

## Digging Deep Evaluation – Youth Survey

### How has using *Digging Deep* affected you?

Please mark all that are true for you.

- |                              |                          |                              |                          |
|------------------------------|--------------------------|------------------------------|--------------------------|
| I feel less alone            | <input type="checkbox"/> | I feel more hopeful          | <input type="checkbox"/> |
| I feel less stressed         | <input type="checkbox"/> | I feel better about myself   | <input type="checkbox"/> |
| I feel less sad or depressed | <input type="checkbox"/> | My feelings have not changed | <input type="checkbox"/> |
| I feel less confused         | <input type="checkbox"/> | I feel worse                 | <input type="checkbox"/> |

### How has answering the questions in *Digging Deep* helped you? Please mark all that are true for you.

- I understand my disease a little better
- I understand my life a little better
- I am able to talk more easily and openly about how I am feeling
- I am better able to identify questions that I need answers to
- I realize that I am loved and supported
- I realize that other kids think or feel the same way I do
- I realize that I am strong
- I realize there are a lot of ways I can cope and take charge of my illness

### As a result of using *Digging Deep*, what changes do you expect to see in yourself in the weeks to come?

Please mark all that are true for you.

- I feel better emotionally
- I feel better physically
- I have a better attitude about my present and my future
- I realize all the support I have and I reach out to them
- I am able to talk with my doctor about my treatments and how I am feeling

### Additional Feedback

What you think and feel about *Digging Deep* is important to us. Please share any additional comments you may have on the back of this form. Feel free to attach additional pages. Thanks!

**May we contact you to follow up?**  No  Yes, you may contact me through my parent

My name: \_\_\_\_\_ My parent's name: \_\_\_\_\_

Parent's email: \_\_\_\_\_ Parent's phone: \_\_\_\_\_

Parent's signature authorizing contact: \_\_\_\_\_

Completed forms can be faxed to 650-285-2775.

Feedback can also be provided online at: <https://www.surveymonkey.com/s/JournalWriter>