

Cancer Pathway Project 2019/20

Volunteer ID Number: _____

Date: _____

Could you please complete the following survey on a weekly basis and return them to the South Glamorgan Community Health Council in the envelope provided? Please provide as much information as you can each week, but only if you feel able to do so.

Did you undertake any activities with the following? Please indicate on which days you had any interaction with the following and then ☒ your selected option

Health	Social Care	Local Authority	3rd Sector	Social	Own activities
Monday <input type="checkbox"/>	Monday <input type="checkbox"/>	Monday <input type="checkbox"/>	Monday <input type="checkbox"/>	Monday <input type="checkbox"/>	Monday <input type="checkbox"/>
Tuesday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Tuesday <input type="checkbox"/>
Wednesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>
Thursday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Thursday <input type="checkbox"/>
Friday <input type="checkbox"/>	Friday <input type="checkbox"/>	Friday <input type="checkbox"/>	Friday <input type="checkbox"/>	Friday <input type="checkbox"/>	Friday <input type="checkbox"/>

Based on the above, how has your mood been this week? Please ☒ the box below the relevant emoticon.



Very Good ☐ Good ☐ OK ☐ Bad ☐ Very Bad ☐

Any further comments?