Questions for Prostate Health Program Development

Thank you for agreeing to complete this brief questionnaire. No name needed.

As we develop a full prostate health program, we would like to tailor the program to respond to your stated needs. Please write brief responses to the questions below based on your individual perspective and observations. Please print and email completed questionnaire to <u>executivedirector.cmpgc@gmail.com</u>. Thank you.

Needs (Men)

1. What is your perception about prostate health among African American men in the county or jurisdiction where you reside?

2. What do you observe that African American men need to do to improve their prostate health?

Needs (County/Community)

3. What is your view about the need to develop a prostate health program for uninsured and underinsured men?

4. If needed, what activities would you suggest the prostate health program include?

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Source of prostate health information

5. How do you obtain prostate health information and health education?

6. How do African American men in your circle obtain health information and health education?

7. Are there other questions or ideas that we did not mention?

8.	Demographic Information: Closing (Check All that apply)		
	I am:		
	Hispanic, Latino, or Spanish Origin	Yes	No
	My race is:		
	African American Man:	Yes	No
	Caucasian Man:	Yes	No
	Other: (write in)		
	My Age is: (write in)		
	No history of prostate cancer:	Yes	No
	Diagnosed with prostate cancer:	Yes	No
	Diagnosed with other prostate Issue:	Yes	No
	Reside in Prince George's County:	Yes	No

Thank you. We will use the views and ideas you shared to develop ways to reach out and help more men improve their prostate health.

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