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. 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:

<table>
<thead>
<tr>
<th>Booklet</th>
<th>Not at all helpful</th>
<th>A little helpful</th>
<th>Somewhat helpful</th>
<th>Very helpful</th>
<th>Extremely helpful</th>
<th>I do not remember this booklet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring for the Caregiver</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>□</td>
</tr>
<tr>
<td>Heal Well</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>□</td>
</tr>
<tr>
<td>Paths to Survivorship</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>□</td>
</tr>
<tr>
<td>Taking Time</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>□</td>
</tr>
</tbody>
</table>

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