



Mayo Study of Lymphoma and Leukemia (6-Year Follow-Up)



Survey Research Center

Thank you for taking the time to complete this survey. We are trying to better document and understand the needs and outcomes of lymphoma and leukemia survivors, and one of the best ways to do that is to collect information directly from persons such as you.

The questions on this survey address many issues related to health, physical and emotional function, and quality of life. While some of these questions may seem different from the usual questions asked in a health survey, they have been developed by experts in the field to help us understand all aspects of cancer survivorship.

We ask you to complete the survey to the best of your ability, and you are free to skip those questions that you are not comfortable answering. There is no “right” or “wrong” answer. Please also be aware that to make the study as scientifically strong as possible, we ask all survivors, no matter what their current health status or concerns, to answer the same questions. It is important to hear from everyone who has survived this disease.

Thank you for your time, and if you have any questions do not hesitate to contact the study staff (contact information on your cover letter).

1-7
8-12

Clinic Number: _ - _ - _ - _ - _ - _ - _ - _ -

SPORE ID: _ - _ - _ - _ - _ -

INSTRUCTIONS: PLEASE CHECK THE APPROPRIATE BOX OR FILL IN THE BLANK AS INDICATED.

13-20

Today's Date: _ _ / _ _ / _ _ _ _
Month Day Year

21_

1. What is your current marital status?

- 1 ☐ Married or living as married 2 ☐ Widowed 3 ☐ Divorced or separated 4 ☐ Single, never married

22-29

2. What is your current employment status? (Mark all that apply.)

- 1 ☐ Employed full-time 1 ☐ Student 1 ☐ Homemaker 1 ☐ Disabled
1 ☐ Employed part-time 1 ☐ Retired 1 ☐ Medical leave 1 ☐ Unemployed

HEALTH STATUS

30_

3. Would you say that your current health is:

- 1 ☐ Excellent 2 ☐ Very good 3 ☐ Good 4 ☐ Fair 5 ☐ Poor

31-33

4. What is your current weight in pounds? _ _ _ Pounds

34:35-36

5. What is your current height? _ _ Feet _ _ Inches

PERFORMANCE STATUS

37_

6. Select one of the following that best describes your ability to carry on daily activities.

- 0 ☐ Fully active, able to carry on all activity without restriction.
1 ☐ Restricted in physically strenuous activity but able to walk and able to carry out work of a light or sedentary nature, e.g., light housework or office work.
2 ☐ Able to walk and capable of all self care but unable to carry out any work activities. Up and about more than 50% of waking hours.
3 ☐ Capable of only limited self care, confined to bed or chair more than 50% of waking hours.
4 ☐ Completely disabled. Cannot carry on any self care. Totally confined to bed or chair.
5 ☐ Not known
6 ☐ Prefer not to answer

7. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?
(Please mark one response per line.)

Yes, limited a lot Yes, limited a little No, not limited at all

38_	Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
39_	Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
40_	Lifting or carrying groceries	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
41_	Climbing <u>several</u> flights of stairs	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
42_	Climbing <u>one</u> flight of stairs	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
43_	Bending, kneeling, or stooping	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
44_	Walking <u>more than a mile</u>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
45_	Walking <u>several blocks</u>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
46_	Walking <u>one block</u>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
47_	Bathing or dressing yourself	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>

48-50 8. How many times have you fallen in the last 6 months? — — — Number of times fallen
(Enter 000 if you have not fallen.)

51_ 9. Are you currently (within the last month) smoking or using other tobacco products?

1 ☐ No, I have never used tobacco products

3 ☐ No, I quit — — / — — — — (To the best of my recollection.)
Month Year

2 ☐ Yes

If yes, what tobacco products are you currently using? (Mark all that apply.)

1 ☐ Cigarettes 1 ☐ Pipes 1 ☐ Cigars 1 ☐ Chewing tobacco 1 ☐ Snuff

How many cigarettes do you smoke per day?

— — — Cigarettes per day

How has your smoking changed since your diagnosis of lymphoma or leukemia?

1 ☐ No change 2 ☐ Decreased 3 ☐ Increased

DIET

10. Please answer the following questions about your eating habits over the past month. (Mark only one response for each question.)

Never Rarely Sometimes Often Almost always Don't eat food(s)

67_ How often did you substitute low fat dairy products for regular products? 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

68_ How often did you eat hamburgers, hot dogs, or luncheon meats? 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

69_ If you ate chicken, how often did you have it fried? 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

70_ How often did you eat at least 2 servings a day of vegetables like carrots, celery corn, peppers, broccoli, etc.? 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

71_ How often did you eat at least one serving of cereal a day? 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

72_ If you eat salads, how often did you use light, fat free, or no dressing? 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

73_ How often did you reduce the amount of butter, margarine, or oil in a recipe to cut down on fat? 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

74_ If you ate fish, how often did you have it fried? 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

75_ How often did you have at least 1 serving of fruit a day? 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

76_ When you include cheese on sandwiches or in cooking, how often did you substitute reduced-fat or low-fat cheese for regular cheese? 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

77_ If you ate red meat, how often did you eat small portions to cut down on fat? 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

78_ If you ate chicken, how often did you bake or broil it? 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

79_ How often did you have fruit or vegetables as a snack? 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

80_ How often did you substitute low fat foods for high fat foods? 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

Continued next page...

	Never	Rarely	Sometimes	Often	Almost always	Don't eat food(s)
81_ How often did you eat tacos, hamburgers, and other fast foods?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
82_ If you ate fish, how often did you have it baked, broiled, or poached?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
83_ How often did you have at least 3 servings a week of broccoli, cabbage, or cauliflower?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
84_ If you use mayonnaise, how often did you use light, low fat, or fat free mayonnaise instead of regular?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
85_ How often did you avoid putting butter or margarine on your bread to cut down on fat?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
86_ How often did you pan fry foods?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
87_ How often did you eat bread, rolls, or muffins made from whole grains (whole wheat, rye, or pumpernickel)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
88_ How often did you eat french fries?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
89_ How often did you eat dark bread?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

11. How confident are you that you would overcome the following barriers to making changes in your eating habits?

	Not at all confident	Not too confident	Somewhat confident	Extremely confident
90_ I can manage to stick to healthful foods, even if I need a long time to develop the necessary routines.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
91_ I can manage to stick to healthful foods, even if if I have to try several times until it works.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
92_ I can manage to stick to healthful foods, even if I have to rethink my entire way of nutrition. ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
93_ I can manage to stick to healthful foods, even if I do not receive a great deal of support from others when making my first attempts.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
94_ I can manage to stick to healthful foods, even if I have to make a detailed plan.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

PHYSICAL ACTIVITY

12. During a typical 7-day period (a week), how many times on average do you do the following kinds of exercise for more than 15 minutes during your free time (write on each line the appropriate number).

95-96_ **a. STRENUOUS EXERCISE (HEART BEATS RAPIDLY)** _____ Times per week
(e.g., running, jogging, hockey, football, soccer, squash, basketball, cross country skiing, judo, roller skating, vigorous swimming, vigorous long-distance bicycling)

97-98_ **b. MODERATE EXERCISE (NOT EXHAUSTING)** _____ Times per week
(e.g., fast walking, baseball, tennis, easy bicycling, volleyball, badminton, easy swimming, alpine skiing, popular and folk dancing)

99-100_ **c. MILD EXERCISE (MINIMAL EFFORT)** _____ Times per week
(e.g., yoga, archery, fishing from river bank, bowling, horseshoes, golf, snowmobiling, easy walking)

101_ **13. During a typical 7-day period (a week), in your leisure time, how often do you engage in any regular activity long enough to work up a sweat (heart beats rapidly)?**

1 ☐ Often 2 ☐ Sometimes 3 ☐ Never/rarely

102_ **14. How has your level of physical activity changed since your diagnosis of lymphoma or leukemia?**

1 ☐ No change 2 ☐ Decreased level of activity 3 ☐ Increased level of activity

15. On a scale of 1 to 10, with 1 being "Not at all confident" and 10 being "Extremely confident," how confident are you that you can participate in regular exercise when:

Not at all
confident

Extremely
confident

103-104 **I am tired.....** 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

105-106 **I am in a bad mood.....** 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

107-108 **I feel I don't have the time.** 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

109-110 **I am on vacation.** 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

111-112 **It is raining or snowing.** 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

16. Below and on the next page is a list of statements that other people with your illness have said are important. By checking one (1) number per line, please indicate how true each statement has been for you during the past 7 days.

PHYSICAL WELL-BEING

		Not at all	A little bit	Somewhat	Quite a bit	Very much
113_	I have lack of energy.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
114_	I have nausea.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
115_	Because of my physical condition, I have trouble meeting the needs of my family.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
116_	I have pain.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
117_	I am bothered by side effects of treatment.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
118_	I feel ill.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
119_	I am forced to spend time in bed.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

SOCIAL/FAMILY WELL-BEING

120_	I feel close to my friends.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
121_	I get emotional support from my family.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
122_	I get support from my friends.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
123_	My family has accepted my illness.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
124_	I am satisfied with family communication about my illness.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
125_	I feel close to my partner (or the person who is my main support).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Regardless of your current level of sexual activity, please answer the following question. If you prefer not to answer it, please check the box below and continue with the emotional well-being section below.

		Not at all	A little bit	Somewhat	Quite a bit	Very much
126_	0 <input type="checkbox"/> I prefer not to answer it.					
127_	I am satisfied with my sex life.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

EMOTIONAL WELL-BEING

128_	I feel sad.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
129_	I am satisfied with how I am coping with my illness.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
130_	I am losing hope in the fight against my illness. ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Continued next page...

		Not at all	A little bit	Somewhat	Quite a bit	Very much
131_	I feel nervous.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
132_	I worry about dying.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
133_	I worry that my condition will get worse.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

FUNCTIONAL WELL-BEING

134_	I am able to work (include work at home).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
135_	My work (include work at home) is fulfilling.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
136_	I am able to enjoy life.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
137_	I have accepted my illness.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
138_	I am sleeping well.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
139_	I am enjoying the things I usually do for fun.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
140_	I am content with the quality of my life right now.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

ADDITIONAL CONCERNS

141_	I feel fatigued.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
142_	I feel weak all over.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
143_	I feel listless ("washed out").	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
144_	I feel tired.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
145_	I have trouble <u>starting</u> things because I am tired. .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
146_	I have trouble <u>finishing</u> things because I am tired. .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
147_	I have energy.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
148_	I am able to do my usual activities.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
149_	I need to sleep during the day.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
150_	I am too tired to eat.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
151_	I need help doing my usual activities.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
152_	I am frustrated by being too tired to do the things I want to do.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
153_	I have to limit my social activity because I am tired.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

17. Please check the number (0 - 10) that best describes your feelings during the past week, including today. How would you describe:

Your overall quality of life?

154-155

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

As bad as
it can be

As good as
it can be

Your overall spiritual well-being?

156-157

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

As bad as
it can be

As good as
it can be

18. We are interested in learning whether or not you are affected by pain. Please mark the number below that describes your pain in the past 2 weeks.

158-159

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

No pain

Severe pain

19. Please be as honest and accurate as you can throughout. Try not to let your response to one statement influence your responses to other statements. There are no "correct" or "incorrect" answers. Answer according to your own feelings, rather than how you think "most people" would answer.

I agree a lot I agree a little I neither agree nor disagree I disagree a little I disagree a lot

160_

In uncertain times, I usually expect the best. . 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

161_

If something can go wrong for me, it will. 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

162_

I'm always optimistic about my future. 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

163_

I hardly ever expect things to go my way. 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

164_

I rarely count on good things happening to me. 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

165_

Overall, I expect more good things to happen to me than bad. 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

166_ 20. In the last year, have you had 12 drinks or more of any kind of alcoholic drink? (One drink of alcohol is equal to one can of beer, one glass of wine, or one shot of liquor, e.g., whiskey, brandy, or gin.)

1 ☐ No 2 ☐ Yes

167_ **On average, how many drinks of alcohol do you usually have?**

- 1 ☐ Less than one each month
- 2 ☐ 1 to 3 each month
- 3 ☐ 1 to 2 each week
- 4 ☐ 3 to 6 each week
- 5 ☐ 1 to 2 each day
- 6 ☐ 3 or more each day

168_ **How has your use of alcohol changed since your diagnosis of lymphoma or leukemia?**

- 1 ☐ No change 2 ☐ Decreased use 3 ☐ Increased use

YOUR RISK AND CONCERNS ABOUT LYMPHOMA OR LEUKEMIA

169_ 21. Compared with lymphoma or leukemia survivors of your same age, sex, and ethnic background, what do you think your chances are of getting leukemia or lymphoma cancer again sometime in your life?

- 1 ☐ I have a much higher chance
- 2 ☐ I have a little higher chance
- 3 ☐ I have about the same chance
- 4 ☐ I have a little lower chance
- 5 ☐ I have a much lower chance

170_ 22. How likely do you think it is that you will get lymphoma or leukemia cancer again?

- 1 ☐ Very likely
- 2 ☐ Somewhat likely
- 3 ☐ Somewhat unlikely
- 4 ☐ Very unlikely
- 5 ☐ I have no feeling or opinion on my chances of getting lymphoma or leukemia cancer

23. Cancer patients sometimes feel that having cancer makes positive changes in their lives, as well as causes problems. Indicate how much you agree with each of the following statements.

		Not at all	A little	Moderately	Quite a bit	Extremely
171_	<i>Having had lymphoma or leukemia...</i>					
	has led me to be more accepting of things. ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
172_	has taught me how to adjust to things I cannot see.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
173_	has helped me take things as they come.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
174_	has brought my family closer together.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
175_	has made me more sensitive to family issues.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
176_	has taught me that everyone has a purpose in life.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
177_	has shown me that all people need to be loved.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
178_	has made me realize the importance of planning for my family's future.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
179_	has made me more aware and concerned for the future of all human beings.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
180_	has taught me to be patient.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
181_	has led me to deal better with stress and problems.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
182_	has led me to meet people who have become some of my best friends.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
183_	has contributed to my overall emotional and spiritual growth.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
184_	has helped me become more aware of the love and support available from other people. ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
185_	has helped me realize who my real friends are.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
186_	has helped me become more focused on priorities, with a deeper sense of purpose in life.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
187_	has helped me become a stronger person, more able to cope effectively with future life challenges.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

SOCIAL SUPPORT

		None of the time	A little of the time	Some of the time	Most of the time	All of the time
188_	24. Is there someone available... you can count on to listen to you when you need need to talk?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
189_	to give you good advice about a problem?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
190_	who shows you love and affection?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
191_	to help with daily chores?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
192_	25. Can you count on anyone to provide you with emotional support (talking over problems or helping you make a difficult decision)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
193_	26. Do you have as much contact as you would like with someone you feel close to, someone in whom you can trust and confide in?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

CANCER AND YOUR FAMILY

		Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree
194_	27. Cancer can have both positive and negative effects on a family. In your opinion, how has cancer affected your family? Please indicate your level of agreement or disagreement with each statement. Having cancer in my family has torn us apart in some ways.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
195_	My family sees cancer as a curse on the family.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
196_	Because of having cancer in our family, we don't see ourselves as a normal family.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
197_	Because of having cancer in our family, some other people think that my family is not a normal family.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
198_	I think other people pity our family because we have cancer in our family.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
199_	People in my family who have had cancer seem to be united by a special bond.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
200_	Having cancer in our family has made us a close (or closer) family.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
201_	In my family, cancer is seen as a family issue rather than just a problem for the people who have cancer.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

28. Family members sometimes influence other members' actions related to cancer prevention and screening. These actions could include things like going to the doctor, getting cancer screening, or changing your lifestyle. To what extent does your family influence your cancer prevention and screening activities? Please indicate your level of agreement or disagreement with each statement.

		Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree
202_	I feel a lot of pressure from my family to do things to avoid getting cancer again.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
203_	Someone in my family often reminds me to do things to avoid getting cancer again	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
204_	Some people in my family are critical of the relatives who don't take good care of their health.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
205_	Most of the people in my family do things to avoid getting cancer.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
206_	My family members praise me when I do things to avoid getting cancer again.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
207_	I try to influence my family members to do things to avoid getting cancer. ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

29. Families sometimes have different rules about and ways of discussing cancer. How does your family discuss cancer? Please indicate your level of agreement or disagreement with each statement.

		Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree
208_	People in my family who have cancer generally keep their feelings about it to themselves.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
209_	For the most part, people in my family who have had cancer only talk to each other about it.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
210_	My family usually tries to keep children from hearing conversations about cancer.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
211_	Cancer is an open topic for discussion in my family.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
212_	Most of my family is uncomfortable discussing cancer.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
213_	There are one or two main people in my family who usually keep us informed about cancer.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
214_	I have learned most of what I know about cancer from my family.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
215_	Cancer-related topics are frequently discussed in my family.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
216_	My family is very open in discussing cancer family history.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

30. A number of statements which people have used to describe themselves are given below. Read each statement and then check the appropriate box to the right of the statement to indicate how you feel right now, that is, at this moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

		Not at all	Somewhat	Moderately so	Very much so
217_	a. I feel calm	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
218_	b. I feel secure	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
219_	c. I am tense	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
220_	d. I feel strained	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
221_	e. I feel at ease	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
222_	f. I feel upset	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
223_	g. I am presently worrying over possible misfortunes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
224_	h. I feel satisfied	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
225_	i. I feel frightened	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
226_	j. I feel comfortable	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
227_	k. I feel self-confident	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
228_	l. I feel nervous	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
229_	m. I am jittery	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
230_	n. I feel indecisive	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
231_	o. I am relaxed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
232_	p. I feel content	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
233_	q. I am worried	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
234_	r. I feel confused	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
235_	s. I feel steady	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
236_	t. I feel pleasant	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

31. A number of statements which people have used to describe themselves are given below. Read each statement and then check the appropriate box to the right of the statement to indicate how you generally feel.

		Almost never	Sometimes	Often	Almost always
237_	a. I feel pleasant	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
238_	b. I feel nervous and restless	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
239_	c. I feel satisfied with myself	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
240_	d. I wish I could be as happy as others seem to be	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
241_	e. I feel like a failure	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
242_	f. I feel rested	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
243_	g. I am "calm, cool, and collected"	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
244_	h. I feel that difficulties are piling up so that I cannot overcome them	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
245_	i. I worry too much over something that really doesn't matter	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
246_	j. I am happy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
247_	k. I have disturbing thoughts	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
248_	l. I lack self-confidence	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
249_	m. I feel secure	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
250_	n. I make decisions easily	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
251_	o. I feel inadequate	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
252_	p. I am content	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
253_	q. Some unimportant thought runs through my mind and bothers me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
254_	r. I take disappointments so keenly that I can't put them out of my mind	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
255_	s. I am a steady person	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
256_	t. I get in a state of tension or turmoil as I think over my recent concerns and interests	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

32. Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you during the past 7 days with respect to your lymphoma or leukemia.

		Not at all	A little bit	Moderately	Quite a bit	Extremely
257_	Any reminder brought back feelings about it. .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
258_	I had trouble staying asleep.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
259_	Other things kept making me think about it. .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
260_	I felt irritable and angry.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
261_	I avoided letting myself get upset when I thought about it or was reminded of it.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
262_	I thought about it when I didn't mean to.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
263_	I felt as if it hadn't happened or wasn't real. .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
264_	I stayed away from reminders of it.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
265_	Pictures about it popped into my mind.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
266	I was jumpy and easily startled.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
267_	I tried not to think about it.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
268_	I was aware that I still had a lot of feelings about it, but I didn't deal with them.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
269_	My feelings about it were kind of numb.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
270_	I found myself acting or feeling like I was back at that time.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
271_	I had trouble falling asleep.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
272_	I had waves of strong feelings about it.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
273_	I tried to remove it from my memory.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
274_	I had trouble concentrating.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
275_	Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
276_	I had dreams about it.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
277_	I felt watchful and on guard.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
278_	I tried not to talk about it.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

33. If we offered a program to teach you how to use the Internet and other sources to get health information, how interested would you be in taking part?

- 1 ☐ Not at all interested 2 ☐ Somewhat interested 3 ☐ Definitely interested

34. If a lifestyle program to reduce your cancer risk (i.e., exercise, nutrition, smoking cessation) was offered, how willing would you be to take part in the program?

- 1 ☐ Not at all

If not at all, skip to question 35 on page 17.

- 2 ☐ Somewhat

If you answered "Somewhat" or "Definitely"...

- 3 ☐ Definitely

Would you prefer a program just for you or one that includes you and your family? (Mark ALL that apply.)

- 1 ☐ Just me 1 ☐ Me and my family 1 ☐ Me and others (i.e., people outside family like friends or coworkers)

What type of program would be of interest? (Mark ALL that apply.)

- 1 ☐ A. Exercise
 1 ☐ B. Weight management
 1 ☐ C. Nutrition
 1 ☐ D. Tobacco cessation (to quit smoking)
 1 ☐ E. Stress reduction
 1 ☐ F. Other, specify: _____

Of the programs listed above, what would be your top choice?
 (Please record the letter of your choice from above.)

How likely would you be to take part if the program was delivered by:

Very likely Somewhat likely Not at all likely

Telephone 3 ☐ 2 ☐ 1 ☐

Web/Internet (password protected/ confidential site) 3 ☐ 2 ☐ 1 ☐

In person 3 ☐ 2 ☐ 1 ☐

Of the three ways to deliver the program, which one would be your top choice?

- 1 ☐ Telephone 2 ☐ Web/Internet 3 ☐ In person

35. We welcome any comments you may wish to provide.

Thank you for taking the time to participate in this survey!

Question 13: © US English 1987, 1997, David Cella, Ph.D., Fact-G (Version 4).

Question 18: Complementary / Alternative Medicine Survey developed by Boon et al, 2004.

Question 22: © Godin, G. and Shephard, R. J., A Simple Method to Assess Exercise Behavior in the Community. Can. J. Appl. Spt. Sci. 10:3 141-146, 1985.

Questions 30 and 31: ©Marcus, B. H., Rossi, J. S., Selby, V. C., Niaura, R. S., & Abrams, D. B. (1992). The stages and processes of exercise adoption and maintenance in a worksite sample. Health Psychology, 11, 386-395.

