1. I am a (check all that apply)
   - Cancer Survivor (specify type: ______________________
   - Relative or caregiver of cancer survivor
   - Lay health worker/promoter
   - Health care provider (specify): ______________________
   - Other: __________________________

2. I have health insurance. ☐ Yes ☐ No
   If yes, please list: ______________________

3. My age is ________ years.

4. My gender is ☐ Female ☐ Male

5. My zip code is ________________

6. My ethnicity is
   - Hispanic or Latino
   - Non-Hispanic or Non-Latino

7. My race is (check all that apply)
   - White
   - Black or African American
   - Native American
   - Asian/Pacific Islander
   - Other (specify): ______________________

8. My current knowledge/experience with this topic
   - None at all
   - Very little
   - Some
   - A lot

9. After viewing this presentation I learned
   - Nothing new
   - A little bit
   - Some
   - A lot

10. This topic is relevant to my life or my practice
    - Strongly agree
    - Agree
    - No opinion/not applicable
    - Disagree
    - Strongly disagree

11. The speaker was prepared and informative
    - Strongly agree
    - Agree
    - No opinion/not applicable
    - Disagree
    - Strongly disagree

12. I would not have been able to attend a lecture on this topic if it had not been available via videoconference/online
    - Strongly agree
    - Agree
    - No opinion/not applicable: I did attend in person
    - Disagree
    - Strongly disagree

13. Additional comments/suggestions:

14. Other topics I would like to see addressed include:

15. As a result of viewing this presentation, I will: (select all that apply):
    - Obtain medical attention ☐ Yes ☐ No
    - Share this information with other ☐ Yes ☐ No
    - Change the way I take care of my health ☐ Yes ☐ No

16. Did you feel there was any bias toward any particular product or company? ☐ Yes ☐ No

PRESENTATION QUESTIONS

1. What are some factors associated with obesity?
   - Social economic status
   - Lack of appetite
   - Lack of stress
   - Eating too many vegetables

2. What are some of the psychological effects of obesity?
   - Depression
   - Excess energy
   - Excess mobility
   - Positive body image

3. What are some 2011 guidelines from the American Cancer Society for healthy eating and exercise?
   - Promote weight control
   - Plant-deficient diet
   - Consume refined foods
   - Physical activity of less than 30 minutes daily

4. The ENERGY Trial with cancer survivors focused on daily activity and eating behaviors, results showed:
   - Decreases in insulin
   - Increases in leptin
   - Increases in diabetes
   - Increased in estrone and estradiol

5. What lifestyle interventions can help with weight control and stress reductions?
   - Deep breathing
   - Sleep does not affect it
   - Constant communication via smart phones
   - Cup cakes