

EXAMPLE
Survivorship Assessment Tool
Healthcare Provider

The purpose of this tool is to define and identify cancer survivorship and cancer survivorship programs for the University of Tennessee Medical Center Cancer Institute. Please answer the following questions and return the form to the box located on the 3rd floor of the UTMC Cancer Institute, Building D at the reception area by October 31, 2006. Please feel free to contact Teri Green, Social Worker at 865-544-6154, or Linda Cruze, Clinical Manager at 865-544-6921, at any time if you have any questions.

1. Define what a “Cancer Survivor” is to you. (Ex: person who has completed treatment, person who has been diagnosed, family, caregivers, etc.)

2. Identify programs at UTMC Cancer Institute that, in your opinion, fit under the “Cancer Survivorship” heading. (Ex: Man-to-Man)
 - a. Do patients participate in these programs? **Y** **N**
 - b. If yes, in which programs do patients participate?
 - i. Why do patients participate in these programs?
 - c. If no, why not?

 - d. Do you refer patients to these programs? **Y** **N**
 - e. If yes, to what programs do you refer patients?
 - i. Why do you refer patients to these programs?
 - f. If no, why not?

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3. Identify programs in the community that, in your opinion, fit under the “Cancer Survivorship” heading. (Ex: Wellness Community)
 - a. Do patients participate in these programs? **Y** **N**
 - b. If yes, in which programs do patients participate?
 - i. Why do patients participate in these programs?
 - c. If no, why not?
 - d. Do you refer patients to these programs? **Y** **N**
 - e. If yes, to what programs do you refer patients?
 - i. Why do you refer patients to these programs?
 - f. If no, why not?

4. What programs or groups would you like to have available at UT Cancer Institute? (Ex: Yoga, art/music therapy)

Please circle which best describes you:

Physician Other healthcare provider

Thank you for taking the time to complete this survey.

Revised 10/9/06 TG