Cinical Center Patient Education Materials: Database Information Sheet

I. Submitter to complete

Title_____ Target audience_____

Topic _____ Language(s) English ____ Spanish ____

Source* _____ Other_____

Location*_____ _____ Reading level: High___ Medium ___ Low ____

Date: Developer/Printed_____ Medium _____

Last Review_____

Available by consultation only ___No ___Yes – Dept/Service _____

Recommendation for Patient Ed. Material: ____ Add ____ Continue Use ____ Delete

*Include website, if applicable

II. Department Patient Education Committee to complete

A. Content	Yes	No	N/A
1. Accurate and up-to-date	____	____	____
2. Supports standards of professional practice	____	____	____
3. Educational objectives are clearly stated	____	____	____
4. Educational objectives are met	____	____	____
5. Information is presented clearly	____	____	____
6. Culturally sensitive	____	____	____
B. Readability			
1. Reading level fits target audience	____	____	____
2. New terms are defined	____	____	____
3. Sentences use active voice	____	____	____
4. Ideas flow logically	____	____	____
5. Important points are clearly stated	____	____	____
C. Design (for purchased or preformatted materials)			
1. Headings are used	____	____	____
2. Type is readable	____	____	____
3. Graphics are appropriate	____	____	____
4. Visual appearance enhances readability	____	____	____

Comments

III. Required Signatures

Submitter Name _____ Department_____ Date ____

Interdisciplinary reviewer(s) (if applicable)

Name_____ Department _____ Date ____

Name_____ Department _____ Date ____

Department Reviewer

Name_____ Department _____ Date ____

CC Patient Education Committee

Name _____ Date ____