

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!

