



2017 Participant Satisfaction Survey

We would like your feedback! Help us to make our programming the best it can be. Complete by 9/19/17 for a chance to win tickets to Night of Chocolate!

About You:

You participate at CSC as a: Person with cancer Person who had cancer Support person Bereaved Person
 Previvor Other _____

What is your (or your loved one's) cancer diagnosis: _____ **Date Diagnosed:** _____

What is the stage of your (or your loved one's) cancer: *(check one)*

newly diagnosed in active treatment in remission cured recurrent/metastatic disease not sure

How did you first hear about CSC: Doctor Nurse Social Worker Friend/Family Newspaper

TV/Radio Internet CSC Staff/Volunteer CSC Calendar/Brochure Other _____

About Cancer Support Community Central Ohio:

Please rate the quality of your experience at CSC in the areas listed below by circling the appropriate number from 1 – 5: (1 = Poor; 5 = Outstanding)

	Poor		Average		Outstanding
Your first contact with CSC	1	2	3	4	5
The general atmosphere, furnishings, etc.	1	2	3	4	5
Location and accessibility	1	2	3	4	5
CSC employees/instructors	1	2	3	4	5
Quality of programs	1	2	3	4	5
Variety of programs	1	2	3	4	5
Professionalism of instructors	1	2	3	4	5
Readability of the calendar	1	2	3	4	5

Programs Attended:

Please identify which of the program(s) you have attended in the past year and how often:

	1-4 times	5-9 times	10 times or more	Never
People Living with Cancer support group				
Caregiver support group				
Cancer specific support group (Breast, MM, Mets, FORCE, YSC)				
Educational Class (Lunch and Learn, Frankly Speaking, Natural Living Workshop)				
Exercise Class (yoga, tai chi, NIA dance)				
Stress Management Class (Qigong, Mindfulness Meditation, Yoga Mudra, Yoga Nidra)				
Cooking for Wellness				
Counseling				
Social events (book club, Survivor Day, potlucks)				

How long have you been attending Cancer Support Community programs:

1-8 week(s) 3-6 months 7-11 months 1-2 years 3-5 years over 5 years

Please Turn Over

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Cancer Support Community Central Ohio Experience:

As a result of attending programs at CSC, please rate your level of agreement or disagreement with each of the following by circling the appropriate number from 1 – 5: (1 = *Strongly Disagree*; 5 = *Strongly agree*)

I experienced a new attitude toward the illness and treatment	1	2	3	4	5
I increased my participation in treatment planning with my/my love one's health care team	1	2	3	4	5
I experienced an improvement in my ability to handle my cancer/my loved one's cancer	1	2	3	4	5
I experienced decreased psychological distress (i.e., depression, anxiety, stress)	1	2	3	4	5
I learned new ways of minimizing the impact of cancer on my life	1	2	3	4	5
I experienced increased quality of life (physical, emotional, social, spiritual, etc.)	1	2	3	4	5
I received emotional support from others	1	2	3	4	5
I experienced increased feelings of hope	1	2	3	4	5
I experienced increased feelings of control	1	2	3	4	5
I felt less alone	1	2	3	4	5
I felt connected with others	1	2	3	4	5
I gained new meaning in my life	1	2	3	4	5
Overall Cancer Support Community programs have been helpful	1	2	3	4	5
I have not benefitted from attending programs	1	2	3	4	5

General Questions:

What CSC program(s) do you find **MOST** helpful? Why: _____

If you have not attended programs or stopped attending programs in the past year, please share your reasons:

How can we improve our services? _____

Please feel free to share any other comments/suggestions: _____

Thank you for taking the time to let us know what you think about CSC

If you would like to enter the drawing for a chance to win Night of Chocolate tickets, please return by September 19th. Also, provide you name, phone number and email below, so we can contact you if your name is drawn! If you would like to enter anonymous, please tell a staff member you would like your name entered in the drawing and do not complete below.

Name:

Phone:

Email: