Cancer Support Community Delaware

INFORMATION FORM 2021

Cancer Support Community Delaware gathers information annually about every participant, both new and returning, to help us better support you. *All information is always kept confidential and protected
Thank you in advance for taking the time to fill out this form.
PLEASE PRINT clearly.

DATE:________________ **LOCATION:** ____ **New Castle** ____ **Kent** ____ **Sussex** ____ **Middletown** ____**Virtually**

First time at CSCDE? (Please circle) YES OR NO

==

LAST NAME:________________________**FIRST NAME:**________________________**MIDDLE INITIAL**______

NICKNAME: ________________________ **SUFFIX:**__________________

ADDRESS:____**CITY:**__________________________________

STATE:______ **ZIP:**__________________ **E-MAIL:**__________________________________ **D.O.B.** ____/_____/ _____

PHONE: (home)________________________ **(work)**______________________ **(cell)**______________________

Relationship Status (Please circle one) - Married, Single, Divorced, Widowed, Domestic Partnership, Other

***If married/partnered, please provide spouse or partner's full name:** ____

***Circle the phrases that best describe your answers to the following questions*:**

I AM A: **Person with cancer** **Survivor** **Support person** **Bereaved** **Healthcare professional**

If Support Person, name of the person you support: ____

EMERGENCY CONTACT

NAME:____RELATIONSHIP____________________

Phone: (HOME)___________________________ (WORK)_____________________________

(CELL)_____________________________

CSS (Cancer Support Source) is a distress screening tool for those who have been diagnosed with cancer (both in and out of treatment), caregivers and family members. The questionnaire allows us to customize a cancer support program for you. If you would like to utilize this **FREE** service, please check the box below and be sure you have provided your date of birth above. The questionnaire will be emailed to you and your D.O.B. will be your login.

☐ **Yes, I would like to participate in the Cancer Support Source**

Continued on other side – please turn over.

NAME: ________________________________ **DATE:**________________

As a non-profit organization that does not charge for our services, we rely on donations to underwrite our programs. The information given helps us secure funding and will be provided to funders only in terms of combined demographic data of all of our participants with no identifying information. **Your answers will not affect your ability to access all programs at CSCDE at no charge.**

Please complete the following about yourself only. Circle your answer(s) below.

1. **HOW DID YOU HEAR ABOUT CSCDE?**	2. **RACE/ETHNICITY:**	3. **AGE:**	4. **GENDER**
Please give the name of the person who told you:	Caucasian	18-24	Female
________________________________	African American	25- 39	Male
Hospital Nurse Doctor	Hispanic	40-55	Transgender
CSCDE Staff/Volunteer / Participant	Native American	56-69	Other___________
CSCDE Event	Asian	70+	
CSCDE Website / Social Media	Pacific Islander		
Other ____________________________	Other:__________________		

5. **INSURANCE**	6. **EMPLOYMENT**	7. **ANNUAL HOUSEHOLD INCOME**
Medicare only	Employed - full / part time	Under $25,000
Medicare and Private	Medical Leave	$25,000 to $49,999
Medicaid	Disabled	$50,000 to $74,999
Private Insurance	Not employed	$75,000 to $99,999
Uninsured	Retired	Over $100,000

8. MY/LOVED ONE'S TYPE OF PRIMARY CANCER

Please circle your answer and give the year of diagnosis of patient or survivor only

Bladder / Urinary	Lymphoma	Myeloproliferative Neoplasm (MPN):
Brain	Melanoma / Skin	Essential Thrombocythemia (ET)
Breast	Multiple Myeloma	Myelofibrosis (MF)
Colon, Rectal	Ovarian/ Uterine / Cervical	Polycythemia Vera (PV)
Head & Neck	Pancreas	Kidney
Prostate	Leukemia (acute, chronic)	Stomach
Liver	Lung	Other: ________________________

IF PATIENT/SURVIVOR, PLEASE COMPLETE THE FOLLOWING:

ONCOLOGIST'S NAME:______________________________

HOSPITAL: ____ CITY: _______________________________

Thank you for taking the time to answer these questions!