



Child Health and Disability Prevention Program
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TELL US WHAT YOU THINK!

To help us best serve our customers, we are conducting a survey about the CHDP "Growing Years" Newsletter. Your opinions and preferences are very important to us. Please complete this brief questionnaire **and mail or fax your response.**

THANK YOU!

Name: _____ **Office** _____

1. Please check: How often do you read the CHDP Newsletter?

- Regularly Occasionally Rarely Never

Do you save and refer back to previous issues of the CHDP newsletter? Yes ____ No ____

2. How often would you like to receive the newsletter?

Quarterly _____ Twice a year _____ Once a year _____

3. How would you prefer to receive the newsletter?

_____ Email Please provide e-mail address _____
_____ Regular Mail
_____ Fax Please provide fax number _____

4. Please check: How useful do you find the information in the CHDP Newsletter?

- Very Useful Useful Somewhat useful Not useful

What kinds of articles, topics or other news would you like to see more of in the CHDP newsletter?

5. Do you have suggestions for improving the newsletter?