

Drop-in clinic evaluation form

Thank you for attending today's drop-in clinic. We would appreciate it if you would complete the following questions to the best of your ability and hand the sheet back after your smear test is complete.

Please fill out the questions on this page first. Then turn the page over and answer the other questions at the end of your visit, just before you leave.

Have you ever had a smear test before?

Yes

No

To the best of your knowledge, are you overdue for your smear test? (3+ months)

Yes

No

How did you find out about today's drop in clinic? (tick all that apply)

Text message

Phone call

Letter

Family or friends

Social media (e.g. Facebook)

Other (please specify:)

What motivated you to attend today?

Please turn over

Supported by



END OF VISIT QUESTIONS – please only answer these questions before you leave.

How was your experience at today's drop-in clinic?

- Very good
- Good
- Fine
- Poor
- Very Poor

What is the most useful part of today's visit?

Is there anything you would change about today's visit?

Before attending today did you have any concerns about your smear test?

- Yes
- No

Further comments:

If you said yes to the question above, has today's event addressed your concerns?

As a result of today's visit:

- Did you have your smear test?
- Did you get more information and understanding of the test?
- Did you book an appointment for a smear test at a later date?
- Will you attend screening when you are next invited?

Would you recommend this event to a friend or family member?

- Yes
- No

If you have any other comments, please use this space: