



Post-Presentation Survey for Participants

Thank you for joining us today. Please take a few minutes to answer these questions before you leave. Fill in the blank or circle your answer for each question.

1. **How old are you?** _____
2. **What zip code do you live in?** _____
What county? _____
3. **What is your race/ethnicity?** *(Please circle one.)*
African-American Arabic Caucasian Hispanic/Latino Other _____
4. **What is your gender?** *(Please circle one.)*
Male Female
5. **Have you ever been tested for prostate cancer?** *(Please circle one.)*
Yes No Not sure
6. **Do you plan to be tested this year?** *(Please circle one.)*
Yes No Not sure
7. **What age should most men begin getting tested for prostate cancer?**
(Please circle one.)
35 40 45 50 55
8. **What are some of the possible warning signs of prostate cancer and Benign Prostate Hyperplasia (BPH)?** *(Please circle "true" or "false.")*

Having to urinate often, especially at night	True	False
Having trouble starting or stopping urination	True	False
Not being able to urinate	True	False
Having pain or burning during urination	True	False
Having constant lower back pain	True	False
Having no signs or symptoms	True	False



*Michigan Cancer Consortium
Prostate Health Awareness Program*

9. Which of these are risk factors for prostate cancer?

(Please circle "true" or "false.")

Having a family history of prostate cancer	True	False
Being a man and growing older	True	False
Eating a diet high in fat and calories	True	False
Being an African-American man	True	False

10. A man can have prostate cancer and have no signs or symptoms.

True False

11. A prostate exam and test should be part of every man's annual physical exam.

True False

12. How comfortable are you with discussing prostate health and prostate cancer testing with your healthcare provider? *(Please circle one.)*

Very Comfortable

Somewhat Comfortable

Comfortable

Somewhat Uncomfortable

Very Uncomfortable

Thank you for your time and participation!



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