



**Primary Care Clinician Toolkit Evaluation Form**

Please Fax to 410.649.4131

Specialty: \_\_\_\_\_ Practicing in: Baltimore City \_\_\_ Baltimore County \_\_\_ Both \_\_\_

1. What percentage of your patients are Female? \_\_\_\_\_ Breast Cancer Survivors? \_\_\_\_\_
2. How useful did you find the *Teaching Providers, Reaching Women* toolkit?  
Not Useful \_\_\_ Somewhat Useful \_\_\_ Very Useful \_\_\_
3. Which provider resources did you use the most often? \_\_\_\_\_  
\_\_\_\_\_
4. Which provider resources did you use least often or not at all? \_\_\_\_\_  
\_\_\_\_\_
5. Which provider resource(s), not used, would you use in the future if appropriate? \_\_\_\_\_  
\_\_\_\_\_
6. Did you share resources with your patients? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, what resources? \_\_\_\_\_  
If no, why not? \_\_\_\_\_
7. As a result of this toolkit you have found that:  
Your recommendations for Breast Screenings: Increased \_\_\_ Decreased \_\_\_ Remained the same \_\_\_  
Your performance of Clinical Breast Exams: Increased \_\_\_ Decreased \_\_\_ Remained the same \_\_\_  
Your counseling/teaching Breast Self Exams: Increased \_\_\_ Decreased \_\_\_ Remained the same \_\_\_
8. Did you use the CD copy of the *Teaching Providers, Reaching Women* toolkit? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Are there additional Breast Health resources that you recommend including in the toolkit?  
\_\_\_\_\_
10. Do you have any suggestions for improving the *Teaching Providers, Reaching Women* toolkit?  
\_\_\_\_\_
10. Other comments:  
\_\_\_\_\_

Thank you for completing this evaluation!

Please fax to 410-649-4131 (no cover sheet)

For questions, contact Roberta Herbst at 410-539-0872 or 800-492-1056 x3340 or rherbst@medchi.org.