Introduction to Chemotherapy:

A Presentation for Patients and Families

We appreciate you taking a few minutes to complete this evaluation form and returning it to us before you leave today. Your feedback is important and will be used to plan services for other patients receiving chemotherapy. Place a checkmark beside the response that best reflects your opinion. Your answers are **anonymous** so you are not required to sign your name.

1. Are you male or female?

- Male
- ☐ Female

BC Cancer Agency

CARE + RESEARCH

2. What age group do you belong to?

- □ 18 30 years of age
- \Box 31 45 years of age
- \Box 46 60 years of age
- \Box 61 70 years of age
- □ Over 70 years of age

3. What type of cancer do you have?

4. Where are you having your chemotherapy treatments?

- □ Abbotsford Cancer Centre (Abbotsford)
- □ Centre for the North (Prince George)
- □ Sindi Ahluwalia Hawkins Centre for the Southern Interior (Kelowna)
- □ Fraser Valley Cancer Centre (Surrey)
- □ Vancouver Cancer Centre (Vancouver)
- □ Vancouver Island Cancer Centre (Victoria)
- Other ____

5. Did a family member / support person attend the session with you today?

- 2 Yes
- 🗌 No

6. Did you receive the right amount of information about the following?

	Too little information	Just enough information	Too much information
Chemotherapy and how it works			
The side effects you might experience			
Actions to take if side effects occur			
How the health care team can support you during your treatment			

Additional Comments:

7. Please tell us how satisfied or dissatisfied you were with the following:

	Dissatisfied	Somewhat Satisfied	Satisfied	Very Satisfied
Opportunity to ask questions				
Having questions answered				
Understanding the information				
The amount of information				
The usefulness of the information				
The presenter				
The length of the presentation				
The tour of the Centre				

Additional Comments:

8. After attending the session, how confident are you about the following?

	Not at all Confident	Somewhat Confident	Confident	Very Confident
Knowing how to avoid an infection				
Recognizing the signs of infection				
Knowing what to do about nausea and vomiting				
Managing fatigue				
Knowing when to call a health care professional				
Knowing who to call for assistance				

Additional Comments:

9. How helpful was the presentation in preparing you to begin your chemotherapy treatments?

 \Box Not at all helpful \Box Somewhat helpful \Box Helpful \Box Very helpful

10. Do you have any suggestions that would help us to improve the session?

THANK YOU