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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------|---------|-------------------------------------|--|-----------|--|--|
| Date: | | | | Participant Code (office use only): | | | | |
| Title: | | Name: | | | | | | |
| Organisation: | | | | Job Title: | | | | |
| Address: | | | Suburb: | | | Postcode: | | |
| Telephone: | | | Fax: | | | | | |
| Email: | | | | | | | | |
| Please select your preference of resource format (select one): <input type="checkbox"/> DVD (for DVD player) <input type="checkbox"/> URL link (online) <input type="checkbox"/> USB | | | | | | | | |

Please help! The following questions are optional; by completing them you are agreeing to be contacted so we can find out how useful the video was.

- Do you identify as Aboriginal or Torres Strait Islander? (select one)
 Yes, Aboriginal Yes, Torres Strait Islander Yes, both No
- Roughly what proportion of your clients are Aboriginal and/or Torres Strait Islander? (select one)
 <25% 25-50% 50 -75% 75-100% Don't know
- Are your clients: (select one)
 Only female Only male Both
- What is the location of your clients? (select one)
 Metropolitan Urban regional Rural regional Remote
- Roughly what proportion of your clients speak English as their first language? (select one)
 <25% 25-50% 50 -75% 75-100% Don't know
- If English isn't a first language, can you please tell us what the most common languages spoken are?

- Roughly how often do you discuss cancer with your clients? (select one)
 Daily Once a week Once a month Once a year or never
- How often do you anticipate using the video in the next 6 months? (select one)
 Daily Weekly Monthly Once or twice Never
- For each of the following statements, please show how confident you feel by ticking the appropriate box.

| | Very confident | Confident | Unsure | Very unsure |
|-------------------------------------------------------------------|----------------|-----------|--------|-------------|
| I know what cancer is | | | | |
| I know what the risk factors for cancer are | | | | |
| I know what someone can do to cut their risk of developing cancer | | | | |
| I know the cancer screening programs available | | | | |
| I know what the early signs and symptoms of cancer are | | | | |

- Roughly what fraction of cancers do you think can be prevented through leading a healthy lifestyle? (select one)
 1/4 1/3 1/2 3/4 Don't know
- How would you prefer to be contacted to complete the post evaluation?
 Post Email/online Phone

Thank you for your time

| Action (office use only) | | | | | | | |
|--------------------------|--------------------|--------------------------|-------------------|--------------------------|----------------|--------------------------------------------------------------------------|--|
| <input type="checkbox"/> | To be collected on | | From | | To be invoiced | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> | To be couriered by | <input type="checkbox"/> | Cancer Council WA | <input type="checkbox"/> | Organisation | Entered in BIMS <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> | To be mailed | Date sent | | Initial | | Order ID | |