

## SHORT-TERM FEEDBACK/TESTIMONY FORM

Please write a few sentences about why you chose to use alternative/integrative treatment.

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Please tell us about what your diet and exercise consists of. In addition, please tell us why your practitioner prescribed supplements (if applicable) and after 3 weeks of taking them, how you are feeling.

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

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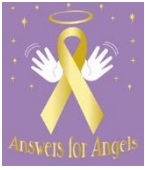
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Tell us about which activity, class, or consultation you chose. In addition, why you chose it and how you feel afterward.

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## SHORT-TERM FEEDBACK FORM

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

If no, please provide feedback.

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

If no, please provide feedback.

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

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