



WOMAN TO WOMAN PEER SUPPORT PROGRAM

Since every woman has an individual treatment plan, we carefully match newly diagnosed women with a peer mentor who has gone through a comparable experience. Peer Mentors receive formal training. If you are willing to share aspects of your experience, including information about your treatment decisions, effects of treatment, coping strategies, recovery obstacles, knowledge, support, encouragement, and friendship, then we encourage you to submit an application. *Note: We are committed to your privacy and your information will never be shared with an outside party other than those affiliated with the UAB Woman to Woman Program.*

APPLICANT INFORMATION			
Name:		Date: ___/___/_____	
Date of birth: ___/___/_____	Age: _____	Cell Phone : (____) _____ Home Phone : (____) _____	
Current address:			
City:	State:	ZIP Code:	
Email address:		Preferred contact method? <input type="radio"/> Cell Phone <input type="radio"/> Home Phone <input type="radio"/> Email For phone, preferred time? _____	
Primary language:	Other language(s):	If your race and/or ethnicity is an element you would like to share, please write that information here:	
Marital status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widow <input type="radio"/> Significant Other	Do you have children? <input type="radio"/> YES <input type="radio"/> NO If yes, ages: _____ _____ _____	Do you currently live alone? <input type="radio"/> YES <input type="radio"/> NO Do you have children living at home? <input type="radio"/> YES <input type="radio"/> NO	
Religious Affiliation:		Congregation:	
Are you currently employed? <input type="radio"/> YES <input type="radio"/> NO	Place of employment: _____ Position: _____		
YOUR CANCER JOURNEY			
Type of Cancer:	Date Diagnosed (MM/DD/YYYY): ___/___/_____	Cancer stage:	
Has your cancer metastasized? <input type="radio"/> YES <input type="radio"/> NO		If yes, location(s): _____	
Hospital/Medical Center you are being treated:	City: _____ State: _____	Treating Doctor: _____ Contact Number: (____) _____	
Current treatments: (Choose all that apply):			
<input type="radio"/> Chemotherapy; if yes, what drugs: _____ <input type="radio"/> Surgery; type: _____ <input type="radio"/> Other; please explain: _____		<input type="radio"/> Radiation <input type="radio"/> Clinical Trial; if yes, which one: _____ <input type="radio"/> Alternative Treatment; if yes, which one: _____ <input type="radio"/> Wait and watch	
Please let us know of any therapies and practices you are interested in using or learning more about to manage the physical and emotional symptoms of gynecologic cancer: (Choose all that apply):	<input type="radio"/> Art Therapy <input type="radio"/> Acupuncture <input type="radio"/> Aromatherapy <input type="radio"/> Chiropractic Therapy <input type="radio"/> Diet and Nutrition <input type="radio"/> Exercise <input type="radio"/> Hypnosis <input type="radio"/> Journaling <input type="radio"/> Massage <input type="radio"/> Meditation	<input type="radio"/> Music Therapy <input type="radio"/> Natural Products <input type="radio"/> Physical Therapy <input type="radio"/> Psychotherapy <input type="radio"/> Reiki <input type="radio"/> Shiatsu <input type="radio"/> Spirituality and Prayer <input type="radio"/> Support Groups <input type="radio"/> Tai Chi <input type="radio"/> Yoga	

PEER TO PEER COMMUNICATION																																																													
Do you feel comfortable being matching with a mentor who has a different gynecologic cancer type than yours?	<input type="radio"/> YES <input type="radio"/> NO																																																												
Do you feel comfortable being matched with a mentor who has a different treatment history than yours?	<input type="radio"/> YES <input type="radio"/> NO																																																												
How would you prefer to communication with your mentor? (Choose all that apply) <input type="radio"/> Phone <input type="radio"/> Text messaging <input type="radio"/> Video chat <input type="radio"/> Email <input type="radio"/> In Person; if yes, max travel radius in miles: _____	How often do you think you would like to communication with your mentor? (Choose all that apply) <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Every other week <input type="radio"/> I'm not sure <input type="radio"/> As much as needed																																																												
What are your hobbies, interests, and favorite ways to relax? _____ _____ _____																																																													
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Mentor Characteristics</th> <th colspan="5" style="text-align: center; border-bottom: 1px solid black;">Importance for Your Match with Mentor: (1= least important, 5 =most important)</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">Age</td> <td style="text-align: center; border-bottom: 1px solid black;">1</td> <td style="text-align: center; border-bottom: 1px solid black;">2</td> <td style="text-align: center; border-bottom: 1px solid black;">3</td> <td style="text-align: center; border-bottom: 1px solid black;">4</td> <td style="text-align: center; border-bottom: 1px solid black;">5</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Diagnosis</td> <td style="text-align: center; border-bottom: 1px solid black;">1</td> <td style="text-align: center; border-bottom: 1px solid black;">2</td> <td style="text-align: center; border-bottom: 1px solid black;">3</td> <td style="text-align: center; border-bottom: 1px solid black;">4</td> <td style="text-align: center; border-bottom: 1px solid black;">5</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Treatment</td> <td style="text-align: center; border-bottom: 1px solid black;">1</td> <td style="text-align: center; border-bottom: 1px solid black;">2</td> <td style="text-align: center; border-bottom: 1px solid black;">3</td> <td style="text-align: center; border-bottom: 1px solid black;">4</td> <td style="text-align: center; border-bottom: 1px solid black;">5</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Race</td> <td style="text-align: center; border-bottom: 1px solid black;">1</td> <td style="text-align: center; border-bottom: 1px solid black;">2</td> <td style="text-align: center; border-bottom: 1px solid black;">3</td> <td style="text-align: center; border-bottom: 1px solid black;">4</td> <td style="text-align: center; border-bottom: 1px solid black;">5</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Religion</td> <td style="text-align: center; border-bottom: 1px solid black;">1</td> <td style="text-align: center; border-bottom: 1px solid black;">2</td> <td style="text-align: center; border-bottom: 1px solid black;">3</td> <td style="text-align: center; border-bottom: 1px solid black;">4</td> <td style="text-align: center; border-bottom: 1px solid black;">5</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Marital status</td> <td style="text-align: center; border-bottom: 1px solid black;">1</td> <td style="text-align: center; border-bottom: 1px solid black;">2</td> <td style="text-align: center; border-bottom: 1px solid black;">3</td> <td style="text-align: center; border-bottom: 1px solid black;">4</td> <td style="text-align: center; border-bottom: 1px solid black;">5</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Family</td> <td style="text-align: center; border-bottom: 1px solid black;">1</td> <td style="text-align: center; border-bottom: 1px solid black;">2</td> <td style="text-align: center; border-bottom: 1px solid black;">3</td> <td style="text-align: center; border-bottom: 1px solid black;">4</td> <td style="text-align: center; border-bottom: 1px solid black;">5</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Location</td> <td style="text-align: center; border-bottom: 1px solid black;">1</td> <td style="text-align: center; border-bottom: 1px solid black;">2</td> <td style="text-align: center; border-bottom: 1px solid black;">3</td> <td style="text-align: center; border-bottom: 1px solid black;">4</td> <td style="text-align: center; border-bottom: 1px solid black;">5</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Hobbies</td> <td style="text-align: center; border-bottom: 1px solid black;">1</td> <td style="text-align: center; border-bottom: 1px solid black;">2</td> <td style="text-align: center; border-bottom: 1px solid black;">3</td> <td style="text-align: center; border-bottom: 1px solid black;">4</td> <td style="text-align: center; border-bottom: 1px solid black;">5</td> </tr> </tbody> </table>		Mentor Characteristics	Importance for Your Match with Mentor: (1= least important, 5 =most important)					Age	1	2	3	4	5	Diagnosis	1	2	3	4	5	Treatment	1	2	3	4	5	Race	1	2	3	4	5	Religion	1	2	3	4	5	Marital status	1	2	3	4	5	Family	1	2	3	4	5	Location	1	2	3	4	5	Hobbies	1	2	3	4	5
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Are there any other characteristics that are important to you in being matched with a mentor? <input type="radio"/> YES <input type="radio"/> NO	If yes, please explain: _____ _____ _____																																																												
Is there anything else about your journey that you would like to share? (e.g. genetic testing, family dynamics, special circumstances): _____ _____ _____ _____ _____																																																													

For questions, please contact Ayushe Sharma, the UAB site's Program Coordinator, at 205-934-5761 or sharma87@uab.edu.

You can return this application to Ayushe Sharma by mail, e-mail, or fax.

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