

*We understand that these questions may be of a sensitive nature and we appreciate any information that you are willing to share. The purpose in asking these questions is to document pre- and post-holistic treatment experiences in order to show future funding sources the benefit of the program. Please feel free to leave blank any questions that are too sensitive. You are encouraged to call Terri Clemens to discuss any uneasiness that may arise as a result of this questionnaire. Thank you for participating in The Women and Cancer Program.*

## Women and Cancer Program Post-Treatment Questionnaire

Name:

Date:

Date of Birth:

What is your presenting issue?

When were you diagnosed with cancer?

What type(s) of cancer have you been diagnosed with?

What type(s) of treatment have you undergone (chemo, surgery, radiation)?

Are you currently receiving treatment? If so, what?

If you had surgery, what was the date of your last surgery?

### **BODY**

**For 1-5 scale questions, please circle the appropriate number. 5 is the highest degree, 0 is the lowest,**

Are you currently experiencing pain? If so, describe the pain (where, what kind of pain, how often, how severe).

Rate the pain, an average on most days: (5 being the highest amount of pain, 0 the lowest)

5                      4                      3                      2                      1                      0

Do you have any scarring? How do you feel towards these scars?

How do you feel about your body since your cancer diagnosis?

How did you feel about your body prior to cancer?

**MIND**

**Please circle the appropriate number. 5 being the highest degree, 0 the lowest.**

Are you in emotional distress? If so, please give a brief description.

Rate your depression on most days:

5                      4                      3                      2                      1                      0

Rate your anxiety on most days:

5                      4                      3                      2                      1                      0

**SPIRIT**

**Please circle the appropriate number. 5 being the highest degree, 0 the lowest.**

How much has having cancer affected your spirituality?

5                      4                      3                      2                      1                      0

How much have cancer treatments thus far affected your spirituality?

5                      4                      3                      2                      1                      0

How aware of your spirituality were you prior to your cancer diagnosis?

5                      4                      3                      2                      1                      0

How aware of your spirituality are you now?

5                      4                      3                      2                      1                      0

**GENERAL**

How do you feel about being a participant in this grant program?

How would you describe your experience with holistic healthcare from Heartwood?

What was the most beneficial part of this program for you?

Would you recommend that funding for this type of program be continued?

What would you like to see done differently if we were to continue to receive funding?

Please take the space below (or attach a letter if you prefer) to give any feedback about your experience in The Women and Cancer Program at Heartwood. Thank you we appreciate your input!