

**SAMPLE PROGRAM EVALUATION**

Please **circle** your answer to the following questions about the program.

1. I am able to share with others the steps to Breast Self – Awareness?

Strongly Disagree Disagree Agree Strongly Agree

1. The guest speaker(s) demonstrated knowledge of the subject matter?

Strongly Disagree Disagree Agree Strongly Agree

1. Are you satisfied with the quality of materials provided?

Very Dissatisfied Dissatisfied Satisfied Very Satisfied

1. Would you attend another “Worship in Pink” event?

Yes No

1. Would you be interested in volunteering with the Health Ministry?

Yes No

1. Do you know where you can go to receive a Mammogram?

Yes No

1. Would you like additional information on breast health resources available in your community?

Yes No

If yes, please provide contact information:

1. Would you like information about participating in the Race for the Cure?

Yes No

If yes, please provide contact information: