

# Participant Information Sheet

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Name \_\_\_\_\_

Age \_\_\_\_\_

Are you: \_\_\_\_\_ Person w/Cancer

\_\_\_\_\_ Type of Cancer

\_\_\_\_\_ Family Member

\_\_\_\_\_ Date of Diagnosis

\_\_\_\_\_ Friend

If you are a person with cancer, are you currently undergoing treatment?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_ Chemo

\_\_\_\_\_ Radiation

Please tell us which topics are of particular interest to you;  
that is, what do you want to know more about?

\_\_\_\_\_ Diet/Nutrition

\_\_\_\_\_ Pain Management

\_\_\_\_\_ Exercise

\_\_\_\_\_ Alternative Therapies

\_\_\_\_\_ Financial/Insurance

*(Music, Art, Roikki, Yoga, Massage)*

\_\_\_\_\_ Family

\_\_\_\_\_ Other

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How often would you like to meet?

\_\_\_\_\_ Every 2 weeks

\_\_\_\_\_ Every 4 weeks

What would be the best time? \_\_\_\_\_