TRANSITION PLAN FOR CANCER SURVIVORS
SURVEY OF NEEDS

The Cancer Center is beginning an exciting new project that will give our patients a powerful set of tools to help in their recovery from treatment and in their quest to live as full and as healthy a life as possible. As more and more cancer patients are surviving their illness, we're identifying a number of areas in their lives that continue to be impacted by the disease. Some problems are short term; some are chronic. Our goal is to address these issues by developing a program that connects you with the resources you need to be a successful cancer survivor.

Our first step in designing an effective program is to conduct a survey to determine the needs of patients and their families as they move through survivorship, whether the cancer is cured, in remission, or requires ongoing treatment. This information will help us develop a program that is tailored to the needs of cancer survivors in our community. We're asking you to rate each of your concerns on a scale from 0 (no concern) to 5 (extreme concern). Please feel free to add any additional issues that caused you distress.

Whether you completed treatment ten days or ten years ago, or continue to receive treatment, it's important we hear from you. Please take a few moments to complete this survey and share your thoughts with us. Thank you.

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As you ended your cancer treatments, what were the questions, concerns, thoughts you had regarding your healthcare needs?

As a cancer survivor you may experience some lasting side effects from your treatment. Please rate each topic according to how much distress it caused during your treatment and recovery. The scale runs from 0 (no concerns) to 5 (extreme concerns).

Physical Effects

	no concerns					extreme concerns		no concerns					extreme concerns
Fatigue	0	1	2	3	4	5	Hot flashes / Menopause	0	1	2	3	4	5
Pain	0	1	2	3	4	5	Trouble swallowing	0	1	2	3	4	5
Sleep disturbance	0	1	2	3	4	5	Hair and skin care issues	0	1	2	3	4	5
Sexual issues / Intimacy	0	1	2	3	4	5	Dental or mouth problems	0	1	2	3	4	5
Body changes	0	1	2	3	4	5	Osteoporosis / Bone health	0	1	2	3	4	5
Balance / Walking / Mobility	0	1	2	3	4	5	Memory and concentration	0	1	2	3	4	5
Bowel or bladder changes	0	1	2	3	4	5	Physical therapy / Rehab	0	1	2	3	4	5
Weight changes	0	1	2	3	4	5	Tingling & numbness in feet & hands (neuropathy)	0	1	2	3	4	5
Nausea / Vomiting	0	1	2	3	4	5	Other (specify): _____	0	1	2	3	4	5
Poor appetite	0	1	2	3	4	5	Other (specify): _____	0	1	2	3	4	5
Swelling in legs or arms (lymphedema)	0	1	2	3	4	5							

Social Issues

	no concerns					extreme concerns		no concerns					extreme concerns
Managing household activities	0	1	2	3	4	5	Returning to work	0	1	2	3	4	5
Caring for family members	0	1	2	3	4	5	Health insurance	0	1	2	3	4	5
Fertility issues	0	1	2	3	4	5	Legal concerns	0	1	2	3	4	5
Genetic counseling (worry about your children getting cancer)	0	1	2	3	4	5	Financial concerns	0	1	2	3	4	5
							Debt from medical bills	0	1	2	3	4	5
Talking about cancer with family & friends	0	1	2	3	4	5	Other (specify): _____	0	1	2	3	4	5
							Other (specify): _____	0	1	2	3	4	5

Emotional Aspects

	no concerns					extreme concerns		no concerns					extreme concerns
Defining a new sense of normal	0	1	2	3	4	5	Looking for the bright side: (hope, gratitude, forgiveness, love, happiness, contentment)	0	1	2	3	4	5
Managing difficult emotions: (anger, fear, sadness, depression, guilt, anxiety, uncertainty)	0	1	2	3	4	5	Connecting to counseling services	0	1	2	3	4	5
Coping with grief and loss	0	1	2	3	4	5	Changing relationships with spouse, family, friends, co-workers	0	1	2	3	4	5
Finding support resources	0	1	2	3	4	5							
Living with uncertainty	0	1	2	3	4	5	Other (specify): _____	0	1	2	3	4	5
Fear of recurrence	0	1	2	3	4	5	Other (specify): _____	0	1	2	3	4	5
Managing stress	0	1	2	3	4	5							

Spiritual Issues

	no concerns					extreme concerns		no concerns					extreme concerns
Religious or spiritual support	0	1	2	3	4	5	End of life concerns	0	1	2	3	4	5
Loss of faith	0	1	2	3	4	5	Isolation / Feeling alone	0	1	2	3	4	5
Religious distress	0	1	2	3	4	5	Other (specify): _____	0	1	2	3	4	5

Other Issues

	no concerns					extreme concerns		no concerns					extreme concerns
Staying connected with the medical system	0	1	2	3	4	5	Use of complementary and alternative therapies	0	1	2	3	4	5
Who to call for medical problems	0	1	2	3	4	5	Concern about long-term effects of treatment	0	1	2	3	4	5
Keeping your primary care physician informed of your cancer treatment & risk of recurrence	0	1	2	3	4	5	Having a sense of well being	0	1	2	3	4	5
							Other (specify): _____	0	1	2	3	4	5
							Other (specify): _____	0	1	2	3	4	5

Please indicate how you would prefer to receive information on the following topics. Check all that apply.

	Written Material	Class	Video	Healthcare Specialist	Cancer Survivor
Physical	☐	☐	☐	☐	☐
Social	☐	☐	☐	☐	☐
Emotional	☐	☐	☐	☐	☐
Spiritual	☐	☐	☐	☐	☐
Other (specify): _____	☐	☐	☐	☐	☐
Other (specify): _____	☐	☐	☐	☐	☐

What has been your primary source of strength during your cancer experience?

What specific topics are you interested in learning about?

HEALTHY LIVING CHOICES:	Nutrition	Safe exercise	Smoking cessation
FINANCIAL CONCERNS:	Estate planning	Living wills	Disability
ENHANCING COMMUNICATION:	With your doctors	With your spouse	
HEALTH SCREENINGS:	Cancer	Heart	
COMMUNITY EDUCATION PROGRAMS ON VARIOUS TOPICS		Yes	No

Additional comments:

Demographics

Age _____Gender _____ Date you learned about the cancer _____ Type of cancer _____

Thank you for completing this survey. Your comments will be beneficial as we plan for the future needs of cancer survivors. If you have any questions or would like access to some of our resources, please call the ***Cancer Education Office*** *at* ***229-259-4624.***

Adapted for use from a Survey of Needs from the Mayo Clinic Cancer Center by Pearlman Cancer Center, Valdosta, GA
If data collection is completed please share your results with us: martha.griffis@sgmc.org