PARTICIPANT EVALUATION: BREAST SELF-AWARENESS COMMUNITY OUTREACH PRESENTATION

1. The presenter(s) was/were effective in delivering the breast self-awareness messages. Please circle one.
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

2. After attending the presentation, I can define what breast cancer is. Please circle one.
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

3. After attending the session, I am confident that I can share Komen’s breast self-awareness messages with others. Please circle one.
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

4. After attending the presentation, I am confident that I can discuss breast cancer with a family member or friend. Please circle one.
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

5. The content on breast self-awareness met my expectations for this presentation. Please circle one.
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

Please use the space below to address any additional comments or concerns.
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

If you would like to be contacted about your evaluation/comments, please give us your name and preferred contact information.

Name: __________________________________________________________________________________________

Preferred contact information: ______________________________________________________________________________

Please give this page along with your pre-test and post-test to the presenter when you are finished! Thank you! Your feedback is valuable!