Session # 2: Observations on Anticipated Grief

Date: __________________________ Location: __________________________

General Information Survey

BEFORE VIEWING THE SESSION, PLEASE COMPLETE THIS SURVEY

1. I attended this session: please circle one
   - In-person
   - Videoconference
   - Via internet (live or archived)
   - DVD

2. I am a: (please circle all that apply)
   - Breast cancer survivor (anyone diagnosed with breast cancer)
   - Relative of a breast cancer survivor
   - Caregiver of a breast cancer survivor
   - CPG (Community Partner Group member – assisted in project development)
   - Lay health worker/promoter
   - Health care provider (doctor, nurse, medical assistant, other)
   - Other __________________________

3. My residence is in city/town: _______ county: _______ zip code: _______

4. My health insurance is: (please circle all that apply)
   - Private (please specify) (HMO/ PPO) __________________
   - AHCCCS
   - Medicare
   - PCAP
   - Other __________________________
   - No health insurance

5. Age ______ Gender __________________

6. Ethnicity: Hispanic  Non-Hispanic

7. Race: (please circle all that apply)
   - Native American
   - Pacific Islander
   - Caucasian
   - African American
   - Other _______

8. The highest grade of school that I completed is __________________________

9. At home, I speak: (please circle all that apply)
   - English only
   - Spanish only
   - English and Spanish
   - Other (please specify) __________________________

10. Total Yearly Family Income: ______ Number of dependents: ______

11. How did you hear about this session? ________________________________

12. Did you attend a previous ¡Vida! Session? Yes  No
    If yes, how many ____________  When? ____________

13. As a result of viewing this presentation, will you? (Circle all that apply):
    - Seek medical care  Yes  No
    - Share the information with others, if yes, who: ________________  Yes  No
    - Change the way you take care of your health  Yes  No
    - Other: ___________________________________________________
Pre -Session Survey

BEFORE VIEWING THE SESSION, PLEASE COMPLETE THIS SURVEY

Session # 2: Observations on Anticipated Grief

Please read the following questions and provide the best answer:

1. My knowledge about this topic is: (circle only one answer)
   none at all                      very little                      somewhat                      a lot

2) According to Dr. E. Kubler Ross, which of the following is not a phase or stage of grief?
   1. Hope
   2. Anger
   3. Fatigue
   4. Acceptance

3) Dr. Ira Byock speaks of four important issues in his book, The Four Things That Matter Most. Which of the following is not included in those issues?
   1. Thank you.
   2. I love you
   3. Please don’t go
   4. Only A and B are correct

4) Which of the following is not a spiritual characteristic of anticipatory grief?
   1. Questioning one’s faith
   2. Negotiation with God
   3. Having digestive problems
   4. Looking for miracles or special religious methods to cure the illness

5) The Hospice Foundation of America Speaks of three dimensions of life that are affected by grief, they are:
   1. The financial dimension
   2. The political dimension
   3. The geographic dimension
   4. None of the answers is correct

PLEASE DO NOT COMPLETE ANY ADDITIONAL FORMS UNTIL AFTER YOU HAVE VIEWED THE ENTIRE PRESENTATION

STOP HERE
Session Satisfaction Survey

AFTER VIEWING THE SESSION, PLEASE COMPLETE THIS SURVEY

<table>
<thead>
<tr>
<th></th>
<th>STRONGLY DISAGREE</th>
<th>DISAGREE</th>
<th>NO OPINION</th>
<th>AGREE</th>
<th>STRONGLY AGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Videoconferencing, DVD, videostreaming (internet) made my attendance possible</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>I was able to speak freely and ask questions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>I learned new information</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>The teaching techniques were conducive to learning</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>The information presented was appropriate for my needs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>The handouts were useful for the session</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7</td>
<td>The educational objectives were met</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>The speaker was prepared and informative</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9</td>
<td>I was comfortable with the camera and other equipment</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10</td>
<td>I was able to hear questions from the other locations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11</td>
<td>I could hear the presenter clearly during the session</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12</td>
<td>I could see the presenter clearly during the session</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13</td>
<td>My experience was as good as seeing the speaker face to face</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14</td>
<td>Because of new information obtained, I will seek medical care</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15</td>
<td>I will share the information obtained with others</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16</td>
<td>Overall, I am satisfied with this training</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

17- What other topics would you like to see addressed?

Comments:

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Post-Session Survey

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THANK YOU
You may submit the completed forms in any of the following ways:

**Via fax**: (520) 626-5583

**Via mail**: University of Arizona Cancer Center
ATTN: Bettina Hofacre
1515 N. Campbell Ave
Tucson, AZ 85724

**Via e-mail to**: bhofacre@azcc.arizona.edu

If you have any questions please contact:
Bettina Hofacre at (520) 626-3265