Local Media Stories
Tracking Tool

Date of Coverage:

Home City & County of Publication:

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1. Media Type:
- A. Daily Newspaper
- B. Weekly or Periodic Newspaper
- C. Newsletter or Other Publication
- D. Local TV
- E. Local Radio
- F. Other

2. Publication Name & Reporter Name (if known):

3. Format
- A. Editorial
- B. Investigative Report
- C. Informational Story
- D. Public Comment/Letter to the Editor
- E. Advertising

4. Spin on Story
- A. Pro-tobacco
- B. Anti-tobacco
- C. Neutral

5. Local programs mentioned?
- A. Yes
- B. No

6. Notes regarding story: