

# CANCER101 NEEDS YOUR FEEDBACK!

Help us improve our program for future cancer patients.

Please fill out this form and return it by fax 1(646)349-3035, mail it back to us in the self-addressed envelope or go to [www.CANCER101.org/survey](http://www.CANCER101.org/survey) to give us your feedback on-line.

## TELL US ABOUT YOURSELF

1.	What is your age?	2.	Did you receive your planner on-line? Yes / No
3.	Did you receive your planner at a cancer center? Which one?		
4.	My education level: some high school <input type="checkbox"/> ; high school diploma <input type="checkbox"/> ; some college <input type="checkbox"/> ; associates degree <input type="checkbox"/> ; bachelor's degree <input type="checkbox"/> ; graduate degree <input type="checkbox"/> ; doctoral/postdoctoral degree <input type="checkbox"/>		
5.	At what stage in your cancer process did you receive your C101 planner? Just diagnosed <input type="checkbox"/> ; after surgery/before chemotherapy <input type="checkbox"/> ; during chemotherapy <input type="checkbox"/> ; after chemotherapy/before radiation; <input type="checkbox"/> my treatments were complete <input type="checkbox"/>		
6.	Where are you in the treatment process at the time you are filling out this survey? Just diagnosed <input type="checkbox"/> ; after surgery/before chemotherapy <input type="checkbox"/> ; in chemotherapy <input type="checkbox"/> ; after chemotherapy/before radiation <input type="checkbox"/> ; my treatments are complete <input type="checkbox"/>		
7.	My treatments included: surgery <input type="checkbox"/> ; chemotherapy <input type="checkbox"/> ; radiation <input type="checkbox"/> ; and required purchasing a wig <input type="checkbox"/> ; prosthesis <input type="checkbox"/>		

## TELL US ABOUT YOUR EXPERIENCE WITH THE C101 breastCANCER101 PLANNER

8.	<b>Organizer:</b> Are you using, or do you plan to use (please check all that apply): five-pocket accordion folder <input type="checkbox"/> ; one-year calendar planner <input type="checkbox"/> ; ten-year calendar planner <input type="checkbox"/> ; notes <input type="checkbox"/> ; directory <input type="checkbox"/> ; billing/insurance tracker <input type="checkbox"/> ; medical history/appointment and test results <input type="checkbox"/> <i>If you didn't check one of the boxes, please tell us why. Please use the back of this sheet.</i>				
9.	<b>Resources:</b> Are you using, or do you plan to use (please check all that apply): questions to ask your doctor <input type="checkbox"/> ; dictionary <input type="checkbox"/> ; what is a clinical trial? <input type="checkbox"/> ; top Web sites/institutions <input type="checkbox"/> ; NYC/tristate resources:(if applicable) C101 where to get it guide <input type="checkbox"/> ; restaurant listings <input type="checkbox"/> ; maps of NYC <input type="checkbox"/> <i>If you didn't check one of the boxes, please tell us why. Please use the back of this sheet.</i>				
10.	<b>Please rate the following:</b>	Yes, definitely	Somewhat	Not much	No, not at all
	The planner gives me a sense of well-being				
	The planner gives me control over my diagnosis				
	The planner gives me a sense of empowerment				
	English is my second language and I understood the contents in the planner				
	I would recommend the C101 planner to another breast cancer patient				
11.	Are we missing anything that you think future breast cancer patients or caregivers would find useful or helpful? Please let us know. Please use the back of this sheet. Express yourself!				

## STAY IN TOUCH

Please provide us with your contact information below. Your information will NEVER be shared. Please print clearly.

12.	Check here if you would like to receive C101 news (five times per year) <input type="checkbox"/>	Name
13.	Check here if you would like to give C101: in-kind donations <input type="checkbox"/> ; volunteer your time <input type="checkbox"/>	Street address
14.	How do you prefer to hear from us? email <input type="checkbox"/> or; U.S. mail <input type="checkbox"/>	City State Zip code
		Email
		Telephone

## SUPPORT CANCER101

I/we would like to help future newly diagnosed patients and their caregivers via my/our tax-deductible donation in the amount of: \$25 ; \$50 ; \$100 ; \$250 ; \$500 ; \$1,000 ; other \_\_\_\_\_ ; Enclosed, please find a check written out to CANCER101 Inc. in the amount of \_\_\_\_\_. Please charge my credit card in the amount of: \_\_\_\_\_.

You can also donate on-line at [www.CANCER101.org](http://www.CANCER101.org) or call us at 1(646)638-2202 and we can take your credit card donation over the telephone.

<b>Circle one:</b> Visa MasterCard Amex Discovery Card	(Your address above must match the credit card's mailing address)	
Credit card #:	Exp date:	Signature: