special populations)

1.

2.

3.

4.

5.

Attach assessment documents for documentation & planning purposes

Name of person(s) completing the Indicator Assessment Form:

1.

2.

Appendix 1D

Community Asset Assessment Form

Community Assets Assessment Form

Dates Assessment Conducted: _____

Assessment Period: _____

The Community Assets listed below are abbreviated. Please refer to pages 118-120 for complete representation of each community asset identified below.

Community Asset	None	Poor	Fair	Good	Excellent	D/K
1. Per capita appropriation for tobacco control activities. Comment:	1	2	3	4	5	<input type="checkbox"/>
2. Extent that tobacco control advocacy training is provided to youth and adults to develop community leaders. Comment:	1	2	3	4	5	<input type="checkbox"/>
3. Extent of participation by ethnically and culturally diverse groups on community tobacco control coalitions in relation to their proportion in the community. Comment:	1	2	3	4	5	<input type="checkbox"/>

Appendix 1D

Community Asset	None	Poor	Fair	Good	Excellent	D/K
<p>4. Extent of support by local key opinion leaders for tobacco related community norm change strategies.</p> <p>Comment:</p>	1	2	3	4	5	<input type="checkbox"/>
<p>5. Extent of community activism among youth to support tobacco control.</p> <p>Comment:</p>	1	2	3	4	5	<input type="checkbox"/>
<p>6. Extent of community activism among adults to support tobacco control.</p> <p>Comment:</p>	1	2	3	4	5	<input type="checkbox"/>
<p>7. Extent of participation of non-traditional partners in tobacco control coalitions.</p> <p>Comment:</p>	1	2	3	4	5	<input type="checkbox"/>
<p>8. Extent of satisfaction with program planning, community involvement, implementation, quality of services, and progress made by coalition members.</p> <p>Comment:</p>	1	2	3	4	5	<input type="checkbox"/>

Appendix 1D

Community Asset	None	Poor	Fair	Good	Excellent	D/K
9. Extent that local tobacco control plans include specific goals and objectives to address cultural or ethnic populations in relation to the demographics of the community. Comment:	1	2	3	4	5	<input type="checkbox"/>
10. Extent that tobacco control coalition by-laws or agency mission statements promote cultural diversity and competence. Comment:	1	2	3	4	5	<input type="checkbox"/>
11. Extent that educational and media materials reflect the cultures, ethnic backgrounds, and languages of the populations served in relation to the demographics of the community. Comment:	1	2	3	4	5	<input type="checkbox"/>

Attach data source and assessment documents for documentation & planning purposes.

Name of person(s) completing the Assets Assessment Form:

1.

2.