##### Institution Name:

##### Date of Program:

##### WE WANT YOUR FEEDBACK!

Thank you for attending the See, Test & Treat program. We would like your feedback on the event so that we can continue to improve our services. Please answer the following questions to best of your ability and turn in to a See, Test & Treat volunteer before you leave the program.

##### Program Evaluation

Thank you for participating in today’s See, Test & Treat® program and Health Education. Please complete the following program evaluation.

1. Do you feel that you are more comfortable with the thought of going to the doctor because of what you learned at See, Test & Treat?

|  |  |  |
| --- | --- | --- |
| 1 | 2 | 3 |
| Not at all | Somewhat | Yes, for sure |

1. Do you feel more confident that you will go to the doctor every year for a medical check-up because of the See, Test & Treat program?

|  |  |  |
| --- | --- | --- |
| 1 | 2 | 3 |
| Not at all | Somewhat | Yes, for sure |

1. Do you understand better how often you should get screened for cervical and breast cancer because of See, Test & Treat program?

|  |  |  |
| --- | --- | --- |
| 1 | 2 | 3 |
| Not at all | Somewhat | Yes, for sure |

1. Do you understand better why you should get a pap test because you came to See, Test & Treat?

|  |  |  |
| --- | --- | --- |
| 1 | 2 | 3 |
| Not at all | Somewhat | Yes, for sure |

1. Do you understand better why you should get a mammogram because you came to See, Test & Treat?

|  |  |  |
| --- | --- | --- |
| 1 | 2 | 3 |
| Not at all | Somewhat | Yes, for sure |

1. Are you more confident that you know how and where to access medical services in the future because you came to See, Test &Treat?

|  |  |  |
| --- | --- | --- |
| 1 | 2 | 3 |
| Not at all | Somewhat | Yes, for sure |

1. Have you attended a See, Test & Treat event before? \_\_\_\_Yes \_\_\_\_No

1. How did you hear about this event? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Why are you here today?
3. Because I wanted to get free cancer screenings
4. I wanted to get screened for cancer and get my results back on the same day
5. I wanted to learn more about breast and cervical cancer
6. The program’s date and time is more convenient with my schedule
7. See, Test & Treat offered transportation to help me get here
8. See, Test & Treat offered activities for my children while I was seen by the doctor.
9. See, Test & Treat offered other interesting screenings and activities that I wanted to participate in
10. See, Test & Treat offered services in my preferred language.
11. Other reason

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Who did you bring with you today?

|  |  |
| --- | --- |
| a) No One | e) A friend |
| b) Mother | f) Sister |
| c) Adult daughter/son | g) Spouse |
| d)Partner | h) Child/children |

1. What did you enjoy most about this event?
2. What did you feel could have been improved?