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This questionnaire is for both Cancer patients and their support network. It will help us identify the needs in our community to implement support. It is confidential and for us to gain knowledge to improve resources available. Your participation helps up improve the community resources for those needing additional support and networks.

I am a: Cancer Patient Family member Friend Caregiver Other

If other please explain: _____

Diagnosis: _____ **Stage:** _____

Sex: Male Female Other **Age:** _____

Do you/have you received CICS support in any way?: Yes No

How long ago was the diagnosis:

0-6 months 6-12 months 1-2 years 2-5 years 5-10 years 10+years

Treatment Phase: (tick as appropriate)

- New Diagnosis and not yet started
- Surgery
- Current: Radiation Chemo Other: _____
- Remission How long: _____
- Terminal; no treatment

Activities of Daily Living: (tick as appropriate)

- Normal
- Mildly limited
- Moderately limited
- Significantly limited
- Full assistance required

Fertility:

Is fertility an immediate concern?: Yes No

Nutrition:

Do you feel like you need nutritional support/guidance? Yes No

Knowledge and Awareness:

Can you rank your knowledge and understanding of your diagnosis from 1 to 10: _____
(1 = very little knowledge and understanding, 10 = understand the diagnosis/prognosis very well)

Are you looking for professional support regarding the education of your diagnosis and what the outlook and long-term effects are?: Yes No

Are you, while in a safe environment: (tick as appropriate)

- Willing to share with others?
- Willing to listen to others' experience?

What type of support system do you currently have in place? (tick as appropriate):

- Good: Family and friends with a good community
- Moderate: some support but limited and feel you cannot always speak openly or you sometimes feel alone
- Poor: No support and feeling alone

Do you feel you can speak openly about your feelings, fears, or emotions?: Yes No

What impacts from treatment do you feel you need most help with?

(for example; fatigue, chemo fog, peripheral neuropathy, lymphoedema(swelling), pain, etc.)

What services or amenities do you feel would most benefit you? (Select all that apply to you)

- Individual Therapy
- Group Therapy: 1-3 people
- Group Therapy 3-10 people
- Private therapy 1-1
- Companionship (i.e., someone to have tea, chat, read a book, go for a walk)
- Support groups
- Physical Therapy group classes
- Yoga classes
- Meditation classes

Is there any additional information you would like to share?
