<div align="center">**DEEP CANYON: EVALUATION FORM**</div>

1. **The performance improved my understanding of the experience of women who have ovarian cancer.**
Not at all   Somewhat   Very Much
    1   2   3   4   5

2. **The performance helped me to have better insight into some of the emotional and psychological issues associated with ovarian cancer .**
Not at all   Somewhat   Very Much
     1   2   3   4   5

3. **The performance increased my empathy for women with ovarian cancer.**
Not at all   Somewhat   Very Much
     1   2   3   4   5

4. **This format (performance + discussion) was a useful way of learning about the personal, subjective effects of ovarian cancer.**
Not at all   Somewhat   Very Much
                3   4   5

5. **I would be interested in attending a similar event in the future.**
Not at all   Somewhat   Very Much
      1   2   3   4   5

Physicians and medical students only
6. **I will be able to incorporate insights from this performance into my future interactions with patients.**
Not at all   Somewhat   Very Much
      1   2   3   4   5

I am a (please check one):
 ____ medical student ____community physician ____ physician faculty member
____ nurse _____social worker ____ other staff ____member of the community
_____other (please state): _____

Sex: _____Male _____Female

Age: _____

Thank you very much for your feedback!