

Thank you for taking the time to complete this evaluation. We welcome your feedback.

Class Evaluation:

Date: _____

1. I attended as a: ☐ Patient ☐ Caregiver ☐ Other

2. Age: ☐ 18-30 ☐ 30-60 ☐ 60+

3. Is this the first program that you have attended at this facility? ☐ Yes ☐ No

4. How did you hear about this program? _____

5. Was the information presented today useful to you? ☐ Yes ☐ No

If yes, why was it useful? _____

What would make it better? _____

6. Would you be interested in any of the following classes? Please check all that apply:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Diet and nutrition | <input type="checkbox"/> Relationship issues | <input type="checkbox"/> Pain | <input type="checkbox"/> Side effects from treatment |
| <input type="checkbox"/> Sexuality and Intimacy | <input type="checkbox"/> Coping with stress | <input type="checkbox"/> Returning to work | <input type="checkbox"/> Long term effects from treatment |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Health ins. issues | <input type="checkbox"/> Spiritual wellbeing | <input type="checkbox"/> Questions regarding follow-up |
| <input type="checkbox"/> Clinical trials | <input type="checkbox"/> Genetics of cancer | <input type="checkbox"/> Body changes | <input type="checkbox"/> Employment and legal issues |
| <input type="checkbox"/> Finding meaning after treatment | | <input type="checkbox"/> Specific nutrition topics: | |
| <input type="checkbox"/> Cancer prevention for the cancer survivor | | <input type="checkbox"/> Communication with your health care team | |
| <input type="checkbox"/> Power of hope & finding meaning in my illness | | <input type="checkbox"/> Exercise and Physical therapy | |
| <input type="checkbox"/> Changes in my memory & concentration | | <input type="checkbox"/> other: _____ | |

Would You be interested in attending any of the following Wellness Classes? Please check all that apply:

- | | | | |
|---------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Yoga | <input type="checkbox"/> Tai Chi | <input type="checkbox"/> Massage | <input type="checkbox"/> Music |
| <input type="checkbox"/> Bio Feedback | <input type="checkbox"/> Journaling | <input type="checkbox"/> Art classes | <input type="checkbox"/> Meditation |
| <input type="checkbox"/> Laughter | | | |

7. The best day of the week for me to attend class is: please select 2 days

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

8. The best time of the day for me to attend class is: please select 2 times

☐ Morning (9-11am) ☐ Lunch (11-1pm) ☐ Afternoon (1-4pm) ☐ Evening (4-7pm)

9. Is there anything else you would like us to know? _____

10. If you would like to receive updates on current cancer center events and programming, please provide contact info:

Name: _____

Email: _____