

# PROSTATE CANCER AWARENESS EVENING

Thank you for attending this evening.

Would you please help us to plan future evenings by filling out this feedback form.

Name (optional)..... Postcode.....

Age under 40    40-49    50-59    60-69    70-79    over 80  
                   

Sex:    Male     Female

## 1) How did you hear about this evening?

- |   |   |
|---|---|
| <input type="checkbox"/> Local paper              | <input type="checkbox"/> Friend         |
| <input type="checkbox"/> Radio                    | <input type="checkbox"/> Cancer Council |
| <input type="checkbox"/> Community television     | <input type="checkbox"/> Flyers         |
| <input type="checkbox"/> Health service or doctor | <input type="checkbox"/> Other .....    |

2) Has the evening answered your questions on prostate cancer? Yes  No

3) Have you ever had a PSA test? Yes  No

4) Have you ever had a DRE (digital rectal exam)? Yes  No

5) Have you been diagnosed with prostate cancer? Yes  No

If yes: are you currently having treatment? Yes   
finished treatment? Yes   
deciding which treatment? Yes

6) If you have come in support of a friend or partner has the evening been of help?  
Yes  Maybe  No

7) Would you be interested in being part of a prostate support group?  
Yes  Maybe  No

If yes please give Name: .....

Address for contact: .....

Email:- ..... Phone :- .....

## 8) Have we provided enough information with the:-

- |                                  |                              |                             |
|----------------------------------|------------------------------|-----------------------------|
| Range of speakers                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Health speakers (diet/lifestyle) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Urologist                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Group discussion                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Support groups                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## 9) Any other comments to improve our Prostate Awareness Meetings would be welcome.

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**THANK YOU FOR ATTENDING**