



Date: _____ **Participant Form**

I. About You

First Name: _____ Last Name: _____

Zip Code: _____ Phone: _____

Email Address: _____

Age in years: _____ Gender: Male Female

Race: White African American Asian American Indian or Alaska Native

Native Hawaiian or Pacific Islander Other. Please Specify _____

Ethnicity Hispanic or Latino Not Hispanic or Latino

Primary language if not English _____

Insurance and Provider

Do you have health insurance? No Employer Coverage Health Market
 Medicare Medicaid Veterans Administration

Do you have a primary care provider? No Yes If yes, Name: _____

Risk Factors and Cancer Screening

Have you ever smoked? No Yes

Have you ever been diagnosed with cancer? No Yes If yes, what kind? _____

Have you had a mammogram in the last two years? No Yes

Have you had a Pap test in the last five years? No Yes

Have you ever been screened for colorectal cancer? No Yes

If you answered yes to Q16, which type of colorectal cancer screening did you receive?

Colonoscopy in the last 10 years Flexible Sigmoidoscopy in the last 5 years

Stool test in the last 1 year Other: _____

Do you need help to find a healthcare provider, pay for screening services or get cancer screenings? No Yes

If yes, can our local community health worker contact you to help? No Yes

II. Evaluating the Education Session

In the next 6 months, do you plan to talk to a healthcare provider about your cancer risk factors?

No Yes Not sure

In the next 6 months, do you plan to follow your healthcare provider's recommendations for cancer screenings? No Yes Not sure

If you found a cancer warning sign tomorrow, what would you do?

What changes do you plan to make to your lifestyle, based on what we reviewed?

Indicate if you agree/disagree with the following statement: "This session improved my knowledge of cancer screening" Strongly agree Agree Neutral Disagree Strongly disagree

Please rate your satisfaction with the amount of information presented in the session.

Very Satisfied Satisfied Neither satisfied nor dissatisfied Dissatisfied Very dissatisfied

Please rate your satisfaction with the time devoted to the session.

Very Satisfied Satisfied Neither satisfied nor dissatisfied Dissatisfied Very dissatisfied

Please rate your overall satisfaction with the education session.

Very Satisfied Satisfied Neither satisfied nor dissatisfied Dissatisfied Very dissatisfied

What questions do you have about the cancer prevention information we reviewed?

Please confirm that you received the following:

Participant form Risk assessment form Family history form Cancer screening fact sheet

Local Contacts sheet Fridge magnet with website information

Thank you for your participation *Your Advocate:* _____

NOTE TO ADVOCATES - Return this completed form to:
Lori Vidlak, Program Coordinator, 15920 S. 120th Street, Bennet, NE 68317,
Email: lmvidlak@gmail.com, 402.525.6973