



SHORT-TERM FEEDBACK TESTIMONY FORM

Please write a few sentences about why or why you didn't choose conventional, alternative, or an integrative cancer treatment plan.

Please tell us about your diet & exercise BEFORE the cancer diagnosis and what the recommendations are AFTER meeting with your doctor. In addition, please tell us why your practitioner prescribed supplements (if applicable) any detox methods, etc. and after 3 weeks, how you are feeling.

After a follow up visit with your practitioner/oncologist, tell us about the results of any tests performed and specifics about what the doctor said about the treatment and/or the tumor.

Tell us about how you will use the Cancer Patient Support Grant.



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Were you satisfied with the grant application process? Yes or No (Please circle)

If no, please provide feedback.

In the Guidelines for Grant Application, did we meet the timeframes listed? Yes or No

If no, please provide feedback.

Did the grant meet your specific needs at this time? Please explain your answer.
