



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.