

Breast Cancer Materials User Survey

Please help us make this tool more effective by answering the following questions:

1. Did you use the assessment tool in your practice? YES NO

IF NO, please explain:

2. Who was the primary user? Doctor Nursing staff Office staff Other

IF OTHER, please specify:

3. In what setting did you use the tool? (Check all that apply)

Office/consult room Reception/waiting room
 Exam room Resource room
 Nurse's station/area Other (specify: _____)

4. Was the assessment tool...

a. Easy to use? YES NO
b. Appropriate in length? YES NO
c. Useful in discussing breast cancer risk with your patients? YES NO
d. Complete? (I.e., no additional information needed?) YES NO
e. Understandable? (I.e., were patients able to understand the assessment outcome sheet?) YES NO

5. If you responded "NO" to any part of question 4, please explain here:

6. Would you recommend this disk to others? YES NO

7. Other comments or suggestions:

8. Are you: ___a doctor? ___other health professional? ___office staff? ___other?

IF OTHER, please specify:

THANK YOU. PLEASE FAX THIS FORM TO (XXX) XXX-XXXX.