Survey Email invitation to participants:

Thank you for taking time to participate in our survey on prostate cancer awareness at BYUI. The participation is voluntary. We truly value the information you will provide and it will be kept anonymous and confidential. The survey will take not more than 5 minutes of your time. Feel free to contact us anytime for more clarity.

Thank you again for your time and input,

Alain M. Mukendi

Drew Jenks

Hannah Moore

Victoria Ackerman

Survey Questions and Key for data (in blue)

How old are you? Scale

What is your gender?

Male 1 Female 2

Have you heard of prostate cancer?

Yes 1 No 2

Do you know or have you heard of someone suffering from prostate cancer?

Yes 1 No 2

How familiar are you with prostate Cancer? (Circle one) Scale

1 2 3 4 5 6 7 8 9 10

Is one of the following symptoms of prostate cancer? (Circle all that apply)

Pain (yes 1 no 0) Trouble urinating (yes 1 no 0) Blood in urine (yes 1 no 0) I don’t know (yes 1 no 0)

Is one of the following treatments for prostate cancer? (Circle all that apply)

Surgery (yes 1 no 0) Radiation Therapy (yes 1 no 0) Anti Hormonal therapy (yes 1 no 0) I don’t know (yes 1 no 0)