

Appendix 2 - Evaluation form

We want to make sure the toolkit is as useful as possible. To help us improve and update the toolkit please to fill in this questionnaire.

1. How did you come across the toolkit?

- From Nursing Network
 - Browsing the web
 - Told about by a colleague
 - Told about by patient
 - Other, please state
-

2. Thinking about the different elements of the toolkit, please tell us what you think by ticking a box for each

	Excellent	Good	Not sure	Poor	Very Poor
Module 1					
Module 2					
Module 3					
Module 4					
Module 5					
Module 6					

Comment

3. Please indicate if you agree with the following statements.

The toolkit has helped me/my team to start developing the nursing service we offer our metastatic breast cancer patients

Yes No

I have signposted colleagues to the toolkit

Yes No

4. Was there anything missing from the toolkit that you think should be included in the future?

Yes (please say what) No

5. Do you have anything else to say about the toolkit?

We are very keen to hear about what action this toolkit may have prompted you to take.

We would like to promote examples of best practice. If you are interested in being a case study on our website please indicate here.

Yes No

If yes please include email address

We know that making changes can take time. We are keen to stay in touch with you to see what changes you make to your nursing service so we can learn from what you do and help share your experience with others.

Together we can improve the care of everyone living with metastatic breast cancer. If you would be happy for us to contact you in the future please tick here.

Yes No