

Card Care Connection Evaluation Survey

Thank you for taking the time to help us improve our program. Please answer the questions below. All data will be kept anonymous and will only be used to evaluate and strengthen our program.



For the following questions, please circle or highlight all that apply.

Relationship to cancer: In Treatment / In Remission / Caregiver

Relationship to Card Care Connection: Card recipient / Submitted Referral / Other

	Disagree	Neutral	Agree	Not Applicable
Receiving a card lifted my spirits.				
This program is valuable.				
Receiving a card is therapeutic.				
I will tell others about this program.				
The message I received made me feel happy.				
The card I received was well made.				
This program is easily accessible.				
I would consider sharing this program with my treatment facility				
Making a referral is easy.				
My loved one seemed happier after he/she received a card.				

In the space provided, please include how you felt upon receiving your handmade card.

Please list suggestions of items that you would like to receive in addition to a card.

How can we connect to future card recipients and identify people that would appreciate a card?

Please tell us a little about yourself: **Gender**_____ **State of residence**_____

Age: 18 or younger:_____ 19-30:_____ 31-50:_____ 51-70:_____ 71+_____

Please return to aleeza@cardcareconnection.com or 112 Saddlehorn Court, Fenton MO, 63026

by 7/28/14. Thank you!