

# Have your say about childhood cancer research.

## Contact Information

Name

---

Email

---

Which of the following best describes you? Please select only one.

- I am a child or teen with cancer or a survivor of childhood cancer
- I am a family member or friend of a child with cancer or survivor
- I am a family member or friend of a child with cancer or survivor completing this survey on the child's behalf
- I am a healthcare professional who takes care of children with cancer or survivors

Would you like to be contacted for further involvement in this priority setting project?

- Yes
- No

Would you like to receive email updates regarding this priority setting project?  
(no more than one email per month)

- Yes
- No

Would you like to be contacted for further involvement in future projects about pediatric cancer research?

- Yes
- No

Thank you for participating!

If you have any questions or comments about the survey you completed or the Pediatric Cancer Priority Setting Partnership, please reach out to Lindsay Jibb at [lindsay.jibb@sickkids.ca](mailto:lindsay.jibb@sickkids.ca).

## General Comments

Comments

---