

# Your feedback is important

Your responses to this survey will be used to help us make the Bag It bag as useful as possible.

For your convenience, use the envelope provided to mail back this survey form. Or complete this survey online at [BagItCancer.org](http://BagItCancer.org). We'd love feedback from both survivors and caregivers. If there is someone else in your circle who used the Bag It bag, please share this link with them.

1. I am the:  Survivor  Caregiver

2. The contents of the Bag It bag helped me be more organized.  Yes  No

Please explain your answer: \_\_\_\_\_  
\_\_\_\_\_

3. The contents of the Bag It bag helped me cope better/worry less.  Yes  No

Please explain your answer: \_\_\_\_\_  
\_\_\_\_\_

4. The contents of the Bag It bag helped me feel more confident and comfortable in speaking up for myself and asking questions of my healthcare team.  Yes  No

Please explain your answer: \_\_\_\_\_  
\_\_\_\_\_

5. Please circle the number from 1 (not at all helpful) to 5 (extremely helpful) that shows how helpful each booklet has been for you:

	Not at all helpful	A little helpful	Somewhat helpful	Very helpful	Extremely helpful	I do not remember this booklet
Caring for the Caregiver	1	2	3	4	5	<input type="checkbox"/>
Heal Well	1	2	3	4	5	<input type="checkbox"/>
Paths to Survivorship	1	2	3	4	5	<input type="checkbox"/>
Taking Time	1	2	3	4	5	<input type="checkbox"/>

*Please turn over*

6. If you could add/change one thing in the bag what would it be? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Comments or anything you would like share: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. May we contact you for follow-up information?  Yes  No  
Bag It will not share your contact information with any other organizations.

Date: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_ Facility: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

9. You may use my responses:  with my name  without my name