



# KY-MOMS: Maternal Assistance Towards Recovery: Classroom Administration Form

Please complete the questions below for each class. *(Only one classroom administration form needs to be completed for each class).*

Date of class \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Was this class presented (CIRCLE ONE): 1 = Virtually 2 = In-person

Will you be mailing pre and post surveys to UK? 0 = No 1 = Yes

Was this class: region or county? 1=Region wide 2=County Specific

County (or region) the class took place: \_\_\_\_\_

RPC: \_\_\_\_\_

Presenter's First and Last Name: \_\_\_\_\_

Presenter's email address: \_\_\_\_\_

Presenter's phone number: (\_\_\_\_) \_\_\_\_\_

Class information	Number
Total number of pregnant and postpartum participants in today's class	
Total number of support people in today's class	
<b>Total length of time of the program in today's session</b>	
<b>If mailing, included with the survey mailing:</b>	
Total number of pre surveys completed without a post survey.	
Total number of post surveys completed without a pre survey	
Total pre and post surveys completed by the same person (matched)	

Classroom Notes: If there are more pregnant/postpartum participants in the class than the number of 'matched sets' of pre- and post- surveys, please explain why this has occurred (*i.e. one client came late, two clients left early*). The section below should also be used to explain any other issues that may have interfered with the full completion of both surveys by all clients receiving the protocol.

Please mail all pre and post surveys regardless of matched sets to:

**Dr. TK Logan**  
**UK CDAR, KY Moms,**  
**333 Waller Ave, Suite 480,**  
**Lexington, KY 40504.**

Surveys may be sent following each class or grouped together by class and mailed at the first of each month.