



## The LILAC Study

## **Life and Longevity after Cancer**

Thank you for participating in the WHI LILAC Study! This year we are asking questions about how you are doing since your cancer treatment. Please answer each question as best you can. Thank you for your help as we try to better understand cancer survivors' quality of life.

Please use a <u>pencil</u> or <u>black pen</u> only to complete this form.

1. In the past year, has your doctor ever told you that your cancer came back (a recurrence), that it had spread, or that you now have another cancer of this same type?

O <sub>1</sub> Y	Go to question 2 on the next page.
<u> </u>	O 9 Don't know
1.1	Did you receive any of the following treatments for this cancer? Mark all that apply.  O Don't know
	O² Chemotherapy Oº No treatment
	O <sub>3</sub> Radiation therapy
	O <sup>4</sup> Hormone-related (pills such as Arimidex, Femara, Megace, Tamoxifen)
	O <sub>5</sub> Immune therapy
	O 6 Targeted therapy

OFFICE USE ONLY		
1. Date Received:	3. Contact Type:	
MM DD YYYY	1 Phone 2 Mail	Participant ID Label
2. Reviewed By: 80 -		
ORCR OU1 OU2		

2. Please estimate your weight to the neare	st poun	d for <u>ea</u>	ach of the follo	_	times in your life. ight in pounds
<b>2.1</b> What is your current weight?				L	lbs
2.2 What was your weight when you were first dia	gnosed v	with cand	cer?	L	lbs
2.3 What was your weight two years after diagnos	is?			L	lbs
<b>2.4</b> If you lost weight during the first two years aft	er your	cancer		¹ Yes	O º No
diagnosis, was the weight loss intentional?				)² Did	n't lose weight
3. Are you <u>currently</u> taking any of the follo	wing m	edicatio	ons at least 3	times <sub>]</sub>	per week?
<b>3.1</b> Aspirin (Anacin, Bayer, Bufferin, Excedrin, ba	by aspir	in, etc.)		1 Yes	Oº No
<b>3.2</b> Acetaminophen (Tylenol, etc.)				1 Yes	O° No
<b>3.3</b> Ibuprofen (Advil, Motrin, Nuprin, etc.)				1 Yes	O° No
<b>3.4</b> Other anti-inflammatory pain medicines (Alev Naprosyn, Ketoprofen, Relafen, etc.)	e, Anapr	ox.		¹ Yes	Oº No
3.5 Multivitamin				1 Yes	O° No
			1 \		
4. Have you ever taken:	Vos	No	Date Star		Date Stopped (if no longer taking)
4. Have you ever taken: 4.1 Celebrex (celecoxib)	Yes	No No	Date Starr (MM/Y)		* *
<ul> <li>4. Have you ever taken:</li> <li>4.1 Celebrex (celecoxib)</li> <li>4.2 Statin cholesterol-lowering drug (Crestor, Lescol, Lipitor, Lovastatin, Mevacor, Pravachol, Zocor)</li> </ul>	Yes O1				(if no longer taking)
<ul><li>4.1 Celebrex (celecoxib)</li><li>4.2 Statin cholesterol-lowering drug (Crestor, Lescol, Lipitor, Lovastatin, Mevacor,</li></ul>	Yes O1 O1				(if no longer taking)
<ul><li>4.1 Celebrex (celecoxib)</li><li>4.2 Statin cholesterol-lowering drug (Crestor, Lescol, Lipitor, Lovastatin, Mevacor, Pravachol, Zocor)</li></ul>	Yes O 1 O 1 O 1				(if no longer taking)
<ul> <li>4.1 Celebrex (celecoxib)</li> <li>4.2 Statin cholesterol-lowering drug (Crestor, Lescol, Lipitor, Lovastatin, Mevacor, Pravachol, Zocor)</li> <li>4.3 Bextra (valdecoxib)</li> </ul>	Yes  O1  O1  O1  O1	O° O°			(if no longer taking)
<ul> <li>4.1 Celebrex (celecoxib)</li> <li>4.2 Statin cholesterol-lowering drug (Crestor, Lescol, Lipitor, Lovastatin, Mevacor, Pravachol, Zocor)</li> <li>4.3 Bextra (valdecoxib)</li> <li>4.4 Metformin</li> <li>4.5 ACE inhibitors (Altace, enalapril,</li> </ul>	Yes  O1  O1  O1  O1  O1	0° 0° 0°			(if no longer taking)
<ul> <li>4.1 Celebrex (celecoxib)</li> <li>4.2 Statin cholesterol-lowering drug (Crestor, Lescol, Lipitor, Lovastatin, Mevacor, Pravachol, Zocor)</li> <li>4.3 Bextra (valdecoxib)</li> <li>4.4 Metformin</li> <li>4.5 ACE inhibitors (Altace, enalapril, lisinopril, ramparil, Zestril)</li> <li>4.6 Antidepressants (Amitriptylene, Celexa, Citalopram, Elavil, Fluoxetine, Prozac,</li> </ul>	Yes  O1  O1  O1  O1  O1	0° 0° 0° 0°			(if no longer taking)

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history.

ı	Form 370 – LILAC Annual Questionnaire		Ver. 2
<b>5.</b>	Since your cancer diagnosis, have you ever had any of the following expe	eriences?	
		Yes	No
5.1	I have been denied health insurance.	<b>O</b> 1	00
5.2	I have been denied life insurance.	<b>O</b> 1	00
5.3	I have had my health insurance company refuse to pay a medical expense insurance claim.	<b>O</b> 1	00
5.4	My cancer treatment has left me with large debts/bills to pay.	<b>O</b> 1	00
5.5	I have had trouble getting a mortgage or other loans because of my cancer	<b>O</b> 1	00

**5.6** I have had to get legal assistance to deal with problems related to my cancer. **5.7** I have had to declare bankruptcy because of my cancer.

**5.8** In general, I have enough money to pay for basics (food, housing, and utilities).

For the following questions, please mark the answers that are most true for you.

	Rarely or Never	Sometimes	Often	All the time
<b>6.1</b> How often do you think about your chances of getting cancer again?		01	<b>O</b> <sup>2</sup>	Оз
<b>6.2</b> Do these thoughts affect your mood?	00	<b>O</b> 1	<b>O</b> <sup>2</sup>	Оз
<b>6.3</b> Do these thoughts interfere with your ability to do daily activities?	00	<b>O</b> 1	<b>O</b> 2	Оз
<b>6.4</b> How concerned are you about the possibility of getting cancer again one day?	00	<b>O</b> 1	<b>O</b> 2	Оз
<b>6.5</b> How often do you worry about developing cancer again	? 00	<b>O</b> 1	<b>O</b> <sup>2</sup>	Оз
<b>6.6</b> How much of a problem is your worry?	00	<b>O</b> 1	<b>O</b> 2	Оз
<b>6.7</b> How often do you worry about the chance of family members developing cancer?	00	<b>O</b> 1	<b>O</b> <sup>2</sup>	<b>O</b> <sup>3</sup>
<b>6.8</b> How concerned are you about the possibility that you will ever need surgery for cancer again?	00	<b>O</b> 1	<b>O</b> 2	Оз

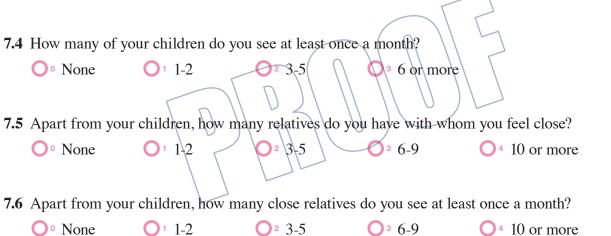
**6.9** On a scale from 1 to 10, please rate how much your worries interfere with your ability to complete your daily activities. Mark one number.

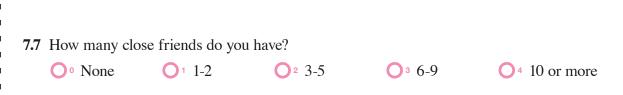
1 2 3 4 5 6 7 8 9 10	0	0	0	0	0	0	0	0	0	0
Not at all A great	1 Not at all		3	4	5	6	7	8	9	10 A great deal

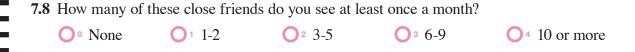
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7. These ques	tions are about	people you see	and groups you	are in.		
7.1 In the past r	nonth, how often	have you gone to	a religious service	or to a church?		
<b>O</b> 1	<b>O</b> 2	<b>O</b> 3	<b>O</b> 4	<b>O</b> 5	6	
Not at all in the past month	Once in the past month	2 or 3 times in the past month	Once a week	2 to 6 times a week	Every day	
7.2 In the past r	nonth, how often	have you gone to	meetings of clubs	, lodges or other g	roups?	
<b>O</b> 1	<b>O</b> 2	<b>O</b> 3	<b>O</b> 4	<b>O</b> 5	6	
Not at all in the past month	Once in the past month	2 or 3 times in the past month	Once a week	2 to 6 times a week	Every day	
<b>7.3</b> How many li	ving children do	you have?				
O None	O <sub>1</sub> 1-2	O <sub>2</sub> 3-5	O <sup>3</sup> 6 or mo	re		
<b>7.4</b> How many o	f your children do	you see at least o	once a month?			







7.9 How much of the time do you have someone with whom you can have a good time or who helps you get your mind off things?

$O_1$	<b>O</b> <sup>2</sup>	<b>O</b> <sup>3</sup>	<b>O</b> <sup>4</sup>	<b>O</b> 5
None of the time	A little of the time	Some of the time	Most of the time	All of the time

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8.	In the past 4 weeks, how true have the	followin	g statemer	nts been for y	you?	
		Not at all	A little bit	Somewhat	Quite a bit	Very much
8.1	I have numbness or tingling in my hands.	00	<b>O</b> 1	<b>O</b> 2	<b>O</b> 3	<b>O</b> 4
8.2	I have numbness or tingling in my feet.	00	<b>O</b> 1	<b>O</b> 2	<b>O</b> 3	<b>O</b> 4
8.3	I feel discomfort in my hands.	00	<b>O</b> 1	<b>O</b> 2	<b>O</b> 3	<b>O</b> 4
8.4	I feel discomfort in my feet.	0.	<b>O</b> 1	<b>O</b> 2	<b>O</b> 3	<b>O</b> 4
8.5	I have joint pain or muscle cramps.	00	<b>O</b> 1	<b>O</b> 2	<b>O</b> 3	<b>O</b> 4
8.6	I feel weak all over.	<b>O</b> °	<b>O</b> 1	<b>O</b> 2	<b>O</b> 3	<b>O</b> 4
8.7	I have trouble hearing.	<b>O</b> °	<b>O</b> 1	<b>O</b> 2	<b>O</b> 3	<b>O</b> 4
8.8	I get a ringing or buzzing in my ears.	<b>O</b> °	<b>O</b> 1	<b>O</b> 2	<b>O</b> 3	<b>O</b> 4
8.9	I have trouble walking.	<b>O</b> º	<b>O</b> 1	<b>O</b> <sup>2</sup>	<b>O</b> 3	<b>O</b> 4
8.10	I have trouble buttoning buttons.	00		O2	<b>O</b> 3	<b>O</b> 4
8.11	I have trouble feeling the shape of small objects when they are in my hand.			O 2	<b>O</b> 3	<b>O</b> 4
9.	Have you ever:			Yes	No	
9.1	Participated in any face-to-face cancer support	ort groups	?	<b>O</b> 1	0.	
9.2	Visited online web sites for information about	it cancer?		<b>O</b> 1	0	
9.3	Participated in any online cancer support gro	oups?		<b>O</b> 1	00	
10.	In the past 7 days:	Never	About once a week	2 to 3 times a week	Nearly every day	Several times a day
10.1	I have had trouble forming thoughts.	<b>O</b> º	<b>O</b> 1	<b>O</b> 2	<b>O</b> 3	<b>O</b> 4
10.2	My thinking has been slow.	00	<b>O</b> 1	<b>O</b> 2	<b>O</b> 3	<b>O</b> 4
10.3	I have had trouble concentrating.	00	<b>O</b> 1	<b>O</b> 2	<b>O</b> 3	<b>O</b> 4
10.4	I have had trouble finding my way to a familiar place.	0 0	<b>O</b> 1	<b>O</b> <sup>2</sup>	Оз	<b>O</b> 4
10.5	I have had trouble remembering where I put things, like my keys or my wallet.	0.	<b>O</b> 1	<b>O</b> 2	<b>O</b> 3	<b>O</b> 4

Go to the next page.

	In the past 7 days:	Never	About once a week	2 to 3 times a week	Nearly every day	Several times a day
10.6	I have had trouble remembering new information, like phone numbers or simple instructions.	00	<b>O</b> 1	<b>O</b> 2	<b>O</b> 3	<b>O</b> 4
10.7	I have had trouble recalling the name of an object while talking to someone.	00	<b>O</b> 1	<b>O</b> <sup>2</sup>	<b>O</b> 3	<b>O</b> 4
10.8	I have had trouble finding the right word(s) to express myself.	00	<b>O</b> 1	<b>O</b> <sup>2</sup>	<b>O</b> 3	<b>O</b> 4
10.9	I have used the wrong word when I referred to an object.	00	<b>O</b> 1	<b>O</b> <sup>2</sup>	<b>O</b> 3	<b>O</b> 4
10.10	I have had trouble saying what I mean in conversations with others.	00	<b>O</b> 1	<b>O</b> <sup>2</sup>	Оз	<b>O</b> 4
10.11	I have walked into a room and forgotten what I meant to get or do there.	00	<b>O</b> 1	O <sup>2</sup>	<b>O</b> 3	<b>O</b> 4
10.12	I have had to work really hard to pay attention or I would make a mistake.	00		2	<b>O</b> 3	<b>O</b> 4
10.13	I have forgotten names of people soon after being introduced.	0.	1	<b>O</b> 2	<b>O</b> 3	<b>O</b> 4
10.14	My reactions in everyday situations have been slow.	Off	01	<b>O</b> 2	<b>O</b> 3	<b>O</b> 4
10.15	I have had to work harder than usual to keep track of what I was doing.	00	<b>O</b> 1	<b>O</b> 2	<b>O</b> 3	<b>O</b> 4
10.16	My thinking has been slower than usual.	00	<b>O</b> 1	<b>O</b> <sup>2</sup>	<b>O</b> 3	<b>O</b> 4
10.17	I have had to work harder than usual to express myself clearly.	00	<b>O</b> 1	<b>O</b> 2	<b>O</b> 3	<b>O</b> 4
10.18	I have had to use written lists more often than usual so I would not forget things.	00	<b>O</b> 1	<b>O</b> <sup>2</sup>	<b>O</b> 3	<b>O</b> 4
10.19	I have trouble keeping track of what I am doing if I am interrupted.	00	<b>O</b> 1	<b>O</b> <sup>2</sup>	Оз	<b>O</b> 4
10.20	I have trouble shifting back and forth between different activities that require thinking.	00	<b>O</b> 1	<b>O</b> 2	<b>O</b> 3	<b>O</b> 4

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11. Think about the walking you do outside the home. How often do you walk outside the home for more than 10 minutes without stopping? Mark only one.

12. Not counting walking outside the home, <u>how often each week</u> (7 days) do you usually do the exercises below?

🕖 

Don't know

- **12.1 Moderate or strenuous exercise.** For example, biking outdoors, using an exercise machine (like a stationary bike or treadmill), aerobics, swimming, folk or popular dancing, jogging, tennis.
  - O Never → Go to Question 12.3 on the next page.

    O 1 1 day per week
    O 2 2 days per week
    O 3 3 days per week
    O 4 4 days per week
    O 5 5 or more days per week
    O 6 4 1 hour or more

    O 7 Less than 20 minutes
    O 8 40 to 59 minutes
    O 9 4 1 hour or more

Go to the next page. —

WHI	Form 370 – LII	AC Annual Questio	nnaire			Ver. 2
12.3	Mild exercise. For example, slow dance	ing, bowling, or gol	f.			
	○ Never → Go to Question 13.					
	O <sub>1</sub> 1 day per week	<b>12.4</b> How long do at one time?	•	lly exerci	se like thi	S
	O² 2 days per week	O¹ Less tha		eg		
	O <sub>3</sub> 3 days per week	O <sup>2</sup> 20 to 39		CS		
	O <sub>4</sub> 4 days per week	O <sup>2</sup> 20 to 39				
	○ 5 or more days per week	0 4 1 hour o				
13.	A few questions about your appearan	ce:	Not at all	A little	Quite a bit	Very much
13.1	In general, how satisfied are you with your	appearance?	00	<b>O</b> 1	<b>O</b> <sup>2</sup>	<b>O</b> <sup>3</sup>
13.2	Have you felt less physically attractive as a cancer or treatment?	result of your	90	<b>O</b> 1	<b>O</b> 2	<b>O</b> 3
13.3	Have you been dissatisfied with the appear scar(s) that resulted from your cancer treatment.		O O	<b>O</b> 1	<b>O</b> <sup>2</sup>	Оз
14.	In the past 4 weeks, did you have:	Symptom did not occur		•	irred and	
14. 14.1	In the past 4 weeks, did you have:  Abdominal/pelvic pain	Symptom did not occur	Symp Mild	•	erate	was: Severe
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	did not occur		•	erate	Severe
14.1 14.2	Abdominal/pelvic pain	did not occur		Mod	erate	Severe
14.1 14.2	Abdominal/pelvic pain Bloating or gas	did not occur		Mod	erate  2  2	Severe O3 O3
14.1 14.2 14.3	Abdominal/pelvic pain Bloating or gas Constipation	did not occur		Mod	erate  2  2	Severe O3 O3
14.1 14.2 14.3 14.4	Abdominal/pelvic pain Bloating or gas Constipation Coughing or wheezing	did not occur		Mod	erate ) 2 ) 2 ) 2 ) 2	Severe
14.1 14.2 14.3 14.4 14.5	Abdominal/pelvic pain Bloating or gas Constipation Coughing or wheezing Diarrhea	did not occur		Mod	erate ) 2 ) 2 ) 2 ) 2 ) 2	Severe
14.1 14.2 14.3 14.4 14.5 14.6	Abdominal/pelvic pain Bloating or gas Constipation Coughing or wheezing Diarrhea Difficulty breathing	did not occur		Mod	erate ) 2 ) 2 ) 2 ) 2 ) 2 ) 2	Severe
14.1 14.2 14.3 14.4 14.5 14.6 14.7	Abdominal/pelvic pain Bloating or gas Constipation Coughing or wheezing Diarrhea Difficulty breathing Difficulty sleeping			Mod	erate ) 2 ) 2 ) 2 ) 2 ) 2 ) 2 ) 2 ) 2	Severe
14.1 14.2 14.3 14.4 14.5 14.6 14.7 14.8 14.9	Abdominal/pelvic pain Bloating or gas Constipation Coughing or wheezing Diarrhea Difficulty breathing Difficulty sleeping Feeling anxious	did not occur		Mod	erate ) 2 ) 2 ) 2 ) 2 ) 2 ) 2 ) 2 ) 2 ) 2	Severe
14.1 14.2 14.3 14.4 14.5 14.6 14.7 14.8 14.9	Abdominal/pelvic pain Bloating or gas Constipation Coughing or wheezing Diarrhea Difficulty breathing Difficulty sleeping Feeling anxious Feeling depressed	did not occur		Mod	erate ) 2 ) 2 ) 2 ) 2 ) 2 ) 2 ) 2 ) 2 ) 2 ) 2	Severe

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	In the past 4 weeks, did you have:	Symptom		Symptom occurred and wa			
		did not occur	Mild	Moderate	Severe		
14.13	Heartburn	00	<b>O</b> 1	<b>O</b> 2	<b>O</b> 3		
14.14	Hot flashes	0 0	<b>O</b> 1	<b>O</b> 2	<b>O</b> 3		
14.15	Joint pain or stiffness	00	<b>O</b> 1	<b>O</b> 2	Оз		
14.16	Night sweats	00	<b>O</b> 1	<b>O</b> 2	<b>O</b> <sup>3</sup>		
14.17	Pain or burning while urinating	00	<b>O</b> 1	<b>O</b> 2	<b>O</b> <sup>3</sup>		
14.18	Shortness of breath	00	<b>O</b> 1	<b>O</b> 2	<b>O</b> <sup>3</sup>		
14.19	Trouble concentrating	00	<b>O</b> 1	<b>O</b> 2	Оз		
14.20	Uncontrolled leaking of feces	00	<b>O</b> 1	<b>O</b> 2	<b>O</b> <sup>3</sup>		
14.21	Uncontrolled leaking of urine	00	<b>O</b> 1	O 2	<b>O</b> <sup>3</sup>		
14.22	Vaginal or genital discharge	00	01	<b>O</b> 2	<b>O</b> 3		
14.23	Vaginal or genital dryness	O°0 )	\ O1\	<b>O</b> 2	<b>O</b> 3		
14.24	Vaginal or genital irritation or itching		\\ <b>O</b> \	<b>O</b> 2	<b>O</b> 3		
<ul> <li>15. Now for some questions about your diet.</li> <li>15.1 How many cups of fruit and vegetables do you eat in an average day?</li> <li>Example: <ul> <li>One cup of fruit</li> <li>= 1 banana, 1 apple, 15 grapes</li> <li>One cup of vegetables</li> <li>= 1 ear of corn, 1 potato, 2 cups cooked greens,</li> <li>1 cup uncooked greens, 2 celery stalks, or 12 baby carrots</li> </ul> </li> </ul>							
	O1 Less than 4 ½ cups O2 4 ½ cups O	or more Os	Don't know	W			
15.2 Do you drink <u>less</u> than 36 ounces (4 ½ cups) of beverages with added sugar <u>weekly</u> ?  (For example: regular soft drinks, fruitades, punch, sweet tea.)  O¹ Yes  O⁰ No  O⁰ Don't know							
<ul> <li>15.3 Do you eat 1500 milligrams or less of sodium (salt) daily? If you don't track your daily sodium intake by reading the food labels, you may answer 'yes' if you do at least two of the following:</li> <li>1) Avoid eating pre-packaged processed food or eat low-sodium versions</li> <li>2) Avoid eating out or ask for low-sodium preparations, or</li> </ul>							
	3) Cook at home without adding salt	iii proparations, or					
	O¹ Yes Oº No O9 Don'	t know					
				Go to the next j	page. →		

5/19\*/20

15.4	Do you eat <b>2 or</b> the size of a de	_	of fish weekly? (One serving of fish is 3.5 ounces, approximately
	O¹ Yes	Oo No	O Don't know
15.5	whole wheat ar cereals, oatmea	nd rye breads, br	of whole grains <b>daily</b> ? (For example: whole grain foods include rown or wild rice, whole-wheat pasta, bran flakes or whole grain
	O¹ Yes	O No	O Don't know
Now	for some quest	tions specific to	certain types of cancer:
16.	Were you diagr	nosed with brea	
	1 Yes	○ No →	Go to Question 18 on the next page.
17.	your breast ca	-	ever have any swelling, pain, or numbness on the same side as do not count symptoms that were related to a different medical syndrome.)
	1 Yes	O o No	Go to Question 18 on the next page.
17.1	O¹ Hand O² Upper arm	swelling occur?  (above the elbow)  (below the elbow)	
17.2	Does/did the sv	welling interfere	with any of the following? Mark all that apply.
	O <sup>2</sup> Your appea	arance	
	O <sub>3</sub> Exercise		
	O4 Ability to o	do routine activition	es such as household chores
	O <sub>5</sub> Swelling do	oes not interfere	
	Os Other (Spec	cify):	
17.3	Do you continu	ue to have swelli	ng now?
			Go to the next page>

The following statements are about swelling or discomfort in the lower part of your body.

Not

at all

0

0

A little

bit

Somewhat

**O** 2

**O** 2

○ No → Go to Question 20 on the next page.

Were you diagnosed with endometrial, ovarian or colorectal cancer?

Please answer for the side of your lower body that is affected the most.

Very

much

**O**4

Quite a

bit

**3** 

**3** 

Go to the next page.

**18.** 

19.

19.1

O¹ Yes

On average, in the past 4 weeks:

The skin on my leg has felt tight.

**19.2** The skin above my ankle has felt tight.

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19.3	My leg felt heavy.		00	<b>O</b> 1	<b>O</b> 2	<b>O</b> 3	<b>O</b> 4
19.4	I have had pain or	discomfort in my leg.	00	<b>O</b> 1	<b>O</b> 2	<b>O</b> 3	<b>O</b> 4
19.5	My leg has been no get out of bed in the	oticeably smaller when I e morning.	0.	O	O 2	Оз	<b>O</b> 4
19.6	I have had swelling	g in my foot.	0		O <sub>2</sub>	<b>O</b> 3	<b>O</b> 4
19.7	I have had swelling	g around my ankle.	\ <b>o</b> •\\		O 2	<b>O</b> 3	<b>O</b> 4
19.8	I have had swelling (including my knee		ذ	01/	<b>O</b> <sup>2</sup>	<b>O</b> 3	<b>O</b> 4
19.9	I have had swelling	g in my upper leg.	00	<b>O</b> 1	O 2	<b>O</b> 3	<b>O</b> 4
19.10	I have had swelling	g in my buttocks.	00	<b>O</b> 1	<b>O</b> 2	<b>O</b> 3	<b>O</b> 4
19.11	I have had swelling below the waist).	00	<b>O</b> 1	<b>O</b> <sup>2</sup>	<b>O</b> 3	<b>O</b> 4	
19.12	12 I have had swelling below my stomach (below my belly button).		00	<b>O</b> 1	<b>O</b> <sup>2</sup>	<b>O</b> 3	<b>O</b> 4
19.13	I have had swelling	g in my genital area.	00	<b>O</b> 1	<b>O</b> 2	<b>O</b> 3	<b>O</b> 4
19.14 Does this swelling interfere with your daily activities?							
19.15 What does it interfere with? Mark all that apply.							
	O No  O Employment O Housework or gardening						

O<sup>2</sup> No swelling

O<sub>5</sub> Social activities

(Specify):

Os Other

O<sup>2</sup> Recreation

O<sup>3</sup> Rest or sleep

Were you diagnosed with melanoma skin cancer?

20.

O¹ Yes	○ No	Question	23.					
<b>♦</b> 21. The following stat	ements are about sv	velling o	or discom	fort.				
In the past 7 days	•	Not at all	A little bit	Somewhat	Quite a bit	Very much	N/A	
<b>21.1</b> I have had swelling	at my melanoma site.	00	<b>O</b> 1	<b>O</b> 2	<b>O</b> <sup>3</sup>	<b>O</b> 4	<b>O</b> 5	
<b>21.2</b> I have had swelling	as a result of surgery.	00	<b>O</b> 1	<b>O</b> 2	<b>O</b> 3	<b>O</b> 4	<b>O</b> 5	
21.3 I was bothered by the	ne amount of swelling.	00	<b>O</b> 1	<b>O</b> 2	<b>O</b> 3	<b>O</b> 4	<b>O</b> 5	
<b>21.4</b> Movement of my sw painful.	vollen area has been	0°	<b>O</b> 1	<b>O</b> 2	<b>O</b> 3	<b>O</b> 4	<b>O</b> 5	
21.5 Swelling kept me from I want to do.	om doing the things	0°	<b>O</b> 1	<b>O</b> 2	<b>O</b> 3	<b>O</b> 4	<b>O</b> 5	
21.6 Swelling kept me from or shoes I want to w		00	01	O 2	<b>O</b> 3	<b>O</b> 4	<b>O</b> 5	
<b>21.7</b> I felt numbness at m	y surgical site.	ذ /	// <b>Q</b> /	\\ <b>O</b> 2	<b>O</b> 3	<b>O</b> 4	<b>O</b> 5	
21.8 I have had good ran arm or leg.	ge of motion in my	0			<b>O</b> <sup>3</sup>	<b>O</b> 4	<b>O</b> 5	
<b>22.</b> Does your swelling	g interfere with your o	laily act	ivities?					
O¹ Yes	22.1 What does	it interfe	ere with?	Mark all tha	t apply.			
O º No								
O <sup>2</sup> No swelling	O <sup>2</sup> Recreat	ion	O <sub>5</sub> Soc	ial activities				
	Os Rest or sleep Os Other (Specify):							
<u> </u>	ch for completing the have missed. Feel fr					v any		

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