Evaluation Materials

INSTRUCTIONS
Host Committee Final Report

At the conclusion of **THE EYE SITE** tour, the National Eye Institute asks the Host Committee to submit a final report to help evaluate the exhibit's effectiveness in increasing general awareness of low vision and in increasing referrals to local clinics/providers in communities where **THE EYE SITE** is displayed.

The elements that will be monitored and analyzed to determine the exhibit's success include tracking media activity and publicity related to the exhibit; evaluating data collected from the interactive touchscreen program; reviewing visitors' input expressed on the comment cards; tracking publication distribution from the INFO CENTER kiosk; and analyzing Visitor Surveys.

Attached is a sample final report form. The National Eye Institute will provide an electronic template of the form to assist you in completing the report. Please keep in mind the following:

- **Media Activity:** Describe all media coverage on **THE EYE SITE** and related activities before, during, and one month after the tour. Media coverage includes articles and photos, ads, mentions on TV or radio programs, interviews, etc. Send copies of all coverage, including news clips and video and audiotapes. Also include copies of all news releases about the exhibit with a list of recipients.
- **Events:** List the number, type of events sponsored by the Host Committee, and approximate number of participants at each mall on the tour.
- **Low Vision Referral Tally:** Host Committees are asked to distribute the low vision referral tally sheets to local low vision clinics and providers 45 days before the opening at the first mall on the tour. A sample low vision tally sheet and cover letter for the Host Committee's use can be found on pages 32–33.

Optional

- **THE EYE SITE Visitor Survey:** The Host Committee may wish to use the sample Visitor Survey on pages 34–35. Host Committees are asked to submit a summary of the surveys by using the summary report form on page 36.

Host Committee Final Report

Thank you for agreeing to assist the National Eye Institute (NEI) in its efforts to evaluate **THE EYE SITE.**

Host Committee: _____

Contact Person: _____

Phone Number and E-Mail Address: _____

I. **Media Activity**

Please list and provide copies of all media coverage on **THE EYE SITE** before, during, and one month after the tour. Media coverage includes articles and photos, paid advertising, mentions on TV or radio programs, and interviews. Also include copies of all news releases about the exhibit with a list of recipients.

Name of Publication and/or Media Outlet	**Type of Coverage** (news release, article, mention, PSA airing, interview, paid advertising, etc.)	**Date(s) Appeared or Aired**	**Audience** (circulation, number of viewers)
Print			
Broadcast			
Online			

II. **Events**

Please indicate the number and type of events sponsored by the Host Committee. Please estimate attendance.

Type of Event	**Date(s) Held/Mall Name**	**Attendance**
Opening ceremony/ribbon cutting		
Guided tour of exhibit		
Experts/Q&A session		
Lectures/presentations		
Demonstrations		
Vision/health fairs		
News conference		
Information table		
Other (please specify)		

III. **Low Vision Referral Tally**

Please complete the table below. Based on the referral tally sheets that you have received from local low vision clinics and providers, please indicate the total number of low vision referrals one month before the opening, during the exhibition period, and one month after **THE EYE SITE** leaves your area.

Name of Low Vision Clinic/Provider	**1 month prior**	**During exhibition** (dates)	**1 month post**

IV. **Benefit/Outcomes**

Please note specific benefits and outcomes of **THE EYE SITE** tour. Include your comments and suggestions (attach a separate page if necessary).

Please return this completed form, along with copies of all media coverage and **THE EYE SITE** Visitor Surveys to

Jean Horrigan, Senior Communications Officer
National Eye Institute
31 Center Drive MSC 2510
Bldg. 31, Room 6A32
Bethesda, MD 20892–2510
301–496–5248
FAX 301–402–1065
jh@nei.nih.gov

INSTRUCTIONS

Low Vision Referral Tally Card

Sample Cover Letter

The National Eye Institute (NEI), one of the Federal government's National Institutes of Health (NIH), and the [NAME] Host Committee, are exhibiting **THE EYE SITE—A Traveling Exhibit on Low Vision for Shopping Centers** at

Mall Names Dates

We would like to determine whether this exhibit is increasing referrals for low vision evaluation and services. Please help us by keeping track of the number of patients with low vision who call for information or visit your office

- One (1) month before the opening of **THE EYE SITE** exhibit.
- During the time **THE EYE SITE** is on display.
- One (1) month after **THE EYE SITE** tour has ended.

Attached you will find a simple tally form. Please ask someone in your office to enter a hash mark each time a patient with low vision is seen in your practice or calls for information.

For more information about the National Eye Institute, visit the NEI Website at **www.nei.nih.gov** or call 301–496–5248. To learn more about the exhibit, visit **THE EYE SITE** Website at **www.nei.nih.gov/nehep/eyesite.**

Please return the completed tally card by [DATE] to

Host Committee Chair
Address
City/State/ZIP Code
Phone/Fax
E-mail address

THE EYE SITE exhibit on display at Greenbrier Mall in Chesapeake, Virginia.

The National Eye Institute (NEI) developed **THE EYE SITE** as part of its Low Vision Education Program. The program is designed to help people understand low vision and to provide information that helps those with low vision make the most of their remaining vision.

THE EYE SITE provides information on low vision in English and Spanish and features five kiosks with an interactive multimedia touchscreen program, a display of assistive devices, and a list of local low vision resources. The exhibit is free and open to the public during mall business hours.

Low Vision Referral Tally Sheet

Name of Low Vision Clinic/Provider _____

Address _____

City/State/ZIP Code _____

Phone/Fax _____

Contact _____

E-mail Address _____

Low vision referrals 1 month before THE EYE SITE tour	Low vision referrals during THE EYE SITE tour [TOUR DATES]	Low vision referrals 1 month after THE EYE SITE tour

Thank you in advance for your cooperation. Please return the completed Low Vision Referral Tally Sheet to **THE EYE SITE** local Host Committee at the address below by [DATE].

Host Committee Chair
Address
City/State/ZIP Code
Phone/Fax
E-mail address

THE EYE SITE Visitor Survey

We would like to ask for your feedback about your experience at the exhibit. Your thoughts are important to us. **Your feedback is entirely voluntary.** Please complete this survey and return to the exhibit volunteer.

1. Overall, what did you think of **THE EYE SITE** exhibit?

   ❒ Excellent ❒ Good ❒ Fair ❒ Poor

2. About how much time did you spend at the exhibit?

   ❒ less than a minute ❒ 1 to 5 minutes

   ❒ 5 to 10 minutes ❒ 10 to 15 minutes

   ❒ more than 15 minutes

3. Did you learn any new information from the exhibit?

   ❒ Yes ❒ No

4. Did you use the English or Spanish version of the exhibit?

   ❒ English ❒ Spanish ❒ Both English and Spanish

5. As a result of visiting the exhibit what, if anything, do you plan to do? (Check **all** that apply.)

   ❒ Schedule an eye exam and find out more about low vision

   ❒ Find out what low vision resources are available

   ❒ Talk to a friend or relative about the exhibit

   ❒ I do not plan to do anything

6. Do you or does someone you know have low vision?

   ❒ Yes ❒ No

   If you responded "yes," who has low vision?

   ❒ I do ❒ a relative ❒ a friend

7. How did you learn about this exhibit?
   - ❒ Just walked by
   - ❒ Saw signs about the exhibit at the mall
   - ❒ Friend and/or relative
   - ❒ Newspaper
   - ❒ TV/Radio
   - ❒ Other:_____

8. Who sponsored this exhibit? (Check all that apply.)
   - ❒ The mall
   - ❒ National Eye Institute
   - ❒ Department of Health and Human Services (DHHS)
   - ❒ Community organization
   - ❒ National Institutes of Health
   - ❒ Don't know

Please tell us a little about yourself…

9. Are you?
   - ❒ Male
   - ❒ Female

10. Which best describes your ethnic background?
    - ❒ American Indian/Alaskan Native
    - ❒ Asian
    - ❒ Black/African American
    - ❒ Hispanic/Latino
    - ❒ Pacific Islander or Native Hawaiian
    - ❒ White
    - ❒ Other_____

11. How old are you?
    - ❒ Under 18
    - ❒ 18 to 34
    - ❒ 35 to 64
    - ❒ 65 and older

Thank you!

This exhibit was developed by the National Eye Institute, National Institutes of Health, U.S. Department of Health and Human Services.

September 2005

Mall: _____

Date: _____

THE EYE SITE Visitor Survey Summary

Question	Total Number of Responses
1. Overall, what did you think of THE EYE SITE exhibit?	
• Excellent	
• Good	
• Fair	
• Poor	
2. About how much time did you spend at the exhibit?	
• less than a minute	
• 1 to 5 minutes	
• 5 to 10 minutes	
• 10 to 15 minutes	
• more than 15 minutes	
3. Did you learn any new information from the exhibit?	
• Yes	
• No	
4. Did you use the English or Spanish version of the exhibit?	
• English	
• Spanish	
• Both English and Spanish	
5. As a result of visiting the exhibit what, if anything, do you plan to do?	
• Schedule an eye exam and find out more about low vision	
• Find out what low vision resources are available	
• Talk to a friend or relative about the exhibit	
• I do not plan to do anything	
6. Do you or does someone you know have low vision?	
• Yes	
• No	
If you responded "yes," who has low vision?	
• I do	
• a relative	
• a friend	

Mall: _____

Date: _____

Question	Total Number of Responses
7. How did you learn about this exhibit?	
• Just walked by	
• Saw signs about the exhibit at the mall	
• Friend and/or relative	
• Newspaper	
• TV/Radio	
• Other	
8. Who sponsored this exhibit?	
• The mall	
• Community organization	
• National Eye Institute	
• National Institutes of Health	
• Federal government	
• Don't know	
Please tell us a little about yourself…	
9. Are you?	
• Male	
• Female	
10. Which best describes your ethnic background?	
• American Indian/Alaskan Native	
• Asian	
• Black/African American	
• Hispanic/Latino	
• Pacific Islander or Native Hawaiian	
• White	
• Other	
11. How old are you?	
• Under 18	
• 18 to 34	
• 35 to 64	
• 65 and older	