

# Your Feedback is Important

Your responses to this survey will be used to help us make the Bag It bag as useful as possible. In addition, our funders require us to provide them with data about who we serve and measure how effective the bag is. We'd love feedback from survivors, caregivers and anyone else who used the bag.

You can mail back this survey or complete online at [BagItCancer.org/feedback](http://BagItCancer.org/feedback).

1. I am the:       Survivor/Patient     Caregiver     Other \_\_\_\_\_

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"/>
CancerResource®: Living Well with Cancer and Beyond	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 to share: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Date: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_ Where received bag: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

Ethnicity <i>(check all that apply)</i>	<input type="checkbox"/> Anglo/White
	<input type="checkbox"/> Asian/Pacific Islander
	<input type="checkbox"/> African American
	<input type="checkbox"/> Hispanic/Latino
	<input type="checkbox"/> Native American
	<input type="checkbox"/> Multi-ethnic
	<input type="checkbox"/> Other

Income for Patient's Entire Household	<input type="checkbox"/> \$0 - \$19,999
	<input type="checkbox"/> \$20,000 - \$39,999
	<input type="checkbox"/> \$40,000 - \$59,999
	<input type="checkbox"/> \$60,000 - \$79,999
	<input type="checkbox"/> \$80,000 - \$99,999
	<input type="checkbox"/> \$100,000 or more

Other Demographics <i>(check all that apply)</i>	<input type="checkbox"/> Male
	<input type="checkbox"/> Female
	<input type="checkbox"/> LGBTQAI+
	<input type="checkbox"/> Veteran
	<input type="checkbox"/> Homeless
	<input type="checkbox"/> Un/Underinsured
	<input type="checkbox"/> Other

*We appreciate you taking the time to fill out the demographic information even if you do not want to provide your contact information. We respect your privacy and the information shared will not be attached to your name.*

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

Scan to complete online:



Or mail back to:

Bag It  
2900 E. Broadway Blvd,  
Suite 100 #199  
Tucson, AZ 85716

Thank You!

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