
Default Question Block

ONE person per office should complete this survey. Please complete this outline before you complete the online survey to ensure that you've collected all the necessary information. If you have questions, email [Hayley Pierce](#).

Please select your county.

What is your full name and title:

First Name

Last Name

Title

For this section, list every newsletter that your office produces. Please include every newsletter that your office produces including program area newsletters, specialty area newsletters, or any other regular recurring newsletter that is produced and distributed by your office. After adding a newsletter, yes to add another, or no to move to the next section. If your office has more than 6 newsletters or you have questions, please email [Hayley Pierce](#).

Please complete the following information for your first newsletter:

Name of newsletter

Frequency (monthly, quarterly, etc.)

Type of content/areas covered (ANR, FCS, 4-H,

CED, etc)

Distribution type (mail, email, etc)

Number on the distribution list

Do you have another newsletter to add?

Yes

No

Add information for your second newsletter:

Name of newsletter

Frequency (monthly, quarterly, etc.)

Type of content/areas covered (ANR, FCS, 4-H, CED, etc)

Distribution type (mail, email, etc.)

Number on the distribution list

Do you have another newsletter to add?

Yes

No

Add information for your third newsletter:

Name of newsletter

Frequency (monthly, quarterly, etc.)

Type of content/areas covered (ANR, FCS, 4-H, CED, etc.)

Distribution type (mail, email, etc.)

Number on distribution list

Do you have another newsletter to add?

Yes

No

Add information for your fourth newsletter:

Name of newsletter

Frequency (monthly, quarterly, etc.)

Type of content/areas covered (ANR, FCS, 4-H, CED, etc.)

Distribution type (mail, email, etc.)

Number on distribution list

Do you have another newsletter to add?

Yes

No

Add information for your fifth newsletter:

Name of newsletter

Frequency (monthly, quarterly, etc.)

Type of content/areas covered (ANR, FCS, 4-H, CED, etc.)

Distribution type (mail, email, etc.)

Number on distribution list

Do you have another newsletter to add?

Yes

No

Add information for your sixth newsletter:

Name of newsletter

Frequency (monthly, quarterly, etc.)

Type of content/areas covered (ANR, FCS, 4-H, CED, etc.)

Distribution type (mail, email, etc.)

Number on distribution list

For this section, list every social media page that your office/employees manage. This includes professional accounts, program area pages, club accounts, Farmers Markets, and anything else that someone in your office is responsible for. After adding an account, answer yes to add another account or no to move to the next section. If your office has more than 10 social media accounts or you have questions, please email [Hayley Pierce](#).

Please complete the following information for your first social media account:

Name of account

Link to account

List of administrators

List of editors

Total number of followers

Average number of likes per post over the past 10 days

Average number of comments per post over the past 10 days

Do you have another account to add?

Yes

No

Please complete the following information for your second social media account:

Name of account

Link to account

List of administrators

List of editors

Total number of followers

Average number of likes per post over the past 10 days

Average number of comments per post over the past 10 days

Do you have another account to add?

- Yes
- No

Please complete the following information for your third social media account:

Name of account

Link to account

List of administrators

List of editors

Total number of followers

Average number of likes per post over the past 10 days

Average number of comments per post over the past 10 days

Do you have another account to add?

- Yes
- No

Please complete the following information for your fourth social media account:

Name of account

Link to account

List of administrators

List of editors

Total number of followers

Average number of likes per post over the past

10 days

Average number of comments per post over the past 10 days

Do you have another account to add?

- Yes
- No

Please complete the following information for your fifth social media account:

Name of account

Link to account

List of administrators

List of editors

Total number of followers

Average number of likes per post over the past 10 days

Average number of comments per post over the past 10 days

Do you have another account to add?

- Yes
- No

Please complete the following information for your sixth social media account:

Name of account

Link to account

List of administrators

List of editors

Total number of followers

Average number of likes per post over the past 10 days

Average number of comments per post over the

past 10 days

Do you have another account to add?

Yes

No

Please complete the following information for your seventh social media account:

Name of account

Link to account

List of administrators

List of editors

Total number of followers

Average number of likes per post over the past 10 days

Average number of comments per post over the past 10 days

Do you have another account to add?

Yes

No

Please complete the following information for your eighth social media account:

Name of account

Link to account

List of administrators

List of editors

Total number of followers

Average number of likes per post over the past 10 days

Average number of comments per post over the past 10 days

Do you have another account to add?

- Yes
 No

Please complete the following information for your ninth social media account:

Name of account	<input type="text"/>
Link to account	<input type="text"/>
List of administrators	<input type="text"/>
List of editors	<input type="text"/>
Total number of followers	<input type="text"/>
Average number of likes per post over the past 10 days	<input type="text"/>
Average number of comments per post over the past 10 days	<input type="text"/>

Do you have another account to add?

- Yes
 No

Please complete the following information for your tenth social media account:

Name of account	<input type="text"/>
Link to account	<input type="text"/>
List of administrators	<input type="text"/>
List of editors	<input type="text"/>
Total number of followers	<input type="text"/>
Average number of likes per post over the past 10 days	<input type="text"/>
Average number of comments per post over the past 10 days	<input type="text"/>

For this section, list every regular (weekly, monthly, quarterly) newspaper columns, news shows, radio spots, and/or podcasts. After adding an item, answer yes to add another or no to go to the next section. If your office has more than 6 of these or you have questions, please email [Hayley Pierce](#).

Please complete the following information for your first regular column/show:

Name of media (TV station, radio station,
newspaper name, host platform of podcast, etc.)

Name of column/show

Frequency (weekly, monthly, etc.)

Do you have another column/show to add?

- Yes
- No

Please complete the following information for your second regular column/show:

Name of media (TV station, radio station,
newspaper name, host platform of podcast, etc.)

Name of column/show

Frequency (weekly, monthly, etc.)

Do you have another column/show to add?

- Yes
- No

Please complete the following information for your third regular column/show:

Name of media (TV station, radio station,
newspaper name, host platform of podcast, etc.)

Name of column/show

Frequency (weekly, monthly, etc.)

Do you have another column/show to add?

- Yes
 No

Please complete the following information for your fourth regular column/show:

Name of media (TV station, radio station,
newspaper name, host platform of podcast, etc.)

Name of column/show

Frequency (weekly, monthly, etc.)

Do you have another column/show to add?

- Yes
 No

Please complete the following information for your fifth regular column/show:

Name of media (TV station, radio station,
newspaper name, host platform of podcast, etc.)

Name of column/show

Frequency (weekly, monthly, etc.)

Do you have another column/show to add?

- Yes
 No

Please complete the following information for your sixth regular column/show:

Name of media (TV station, radio station,
newspaper name, host platform of podcast, etc.)

Name of column/show

Frequency (weekly, monthly, etc.)

For this section, you will list paid ads or other "pay to play" opportunities that your office uses. These could be Facebook ads, newspaper ads, event ads or any other regular ad opportunities. For a series of ads, only list this once and note that it is a series. After adding an item, answer yes to add another or no to move to the last questions. If your office has more than 5 of these or you have questions, please email [Hayley Pierce](#).

Please complete the following for the first paid ad opportunity:

Type of ad and media name (Facebook, newspaper, event, etc.)

Frequency (weekly, monthly, quarterly, etc.)

Approximate cost

Approximate reach (or how many people saw your ad)

Do you have another item to add?

- Yes
 No

Please complete the following for the second paid ad opportunity:

Type of ad and media name (Facebook, newspaper, event, etc.)

Frequency (weekly, monthly, quarterly, etc.)

Approximate cost

Approximate reach (or how many people saw your ad)

Do you have another item to add?

- Yes
 No

Please complete the following for the third paid ad opportunity:

Type of ad and media name (Facebook, newspaper, event, etc.)

Frequency (weekly, monthly, quarterly, etc.)

Approximate cost

Approximate reach (or how many people saw your ad)

Do you have another item to add?

Yes

No

Please complete the following for the fourth paid ad opportunity:

Type of ad and media name (Facebook, newspaper, event, etc.)

Frequency (weekly, monthly, quarterly, etc.)

Approximate cost

Approximate reach (or how many people saw your ad)

Do you have another item to add?

Yes

No

Please complete the following for the fifth paid ad opportunity:

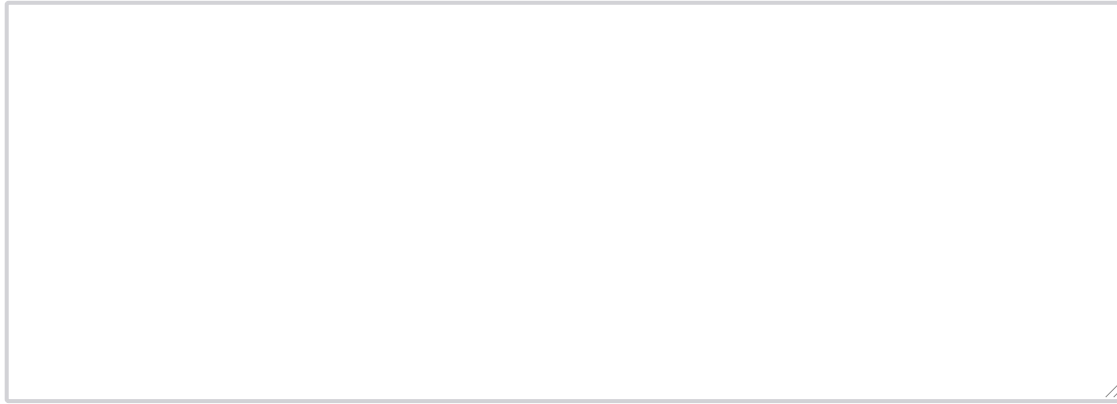
Type of ad and media name (Facebook, newspaper, event, etc.)

Frequency (weekly, monthly, quarterly, etc.)

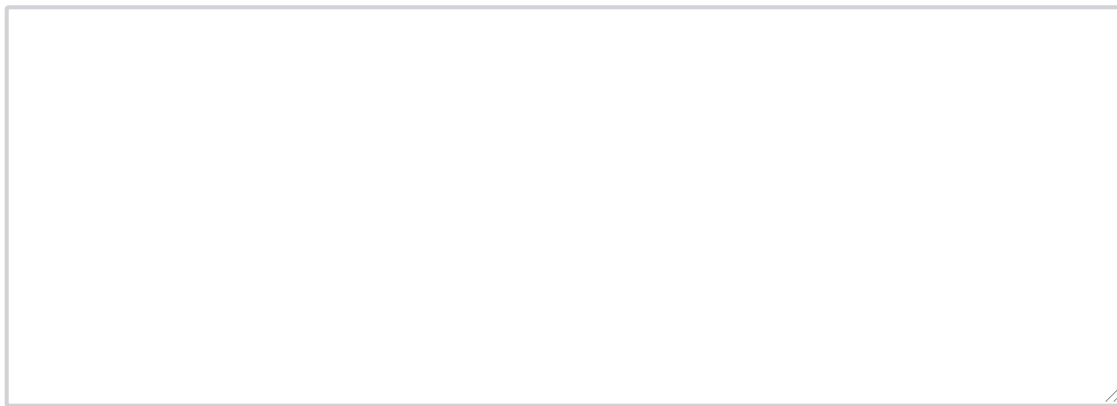
Approximate cost

Approximate reach (or how many people saw your ad)

Please list any other marketing opportunities that your office has used in the past year.

A large, empty rectangular text box with a thin gray border, intended for listing marketing opportunities used in the past year. A small diagonal slash icon is visible in the bottom right corner of the box.

Please list marketing tools that would help your office.

A large, empty rectangular text box with a thin gray border, intended for listing marketing tools that would help the office. A small diagonal slash icon is visible in the bottom right corner of the box.

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