

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 Lunch Afternoon Evening
(9-11am) (11-1pm) (1-4pm) (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: _____