

## Program Evaluation

Please take a moment to complete this evaluation so that we may serve you better in the future.

Program Title: Women's Health Education

Program Start Time:

Date:

Presenter:

Location:

<b>Residence:</b>	On-Campus	Off-Campus						
<b>Academic Standing:</b>	FR	SO	JR	SR	GRAD	Faculty	Staff	
<b>Academic Major:</b>	_____							
<b>Age:</b>	<18	18-20	21-24	25-29	30-34	35-39	40-50	>50

### Program Objectives:

- Understand how to prepare for and what to expect at a Women's Health appointment
- Demonstrate and encourage breast self-exam technique and understand breast cancer risk
- Enhance sexual decision making skills that impact physical, social, mental, and spiritual wellness
- Understand strategies and recommendations to prevent Sexually Transmitted Infections (STI) and pregnancy
- Increase awareness of campus resources

1. **The program met the above objectives:**  Agree  Not sure  Disagree
2. **The program enhanced my knowledge about the topic(s):**  Agree  Not sure  Disagree
3. **The program enhanced my attitude toward the topic(s):**  Agree  Not sure  Disagree

### **Please answer the following questions AS A RESULT OF THIS PROGRAM:**

#### **4. How likely are you to get a women's health exam each year?**

- I Definitely will  I Probably will  I may  I probably won't  I definitely won't  N/A, I already do

#### **5. How likely are you to do a self breast exam each month?**

- I Definitely will  I Probably will  I may  I probably won't  I definitely won't  N/A, I already do

#### **6. How likely are you to use birth control to prevent unplanned pregnancies?**

- I Definitely will  I Probably will  I may  I probably won't  I definitely won't  N/A, I already do

#### **7. How likely are you to obtain and give clear verbal consent before each sexual activity?**

- I Definitely will  I Probably will  I may  I probably won't  I definitely won't  N/A, I already do

#### **8. How likely are you to ask each new partner to be tested for Sexually Transmitted Infections (STIs)?**

- I Definitely will  I Probably will  I may  I probably won't  I definitely won't  N/A, I already do

#### **9. How likely are you to prevent STIs by choosing abstinence or by using barriers for each sexual encounter.**

- I Definitely will  I Probably will  I may  I probably won't  I definitely won't  N/A, I already do

#### **10. How likely are you to avoid sexual activity when using alcohol/drugs?**

- I Definitely will  I Probably will  I may  I probably won't  I definitely won't  N/A, I already do

#### **11. Please comment on what you liked about the program and suggestions for improvement:**

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