



Community Event Tracking Form

This form is intended to capture information on each of your *We Can!* community events. Use this form to record your activities for future reference.

Community Event	
Name of Event:	
Event Date(s): (in MM/DD/YYYY format)	
Event Location:	
This event was: (please check appropriate box)	A <i>We Can!</i> exclusive event <input type="checkbox"/> Part of a larger community event <input type="checkbox"/>
How many times have you organized this event?	
Description of event activities: (e.g. a health fair with X partners that provided X activities; a night out for parents and youth; active games, taste-test of different recipes or fruits and vegetables, etc.)	
We Can! materials distributed at the event: (please list quantity distributed next to each product and add any other NIH materials (i.e. Milk Matters brochures, WIN products, etc.) or materials created by your site with <i>We Can!</i> logo into the "Other" spaces)	<input type="checkbox"/> <i>We Can!</i> Program Poster: _____ <input type="checkbox"/> <i>We Can!</i> Brochure: _____ <input type="checkbox"/> <i>We Can!</i> Parent Handbook (English): _____ <input type="checkbox"/> <i>We Can!</i> Parent Handbook (Spanish): _____ <input type="checkbox"/> <i>We Can!</i> wristbands _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
Non-We Can! materials distributed at the event: (please list product name and quantity distributed)	
Number of event attendees:	
Audiences reached: (Please check the box next to each audience reached and provide an estimate of how many attendees were from that group)	<input type="checkbox"/> Youth: _____ <input type="checkbox"/> Adults: _____ <input type="checkbox"/> Educators: _____ <input type="checkbox"/> Minority Audiences: _____ <input type="checkbox"/> Healthcare Professionals: _____

Which of the following topics were addressed at the event?	<input type="checkbox"/> Energy balance <input type="checkbox"/> Controlling portion sizes <input type="checkbox"/> Increasing healthy food choices <input type="checkbox"/> Reducing high fat/low nutrient food choices <input type="checkbox"/> Increasing physical activity <input type="checkbox"/> Reducing screen time
List of partners involved with your event:	
Describe partner contributions: (e.g., materials, staff support, financial support, etc.)	
Did you receive any media coverage for the event? (Did you receive coverage before, during or after the event? Was the media a partner in the event? What types of media covered the event? (e.g., television, radio, or newspapers))	
Was the event successful?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, what factors contributed to the success? If no, what barriers or problems did you face?	