



## CARING FOR SOMEONE WITH CANCER THREE-MONTH FOLLOW-UP EVALUATION

Today's Date \_\_\_\_\_ Primary Email Address \_\_\_\_\_

About three months ago, you participated in the FCS Extension program, *The Many Hats of Cancer Caregiving*. We value and appreciate your feedback as a participant. If you choose, please take a moment to voluntarily answer the following questions. We will keep your answers confidential, and there will be no negative consequences if you choose not to answer.

Please answer the following questions AFTER the lesson.

1. Has your status as a cancer caregiver changed in the last 6 months? Check the most appropriate category below.

- Never was a cancer caregiver or still am not a caregiver
- Was a cancer caregiver or am no longer a caregiver
- Was a cancer caregiver or still am a caregiver  
 For whom do you provide care? \_\_\_\_\_  
 How many hours per week do you provide care? \_\_\_\_\_
- Have become a cancer caregiver  
 For whom do you provide care? \_\_\_\_\_  
 How many hours per week do you provide care? \_\_\_\_\_

	Yes	No	NA
2. Because of the lesson, do think you are a better caregiver?			
3. Because of the lesson, have you researched the disease, diagnosis, and side effects specific to your loved one?			
4. Because of the lesson, have you asked your health-care provider any questions that you learned?			
5. Because of the lesson, have you been better prepared to handle the emotional and physical demands of cancer caregiving?			
6. Because of the lesson, has it been easier to talk with someone who has cancer?			
6a. If yes, what have you said? _____			
7. Because of the lesson, has it been easier to do appropriate things for someone who has cancer?			
7a. If yes, what have you done _____			

Please answer the following questions AFTER the lesson.				Yes	No	NA
8. Since this lesson, have you taken better care of yourself as a cancer caregiver?						
8a. Why/Why Not? _____ _____						
8b. What have you done to take care of yourself? _____						
9. This program increased my understanding about the importance of caregiver preparation.						
10. Age:	11. Gender:	12. Racial Identity:	13. Ethnic Identity:			
<input type="checkbox"/> 0-18	<input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Latino/Hispanic			
<input type="checkbox"/> 19-34	<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> Not Latino/Hispanic			
<input type="checkbox"/> 35-44		<input type="checkbox"/> Black				
<input type="checkbox"/> 45-54		<input type="checkbox"/> Native Hawaiian/Pacific Islander				
<input type="checkbox"/> 55-64		<input type="checkbox"/> White				
<input type="checkbox"/> 65-74		<input type="checkbox"/> Mixed Race (more than 1 race)				
<input type="checkbox"/> 75-84		Other _____				
<input type="checkbox"/> 85+						

14. List three things you have done in the last three months because of this lesson.

1)

2)

3)

Please share any other comments you may have about this program in the space below.

**THANK YOU**