



MANAGING NUTRITION DURING CANCER POST-LESSON EVALUATION

Today's Date	Primary Email Address
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Thank you for coming to the *Managing Nutrition during Cancer* program. 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. After this lesson, do you better understand how each food group contributes to a balanced diet during cancer treatment?					
2. Because of this lesson, do you better understand how to manage symptoms associated with eating and nutrition during treatment?					
3. Because of this lesson, do you better understand the importance of food safety when making food for yourself or a loved one with cancer?					
4. This program met my expectations.					
5. This program was informative.					
6. This program was worth my time and effort.					
7. This program showed me the importance of asking my health-care providers questions.					
8. Age:	9. Gender:	10. Racial Identity:	11. Ethnic Identity:		y:
0-18 19-34 35-44 45-54 55-64 65-74 75-84 85+	Female Male	American Indian/Alaskan NativeAsianBlackNative Hawaiian/Pacific IslanderWhiteMixed Race (more than 1 race) Other	Latino/Hispanic Not Latino/Hispanic		

12. Why did you come to today's program?
13. Please list the three most important things you learned today.
1)
2)
3)
14. Please list three things you will do because of this lesson.
1)
2)
3)
Please share any other comments you have about this program in the space below.

THANK YOU