



TAKING CARE OF MENTAL HEALTH DURING CANCER THREE-MONTH FOLLOW-UP EVALUATION

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

About three months ago, you participated in the FCS Extension program, *Taking Care of Mental Health 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, and there will be no negative consequences if you choose not to respond.

Please answer the following questions AFTER the lesson.		Yes	No
1. Since the lesson, do you feel like you are able to better manage mental and emotional health using best practices?			
2. Since the program, have you implemented one or more coping strategies to maintain or improve mental health?			
2a. If yes, what have you done? _____			
3. Since this program, have you asked your health-care provider questions about mental health during an appointment?			
4. This program increased my understanding of mental and emotional health while managing a cancer diagnosis.			
5. Age:	6. Gender:	7. 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) Other _____	
		8. Ethnic Identity:	
		<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Not Latino/Hispanic	

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