

AIDS Compassion Sunday Evaluation and Suggestions

Parishioner Version

Please return to: _____ Parish: _____

Please circle the number that reflects the level which each of the following met your needs/expectations.

Completely	Mostly	Partially	Not at All
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OUTCOMES	AIDS Compassion Sunday has increased my level of knowledge about HIV/AIDS.	1	2	3	4
	I have a greater understanding of the relationship between the HIV/AIDS pandemic and Catholic Social Teaching.	1	2	3	4
	AIDS Compassion Sunday has increased my willingness to learn more about HIV/AIDS.	1	2	3	4
	AIDS Compassion Sunday has increased my understanding of the mission of the National Catholic AIDS Network.	1	2	3	4
	AIDS Compassion Sunday has increased my knowledge of the role the Catholic Church plays in HIV/AIDS.	1	2	3	4
	AIDS Compassion Sunday has increased my level of compassion for people living with HIV/AIDS.	1	2	3	4
	AIDS Compassion Sunday has increased my willingness to get involved in HIV/AIDS ministry.	1	2	3	4
	AIDS Compassion Sunday has increased my willingness to support organizations providing HIV/AIDS services/ministry	1	2	3	4
	AIDS Compassion Sunday has helped this faith community become a place that welcomes people living with HIV/AIDS.	1	2	3	4
OVERALL RATING OF AIDS COMPASSION SUNDAY		1	2	3	4

OPTIONAL: If you would like to be included on the National Catholic AIDS Network mailing list, include the following:

Name: _____ email: _____

Address: _____ City: _____ St: _____ Zip: _____

National Catholic AIDS Network www.ncan.org