**Cancer Prevention Education – Women’s Cancers**

The cancer prevention presentation you participated in is a health promotion and disease prevention education project designed to increase knowledge and educate community members about cancer development, risk factors, healthy habits, and cancer prevention including cancer screening.

The following survey with the questions below will be summarized and used to measure the impact of the presentation on awareness and knowledge of cancer information and overall satisfaction of the presentation. The information will not be used for clinical or research purposes. Your participation in this paper evaluation is voluntary and you do not have to participate.

If you would like to participate, please take a moment to answer the following questions. For each question, please fill in the circle that best describes you.

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| --- | --- | --- | --- | --- | --- | --- |
| 1. What is your age? \_\_\_\_\_\_ years  2. What sex were you assigned at birth,  meaning on your original birth certificate?  ⃝ Male  ⃝ Female  3. Which one category best describes your  gender identity now? (Check only one)  ⃝ Male  ⃝ Female  ⃝ Transgender  ⃝ Gender queer/gender non-conforming  ⃝ Two-spirit  ⃝ Different identity (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. Which one or more of the following would you say is your race? (Check all that apply)  ⃝ White  ⃝ Black or African American  ⃝ American Indian or Alaska Native  ⃝ Asian  ⃝ Pacific Islander  ⃝ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 5. Have you ever had a mammogram?  ⃝Yes  ⃝ No  ⃝ Don’t know/not sure  6. Have you ever had a Pap smear?  ⃝ Yes  ⃝ No  ⃝ Don’t know/not sure | | | | |
| Please check the box next to the answer that best describes how you feel about **women’s cancers** | | | | | | |
|  | Strongly Disagree | | Disagree | Neither agree or disagree | Agree | Strongly Agree |
| I know more about women’s cancers than I did before today |  | |  |  |  |  |
| I know what women’s cancer screenings I need to have and how often I need to have them |  | |  |  |  |  |
| I know what I can do to reduce my risk of getting women’s cancers |  | |  |  |  |  |
| I understand basic information about the common types of women’s cancers |  | |  |  |  |  |
| I know where to go if I need additional information about women’s cancers or to find women’s cancer resources in my area |  | |  |  |  |  |
| I feel comfortable sharing women’s cancer information with my family and friends |  | |  |  |  |  |
| I feel more comfortable talking with my health care provider about women’s cancers |  | |  |  |  |  |
| I know some things that I can do in my community to reduce women’s cancer risk |  | |  |  |  |  |
| I would recommend that my family and friends attend an educational activity to learn more about women’s cancers |  | |  |  |  |  |
| I intent to talk to my provider about women’s cancer screenings I might need |  | |  |  |  |  |

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| Please check the box next to the answer that best describes how you feel about this presentation | | | |
|  | Too short | About right | Too long |
| Length of the activity |  |  |  |
| Amount of information covered today |  |  |  |
| Amount of time allowed for discussion |  |  |  |
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| If you have any additional comments about how to improve this presentation or other activities that you would like to see, please write them below: | | | |

**Cancer Prevention Education – Men’s Cancers**

The cancer prevention presentation you participated in is a health promotion and disease prevention education project designed to increase knowledge and educate community members about cancer development, risk factors, healthy habits, and cancer prevention including cancer screening.

The following survey with the questions below will be summarized and used to measure the impact of the presentation on awareness and knowledge of cancer information and overall satisfaction of the presentation. The information will not be used for clinical or research purposes. Your participation in this paper evaluation is voluntary and you do not have to participate.

If you would like to participate, please take a moment to answer the following questions. For each question, please fill in the circle that best describes you.

|  |  |
| --- | --- |
| 1. What is your age? \_\_\_\_\_\_ years  2. What sex were you assigned at birth,  meaning on your original birth certificate?  ⃝ Female  ⃝ Male  3. Which one category best describes your  gender identity now? (Check only one)  ⃝ Male  ⃝ Female  ⃝ Transgender  ⃝ Gender queer/gender non-conforming  ⃝ Two-spirit  ⃝ Different identity (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. Which one or more of the following would you say is your race? (Check all that apply)  ⃝ White  ⃝ Black or African American  ⃝ American Indian or Alaska Native  ⃝ Asian  ⃝ Pacific Islander  ⃝ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 5. Have you ever had a prostate-specific  antigen (PSA) test?  ⃝ Yes  ⃝ No  ⃝ Had blood test, but do not know if checked for PSA  ⃝ Don’t know/not sure |

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| --- | --- | --- | --- | --- | --- |
| Please check the box next to the answer that best describes how you feel about **prostate cancers** | | | | | |
|  | Strongly Disagree | Disagree | Neither agree or disagree | Agree | Strongly Agree |
| I know more about prostate cancer than I did before today |  |  |  |  |  |
| I know what prostate cancer screening tests I need to have and how often I need to have them |  |  |  |  |  |
| I know what I can do to reduce my risk of getting prostate cancer |  |  |  |  |  |
| I understand basic information about the common types of prostate cancer |  |  |  |  |  |
| I know where to go if I need additional information about prostate cancer or to find prostate cancer resources in my area |  |  |  |  |  |
| I feel comfortable sharing prostate cancer information with my family and friends |  |  |  |  |  |
| I feel more comfortable talking with my health care provider about prostate cancer |  |  |  |  |  |
| I know some things that I can do in my community to reduce prostate cancer risk |  |  |  |  |  |
| I would recommend that my family and friends attend an educational activity to learn more about prostate cancer |  |  |  |  |  |
| I intent to talk to my provider about cancer prostate screening I might need |  |  |  |  |  |

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| Please check the box next to the answer that best describes how you feel about this presentation | | | |
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| Amount of information covered today |  |  |  |
| Amount of time allowed for discussion |  |  |  |
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| If you have any additional comments about how to improve this presentation or other activities that you would like to see, please write them below: | | | |

**Cancer Prevention Education – Colorectal Cancer**

The cancer prevention presentation you participated in is a health promotion and disease prevention education project designed to increase knowledge and educate community members about cancer development, risk factors, healthy habits, and cancer prevention including cancer screening.

The following survey with the questions below will be summarized and used to measure the impact of the presentation on awareness and knowledge of cancer information and overall satisfaction of the presentation. The information will not be used for clinical or research purposes. Your participation in this paper evaluation is voluntary and you do not have to participate.

If you would like to participate, please take a moment to answer the following questions. For each question, please fill in the circle that best describes you.

|  |  |
| --- | --- |
| 1. What is your age? \_\_\_\_\_\_ years  2. What sex were you assigned at birth,  meaning on your original birth certificate?  ⃝ Female  ⃝ Male  3. Which one category best describes your  gender identity now? (Check only one)  ⃝ Male  ⃝ Female  ⃝ Transgender  ⃝ Gender queer/gender non-conforming  ⃝ Two-spirit  ⃝ Different identity (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. Which one or more of the following would you say is your race? (Check all that apply)  ⃝ White  ⃝ Black or African American  ⃝ American Indian or Alaska Native  ⃝ Asian  ⃝ Pacific Islander  ⃝ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 5. Colonoscopy is an exam to check for colon cancer. Have you ever had this exam?  ⃝ Yes  ⃝ No  ⃝ Don’t know/not sure |

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| --- | --- | --- | --- | --- | --- |
| Please check the box next to the answer that best describes how you feel about **colorectal cancer** | | | | | |
|  | Strongly Disagree | Disagree | Neither agree or disagree | Agree | Strongly Agree |
| I know more about colorectal cancer than I did before today |  |  |  |  |  |
| I know what colorectal cancer screening tests I need to have and how often I need to have them |  |  |  |  |  |
| I know what I can do to reduce my risk of getting colorectal cancer |  |  |  |  |  |
| I understand basic information about the common types of colorectal cancer |  |  |  |  |  |
| I know where to go if I need additional information about colorectal cancer or to find colorectal cancer resources in my area |  |  |  |  |  |
| I feel comfortable sharing colorectal cancer information with my family and friends |  |  |  |  |  |
| I feel more comfortable talking with my health care provider about colorectal cancer |  |  |  |  |  |
| I know some things that I can do in my community to reduce colorectal cancer risk |  |  |  |  |  |
| I would recommend that my family and friends attend an educational activity to learn more about colorectal cancer |  |  |  |  |  |
| I intent to talk to my provider about colorectal cancer screening(s) I might need |  |  |  |  |  |

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| Please check the box next to the answer that best describes how you feel about this presentation | | | |
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| Length of the activity |  |  |  |
| Amount of information covered today |  |  |  |
| Amount of time allowed for discussion |  |  |  |
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| If you have any additional comments about how to improve this presentation or other activities that you would like to see, please write them below: | | | |

**Cancer Prevention Education – Lung Cancer**

The cancer prevention presentation you participated in is a health promotion and disease prevention education project designed to increase knowledge and educate community members about cancer development, risk factors, healthy habits, and cancer prevention including cancer screening.

The following survey with the questions below will be summarized and used to measure the impact of the presentation on awareness and knowledge of cancer information and overall satisfaction of the presentation. The information will not be used for clinical or research purposes. Your participation in this paper evaluation is voluntary and you do not have to participate.

If you would like to participate, please take a moment to answer the following questions. For each question, please fill in the circle that best describes you.

|  |  |
| --- | --- |
| 1. What is your age? \_\_\_\_\_\_ years  2. What sex were you assigned at birth,  meaning on your original birth certificate?  ⃝ Female  ⃝ Male  3. Which one category best describes your  gender identity now? (Check only one)  ⃝ Male  ⃝ Female  ⃝ Transgender  ⃝ Gender queer/gender non-conforming  ⃝ Two-spirit  ⃝ Different identity (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. Which one or more of the following would you say is your race? (Check all that apply)  ⃝ White  ⃝ Black or African American  ⃝ American Indian or Alaska Native  ⃝ Asian  ⃝ Pacific Islander  ⃝ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 5. Was your most recent CT scan of your chest area done to check or screen for lung cancer?  ⃝ Yes  ⃝ No  ⃝ Don’t know/not sure |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please check the box next to the answer that best describes how you feel about **lung cancer** | | | | | |
|  | Strongly Disagree | Disagree | Neither agree or disagree | Agree | Strongly Agree |
| I know more about lung cancer than I did before today |  |  |  |  |  |
| I know what lung cancer screening tests I need to have and how often I need to have them |  |  |  |  |  |
| I know what I can do to reduce my risk of getting lung cancer |  |  |  |  |  |
| I understand basic information about the common types of lung cancer |  |  |  |  |  |
| I know where to go if I need additional information about lung cancer or to find lung cancer resources in my area |  |  |  |  |  |
| I feel comfortable sharing lung cancer information with my family and friends |  |  |  |  |  |
| I feel more comfortable talking with my health care provider about lung cancer |  |  |  |  |  |
| I know some things that I can do in my community to reduce lung cancer risk |  |  |  |  |  |
| I would recommend that my family and friends attend an educational activity to learn more about lung cancer |  |  |  |  |  |
| I intent to talk to my provider about lung cancer screening(s) I might need |  |  |  |  |  |

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| Please check the box next to the answer that best describes how you feel about this presentation | | | |
|  | Too short | About right | Too long |
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| Amount of information covered today |  |  |  |
| Amount of time allowed for discussion |  |  |  |
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| If you have any additional comments about how to improve this presentation or other activities that you would like to see, please write them below: | | | |

**Cancer Prevention Education – Skin Cancer and Sun Safety**

The cancer prevention presentation you participated in is a health promotion and disease prevention education project designed to increase knowledge and educate community members about cancer development, risk factors, healthy habits, and cancer prevention including cancer screening.

The following survey with the questions below will be summarized and used to measure the impact of the presentation on awareness and knowledge of cancer information and overall satisfaction of the presentation. The information will not be used for clinical or research purposes. Your participation in this paper evaluation is voluntary and you do not have to participate.

If you would like to participate, please take a moment to answer the following questions. For each question, please fill in the circle that best describes you.

|  |  |
| --- | --- |
| 1. What is your age? \_\_\_\_\_\_ years  2. What sex were you assigned at birth,  meaning on your original birth certificate?  ⃝ Female  ⃝ Male  3. Which one category best describes your  gender identity now? (Check only one)  ⃝ Male  ⃝ Female  ⃝ Transgender  ⃝ Gender queer/gender non-conforming  ⃝ Two-spirit  ⃝ Different identity (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. Which one or more of the following would you say is your race? (Check all that apply)  ⃝ White  ⃝ Black or African American  ⃝ American Indian or Alaska Native  ⃝ Asian  ⃝ Pacific Islander  ⃝ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 5. The most recent time you got sunburned, were you doing any of the following things to protect yourself from the sun? (Check all that apply)  ⃝ Wearing sunscreen with SPF of at least 15  ⃝ Wearing protective clothing such as long pants or a shirt with sleeves  ⃝ Staying in the shade or under an umbrella  ⃝ None of the above  ⃝ I don’t know/I don’t remember |

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| --- | --- | --- | --- | --- | --- |
| Please check the box next to the answer that best describes how you feel about **skin cancer** | | | | | |
|  | Strongly Disagree | Disagree | Neither agree or disagree | Agree | Strongly Agree |
| I know more about skin cancer than I did before today |  |  |  |  |  |
| I know what ways to prevent skin cancer |  |  |  |  |  |
| I know what I can do to reduce my risk of getting skin cancer |  |  |  |  |  |
| I understand basic information about the common types of skin cancer |  |  |  |  |  |
| I know where to go if I need additional information about skin cancer or to find skin cancer resources in my area |  |  |  |  |  |
| I feel comfortable sharing skin cancer information with my family and friends |  |  |  |  |  |
| I feel more comfortable talking with my health care provider about skin cancer |  |  |  |  |  |
| I know some things that I can do in my community to reduce skin cancer risk |  |  |  |  |  |
| I would recommend that my family and friends attend an educational activity to learn more about skin cancer |  |  |  |  |  |
| I intent to talk to my provider about skin cancer screening(s) I might need |  |  |  |  |  |

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| Please check the box next to the answer that best describes how you feel about this presentation | | | |
|  | Too short | About right | Too long |
| Length of the activity |  |  |  |
| Amount of information covered today |  |  |  |
| Amount of time allowed for discussion |  |  |  |
|  |  |  |  |
| If you have any additional comments about how to improve this presentation or other activities that you would like to see, please write them below: | | | |