

Evaluation & Order Form

In order to serve you better, we need your feedback about our EC in the ER state survey overview, *Preventing Pregnancy After Rape: Emergency Care Facilities Put Women at Risk*. Please fill out this evaluation form and return it to us. Ordering information for the overview is provided below.

	Helpful	Moderately Helpful	Unhelpful		
<i>Preventing Pregnancy After Rape</i> (overall)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Compilation and analysis of survey results	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Suggestions for next steps in EC advocacy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Explanation of survey methodology	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Please let us know how you used this publication. Describe, for instance, if you used it to press for policy change with legislators or hospital personnel; built coalitions with sexual assault, pro-choice, medical, or other groups; engaged in EC advocacy efforts; or shared this publication with others.

How did you hear about *Preventing Pregnancy After Rape*?

What EC advocacy or coalition work are you engaged in currently?

Order Form

Please send me ____ copies of *Preventing Pregnancy After Rape: Emergency Care Facilities Put Women at Risk*. You can also download a .PDF of the document at www.aclu.org/reproductiverights.

Please send requested copies to:

Your name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

Send completed evaluation and order form to:

Attention: **Reproductive Freedom Project**
American Civil Liberties Union, 125 Broad Street, 18th Floor, New York, NY 10004-2400
Fax: (212) 549-2652

If you are interested in doing a hospital survey, please contact us at rpf@aclu.org, or call 212-549-2633.