

10. a) Are you using or have you used any of Hope & Cope's services (other than the Wellness Centre)?

Yes No Specify: _____

b) Are any other family members using or have used any of Hope & Cope's services (other than the Wellness Centre)? Yes No Specify: _____

11. You are registering with the Wellness Centre as: (check what applies)

- A cancer patient and/or cancer survivor
- A family member/friend who acts as a caregiver

12. Who referred you to the Wellness Centre?

- Myself
- Family/friends
- Hope & Cope / Wellness Centre staff or volunteer
- Doctor's referral for exercise program evaluation
- Doctor's referral for programs other than the exercise program
- Referral from other hospital staff (e.g. nurse, social worker)
specify: _____
- Community agencies, such as Canadian Cancer Society, CLSC
specify: _____
- I heard about it in the community (media, JGH web site, Hope & Cope web site)
- Other (specify): _____

If you had a cancer diagnosis, please answer all remaining questions.
If you have not had a cancer diagnosis, please skip to questions # 17

13. a) Date of diagnosis _____ / _____
Month/Year

b) Type(s) of cancer(s): _____

c) What type(s) of treatment have you received or are scheduled to receive (check all that apply)?

- Surgery
- Bone Marrow Transplant
- Chemotherapy
- Stem Cell Transplant
- Radiation
- Other (specify): _____
- Hormone Treatment

14. Have you experienced any recurrences or metastases? Yes No

a) Date(s) of recurrence(s) or metastases: _____

b) Type(s) of recurrence(s) or metastases: _____

15. What is the name of your primary cancer specialist? _____

16. At which hospital are you receiving treatment?

- Jewish General Hospital
- Other → please specify: _____

17. As the Wellness Centre is part of the McGill University network, part of our mandate involves conducting research projects about our various services. Would you be willing to be contacted in the future about any of these projects? (This research will help us improve the Wellness Centre's services for the benefit of current and future participants.) Yes No ***Thank you!***

18. My Wellness Goals are (for mind, body & spirit health), as of today:

- a) _____
- b) _____
- c) _____