



Needs Assessments - Demographics based on your current location.

Praise in Pink is a not-for-profit organization designed to bring awareness to the seriousness of breast cancer and to ease the process while encouraging the client and those close to them in their journey. The services include helping to walk the subscriber through the journey from self-examination or mammogram to treatment at no cost. Praise in Pink has a certified Non licensed breast cancer navigator to assist you. This is among other especially important services that will help the subscriber on the journey.

The services are also for survivors. As a survivor you sometimes need someone to just check on you to say hi and to see if you are ok. To listen to you and hear what you have to say without judgment and from people who have been in your shoes. We will be looking for volunteers for annual events and fundraising from all.

This assessment is to determine what needs of the services that required in your area. These needs include those available and those to come soon.

Black/African American	White/Caucasian	Latin/Hispanic	Other
Age: 18 to 25	26 to 35	36 to 45	
45 to 55	56 to 65	Over 65	No answer

Any history of Breast Cancer? Yes No

If yes, whom? _____

Do you perform self-examination? _____

Have you ever had a mammogram? _____

If you have not had breast exam, why not? _____

Do you have a primary care provider? _____

Are you interested in obtaining more information regarding breast cancer? _____

What kind of information do you have an interest in? _____

Is there someone you have in mind that may need assistance with this the services of Praise in Pink?

Have you had breast cancer? _____

Anyone close to you had/have breast cancer? _____

Have you had anyone assist you with the step-by-step processes? _____

Are you still under therapy? What kind of therapy? _____



How much longer do you have for your therapy? _____

Do you feel anxious or scared when you go for your appointments? _____

Have you spoken to a therapist since your diagnosis? _____

Who is your main support person? _____

How often do you visit your primary care physician? _____

How do you get there? _____

What kind of services do you think are needed in your area? (list as many as you need to)