

# CtR Cancer Connections Support Group

## Needs Assessment (How can we help you best?)

Thank you for expressing an interest in the CtR Cancer Connections Support Group. This group was created to offer a reliable source for accurate information on community resources for cancer patients/caregivers and provide a source for guidance and spiritual support for cancer patients, caregivers and anyone touched by cancer in their life. The group does not provide medical care, medical treatments, medical advice or psychotherapy. To help us develop topic discussions that meet all members needs please complete this form and return to Cherry Evans at [wcwtx@sbcglobal.com](mailto:wcwtx@sbcglobal.com) or you can mail to CtR "Attention Cancer Connections Support Group".

**1.) What do expect/want to learn or gain from this group? (check all that apply)**

- Knowledge
- Resources
- Spiritual support
- Emotional Support
- Mentorship/guidance

**2.) Do you have preference for meeting format? (check all that apply)**

- Speaker led presentations
- Sharing/discussion amongst attendees
- Scripture and prayer circles
- Question and answer
- Mediation

**3.) What topics would you be interested in hearing/discussing during meeting sessions? (check all that apply)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Nutrition/diet               | <input type="checkbox"/> Financial planning            | <input type="checkbox"/> Chemotherapy side effects      |
| <input type="checkbox"/> Spirituality                 | <input type="checkbox"/> Community Assistance programs | <input type="checkbox"/> Health and Wellness            |
| <input type="checkbox"/> Faith                        | <input type="checkbox"/> Coping Skills                 | <input type="checkbox"/> Communication/coping skills    |
| <input type="checkbox"/> Cancer Resources             | <input type="checkbox"/> Cancer prevention             | <input type="checkbox"/> Life after cancer/Survivorship |
| <input type="checkbox"/> Extracurricular activities   | <input type="checkbox"/> Fitness/exercise              | <input type="checkbox"/> Networking with patients       |
| <input type="checkbox"/> Navigating healthcare system | <input type="checkbox"/> End of Life/Hospice           | <input type="checkbox"/> Internet fact or fiction       |

**4.) What topics (if any) do you not want discussed during meeting sessions? (check all that apply)  No restrictions**

- |   |  |   |
|---|--|---|
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**5.) Other Comments:**