

## Educational Activity Evaluation

Title: **Incorporating Physical Activity into Cancer Care**

Date: (Enter date)

To assist us in evaluating the effectiveness of the CNE activity and to make recommendations for future programs, please answer the following questions.

1. Did you gain new knowledge while completing this activity?

Yes

No

2. Do you intend to make a change in your practice based upon the content of this educational activity? (Check all that apply).

If yes, what will you change?

Enhance my patient assessment (e.g. history/physical exam).

Provide more comprehensive patient education.

Integrate new interventions into patient care.

Enhance my institution's current policies and procedures and standards of care.

Provide my colleagues with information to help improve their clinical practice.

Other – please explain:

No. If not, why not:

It validated my current practice.

It does not directly apply to my practice setting.

There was not sufficient information to help me determine how to use the content in my practice.

Other – please explain:

3. Did the educational program provide objective, complete, evidence-based information without a professional preference for any [commercial] product or service?

Yes

No - please explain:

4. What do you need (or want) to improve about your practice that ONS might help you with?

5. Other comments you wish to share with us about this program: