

MACGN Newsletter Evaluation

Please fill out this questionnaire and return it by mail or FAX (410) 502-7670. You may remain anonymous. However, we would like to send you a token of our gratitude. If you fill out your mailing information at the top of this form, we will send you a small "thank you" gift for your effort.

Mailing Information (optional)

Name _____

Mailing Address _____

I. Demographic Questions (Please check)

Age: 18-30 31-40 41-50 51-60 61-70 71 and up

Gender: Male Female

Race/Ethnicity: African American Asian American Hispanic/Latino Native American
 Caucasian/White Other _____

Highest level of education: Junior High School High School or GED
 College or University Graduate/Professional Degree

Profession: _____

II. Content (Please circle your answer.)

1. To what extent do you read the MACGN newsletter?

- a) I read all of it (8 pages).
- b) I read most of it, but not all (5-7 pages).
- c) I read about half of it (3-4 pages)
- d) I read some of it (1-2 pages)
- e) I don't read the newsletter at all.

2. How helpful do you find the following sections?

	Not Helpful	Somewhat Helpful	Neutral	Helpful	Very Helpful
Feature Articles	1	2	3	4	5
Healthy Living Column	1	2	3	4	5
Review Corner	1	2	3	4	5
Research Opportunities	1	2	3	4	5
Local Cancer & Genetics Resources	1	2	3	4	5

3. How would you rate the OVERALL QUALITY of the **information** in the newsletter?

Poor Fair Neutral Good Excellent
1 2 3 4 5

4. Has any of the information in the newsletter caused you to modify your clinical practice and/or personal health activities? Yes No

What topics would you like us to cover?

How could MACGN make the newsletter more useful to you?

Thank you for your help. We are working hard to make the MACGN newsletter as helpful to you as possible, and we appreciate your participation in this effort. Please fold this page, staple it and return by mail or FAX (410) 502-7670.