



MANAGING NUTRITION DURING CANCER THREE-MONTH FOLLOW-UP EVALUATION

Today's Date _____ **Primary Email Address** _____

About three months ago, you participated in the FCS Extension program, *Managing Nutrition during Cancer*. 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. There will be no negative consequences if you choose not to answer.

Please answer the following questions AFTER the lesson.		Yes	No
1. Because of this lesson, do you better understand how each food group contributes to a balanced diet during cancer treatment?			
2. Since the program, have you practiced (or have you helped someone practice) strategies to manage symptoms associated with eating and nutrition during cancer treatment?			
a. If yes, what have you done? _____			
3. Since the program, have you practiced (or have you helped someone practice) food safety as a way to manage symptoms of cancer treatment?			
a. If yes, what have you done? _____			
4. Since the program, have you asked your health-care provider questions about nutrition during an appointment?			
5. Since the program, have you met with a Registered Dietitian for yourself or with a loved one?			
6. Age:	7. Gender:	8. Racial Identity:	
<input type="checkbox"/> 0-18 <input type="checkbox"/> 19-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75-84 <input type="checkbox"/> 85+	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Mixed Race (more than 1 race) <input type="checkbox"/> Other _____	
		9. Ethnic Identity:	
		<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Not Latino/Hispanic	

10. Why did you go to the program?

11. Please list the three most important things you learned at the program.

1)

2)

3)

12. Please list three things you will do as a result of this lesson.

1)

2)

3)

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

THANK YOU