

Massage with Cancer - Questionnaire

This questionnaire is part of a research study I am conducting regarding massage with cancer. Your participation is appreciated. Please print very neatly.

1. What type of cancer do you have?

2. Cancer past or current? Past Current

3. Where is/was the cancer in your body?

4. What kind of treatment are you receiving now, or have received in the past?

5. If you currently have cancer, has it spread? Yes No

6. If yes, to which part(s) of your body?

7. Have you received massage prior to being diagnosed with cancer? Yes No

8. Have you received massage since being diagnosed with cancer? Yes No

9. Were any lymph nodes removed or treated with radiation therapy as part of treatment? Yes No

10. If yes to question #9, how many and where in your body?

11. Has lymphedema occurred after radiation or surgery? Yes No

12. If you answered yes to question #11 above, do you know why?

Please print and complete this form and mail to:

Massage By Ed
421 Park
Clarendon Hills, IL 60514

I would like to contribute \$2 or more to help in recording the findings of this study.

Amount enclosed: \$