

# New Brunswick Cervical Cancer Prevention & Screening Clinical Practice Guidelines

## Evaluation Form

The New Brunswick Cancer Network would like to hear from you. If you wish to provide feedback that would help us improve future publications, please fill out the following evaluation form. This form should be returned to:

**New Brunswick Cancer Network  
Department of Health  
PO Box 5100  
520 King Street, 2<sup>nd</sup> Floor, HSBC Place  
Fredericton, NB E3B 5G8**

1. We would like to know more about our readers. Please check the box that best describes you as a reader of this report:

- Health-care policy-maker or planner
- Involved in cancer care, prevention or treatment services
- Physician
- Other health-care professional
- Researcher
- Teacher
- Journalist
- Cancer patient or cancer survivor
- Other: \_\_\_\_\_

2. Rate each section of the document based on its usefulness to you:

	<b>Not useful</b>	<b>Somewhat useful</b>	<b>Very useful</b>
Cervical Cancer - Background Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention and Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Practice Guidelines - Development Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Practice Guidelines:			
• Recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Screening Intervals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Optimal Screening Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Cervical Screening for Women with Special Circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Optimal Management of Abnormal Cytology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide details:

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3. Will the guidelines facilitate or change your cervical screening practice? Please explain.

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4. Do you have any further suggestions?

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5. Do you have any questions?

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If follow-up is desired, please provide contact details:

Signature: \_\_\_\_\_

Email/Phone: \_\_\_\_\_

Thank You.

