



# 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 pencil or black pen 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?

☐ 1 Yes

☐ 0 No

☐ 9 Don't know

Go to question 2 on the next page.

- 1.1 Did you receive any of the following treatments for this cancer? **Mark all that apply.**

☐ 1 Surgery

☐ 9 Don't know

☐ 2 Chemotherapy

☐ 0 No treatment

☐ 3 Radiation therapy

☐ 4 Hormone-related (pills such as Arimidex, Femara, Megace, Tamoxifen)

☐ 5 Immune therapy

☐ 6 Targeted therapy

### OFFICE USE ONLY

1. Date Received:

MM / DD / YYYY

3. Contact Type:

☐ 1 Phone

☐ 2 Mail

Participant ID Label

2. Reviewed By: 80 –

☐ RCR

☐ OU1

☐ OU2

PLEASE MAKE NO MARKS IN THIS AREA

SERIAL #

2. Please estimate your weight to the nearest pound for each of the following times in your life.

Weight in pounds

2.1 What is your current weight?    lbs

2.2 What was your weight when you were first diagnosed with cancer?    lbs

2.3 What was your weight two years after diagnosis?    lbs

2.4 If you lost weight during the first two years after your cancer diagnosis, was the weight loss intentional? ☐<sup>1</sup> Yes ☐<sup>0</sup> No  
☐<sup>2</sup> Didn't lose weight

3. Are you currently taking any of the following medications at least 3 times per week?

3.1 Aspirin (Anacin, Bayer, Bufferin, Excedrin, baby aspirin, etc.) ☐<sup>1</sup> Yes ☐<sup>0</sup> No

3.2 Acetaminophen (Tylenol, etc.) ☐<sup>1</sup> Yes ☐<sup>0</sup> No

3.3 Ibuprofen (Advil, Motrin, Nuprin, etc.) ☐<sup>1</sup> Yes ☐<sup>0</sup> No

3.4 Other anti-inflammatory pain medicines (Aleve, Anaprox, Naprosyn, Ketoprofen, Relafen, etc.) ☐<sup>1</sup> Yes ☐<sup>0</sup> No

3.5 Multivitamin ☐<sup>1</sup> Yes ☐<sup>0</sup> No

4. Have you ever taken:

Yes

No

Date Started  
(MM/YY)

Date Stopped  
(if no longer taking)  
(MM/YY)

4.1 Celebrex (celecoxib) ☐<sup>1</sup> ☐<sup>0</sup> / /  / /

4.2 Statin cholesterol-lowering drug (Crestor, Lescol, Lipitor, Lovastatin, Mevacor, Pravachol, Zocor) ☐<sup>1</sup> ☐<sup>0</sup> / /  / /

4.3 Bextra (valdecoxib) ☐<sup>1</sup> ☐<sup>0</sup> / /  / /

4.4 Metformin ☐<sup>1</sup> ☐<sup>0</sup> / /  / /

4.5 ACE inhibitors (Altace, enalapril, lisinopril, ramipril, Zestril) ☐<sup>1</sup> ☐<sup>0</sup> / /  / /

4.6 Antidepressants (Amitriptylene, Celexa, Citalopram, Elavil, Fluoxetine, Prozac, Paroxetine, Paxil, Sertraline, Zoloft) ☐<sup>1</sup> ☐<sup>0</sup> / /  / /

4.7 Bisphosphonates (Actonel, alendronate, Atelvia, Boniva, Fosamax, ibandronate, Reclast, risedronate, zoledronic acid) ☐<sup>1</sup> ☐<sup>0</sup> / /  / /

Go to the next page. →

**No**

- All the  
time**

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

[illegible]

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PLEASE MAKE NO MARKS IN THIS AREA

**7. These questions are about people you see and groups you are in.**

**7.1 In the past month**, how often have you gone to a religious service or to a church?

☐ <sup>1</sup>

Not at all in  
the past  
month

☐ <sup>2</sup>

Once in the  
past month

☐ <sup>3</sup>

2 or 3 times  
in the past  
month

☐ <sup>4</sup>

Once a week

☐ <sup>5</sup>

2 to 6 times  
a week

☐ <sup>6</sup>

Every day

**7.2 In the past month**, how often have you gone to meetings of clubs, lodges or other groups?

☐ <sup>1</sup>

Not at all in  
the past  
month

☐ <sup>2</sup>

Once in the  
past month

☐ <sup>3</sup>

2 or 3 times  
in the past  
month

☐ <sup>4</sup>

Once a week

☐ <sup>5</sup>

2 to 6 times  
a week

☐ <sup>6</sup>

Every day

**7.3** How many living children do you have?

☐ <sup>0</sup>

None

☐ <sup>1</sup>

1-2

☐ <sup>2</sup>

3-5

☐ <sup>3</sup>

6 or more

**7.4** How many of your children do you see at least once a month?

☐ <sup>0</sup>

None

☐ <sup>1</sup>

1-2

☐ <sup>2</sup>

3-5

☐ <sup>3</sup>

6 or more

**7.5** Apart from your children, how many relatives do you have with whom you feel close?

☐ <sup>0</sup>

None

☐ <sup>1</sup>

1-2

☐ <sup>2</sup>

3-5

☐ <sup>3</sup>

6-9

☐ <sup>4</sup>

10 or more

**7.6** Apart from your children, how many close relatives do you see at least once a month?

☐ <sup>0</sup>

None

☐ <sup>1</sup>

1-2

☐ <sup>2</sup>

3-5

☐ <sup>3</sup>

6-9

☐ <sup>4</sup>

10 or more

**7.7** How many close friends do you have?

☐ <sup>0</sup>

None

☐ <sup>1</sup>

1-2

☐ <sup>2</sup>

3-5

☐ <sup>3</sup>

6-9

☐ <sup>4</sup>

10 or more

**7.8** How many of these close friends do you see at least once a month?

☐ <sup>0</sup>

None

☐ <sup>1</sup>

1-2

☐ <sup>2</sup>

3-5

☐ <sup>3</sup>

6-9

☐ <sup>4</sup>

10 or more

**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?

☐ <sup>1</sup>

None of  
the time

☐ <sup>2</sup>

A little of  
the time

☐ <sup>3</sup>

Some of  
the time

☐ <sup>4</sup>

Most of  
the time

☐ <sup>5</sup>

All of  
the time

**Go to the next page. →**



**In the past 7 days:**

Never

About  
once a  
week2 to 3  
times  
a weekNearly  
every  
daySeveral  
times a  
day

10.6	I have had trouble remembering new information, like phone numbers or simple instructions.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
10.7	I have had trouble recalling the name of an object while talking to someone.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
10.8	I have had trouble finding the right word(s) to express myself.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
10.9	I have used the wrong word when I referred to an object.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
10.10	I have had trouble saying what I mean in conversations with others.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
10.11	I have walked into a room and forgotten what I meant to get or do there.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
10.12	I have had to work really hard to pay attention or I would make a mistake.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
10.13	I have forgotten names of people soon after being introduced.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
10.14	My reactions in everyday situations have been slow.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
10.15	I have had to work harder than usual to keep track of what I was doing.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
10.16	My thinking has been slower than usual.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
10.17	I have had to work harder than usual to express myself clearly.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
10.18	I have had to use written lists more often than usual so I would not forget things.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
10.19	I have trouble keeping track of what I am doing if I am interrupted.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
10.20	I have trouble shifting back and forth between different activities that require thinking.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

Go to the next page. →

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.

☐ 0 Rarely or never → Go to Question 12.

☐ 1 1 to 3 times each month

☐ 2 1 time each week

☐ 3 2 to 3 times each week

☐ 4 4 to 6 times each week

☐ 5 7 or more times each week

When you walk outside the home for more than 10 minutes without stopping,

11.1 How many minutes do you usually walk?

☐ 1 Less than 20 minutes

☐ 2 20 to 39 minutes

☐ 3 40 to 59 minutes

☐ 4 1 hour or more

11.2 What is your usual speed?

☐ 1 Casual strolling (2 miles per hour)

☐ 2 Average or normal (2-3 miles an hour)

☐ 3 Fairly fast (3-4 miles an hour)

☐ 4 Very fast (more than 4 miles an hour)

☐ 9 Don't know

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

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.

☐ 0 Never → Go to Question 12.3 on the next page.

☐ 1 1 day per week

☐ 2 2 days per week

☐ 3 3 days per week

☐ 4 4 days per week

☐ 5 5 or more days per week

12.2 How long do you usually exercise like this at one time?

☐ 1 Less than 20 minutes

☐ 2 20 to 39 minutes

☐ 3 40 to 59 minutes

☐ 4 1 hour or more

Go to the next page. →

**○<sub>0</sub> Never → Go to Question 13.**

- ☐ 1 1 day per week
- ☐ 2 2 days per week
- ☐ 3 3 days per week
- ☐ 4 4 days per week
- ☐ 5 5 or more days per week

- ☐ 1 Less than 20 minutes
- ☐ 2 20 to 39 minutes
- ☐ 3 40 to 59 minutes
- ☐ 4 1 hour or more

<b>Not at all</b>	<b>A little</b>	<b>Quite a bit</b>	<b>Very much</b>
-----------------------	-----------------	------------------------	----------------------

- |             |  |                         |                         |                         |                         |
|-------------|--|-------------------------|-------------------------|-------------------------|-------------------------|
| <b>13.1</b> | In general, how satisfied are you with your appearance?  | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| <b>13.2</b> | Have you felt less physically attractive as a result of your cancer or treatment?                        | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| <b>13.3</b> | Have you been dissatisfied with the appearance of any scar(s) that resulted from your cancer treatments? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |

Symptom did not occur	Symptom occurred and was:		
	Mild	Moderate	Severe

- |       |                         |                         |                         |                         |                         |
|-------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 14.1  | Abdominal/pelvic pain   | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 14.2  | Bloating or gas         | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 14.3  | Constipation            | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 14.4  | Coughing or wheezing    | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 14.5  | Diarrhea                | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 14.6  | Difficulty breathing    | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 14.7  | Difficulty sleeping     | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 14.8  | Feeling anxious         | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 14.9  | Feeling depressed       | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 14.10 | Feeling tired           | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 14.11 | General aches and pains | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 14.12 | Headaches or migraines  | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |

**Go to the next page. →**

PLEASE MAKE NO MARKS IN THIS AREA

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	In the <u>past 4 weeks</u> , did you have:	Symptom did not occur	Symptom occurred and was:		
			Mild	Moderate	Severe
14.13	Heartburn	<input type="radio"/> <sub>0</sub>	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
14.14	Hot flashes	<input type="radio"/> <sub>0</sub>	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
14.15	Joint pain or stiffness	<input type="radio"/> <sub>0</sub>	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
14.16	Night sweats	<input type="radio"/> <sub>0</sub>	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
14.17	Pain or burning while urinating	<input type="radio"/> <sub>0</sub>	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
14.18	Shortness of breath	<input type="radio"/> <sub>0</sub>	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
14.19	Trouble concentrating	<input type="radio"/> <sub>0</sub>	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
14.20	Uncontrolled leaking of feces	<input type="radio"/> <sub>0</sub>	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
14.21	Uncontrolled leaking of urine	<input type="radio"/> <sub>0</sub>	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
14.22	Vaginal or genital discharge	<input type="radio"/> <sub>0</sub>	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
14.23	Vaginal or genital dryness	<input type="radio"/> <sub>0</sub>	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
14.24	Vaginal or genital irritation or itching	<input type="radio"/> <sub>0</sub>	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>

### 15. Now for some questions about your diet.

15.1 How many cups of fruit and vegetables do you eat in an average day?

**Example:**

One cup of fruit = 1 banana, 1 apple, 15 grapes

One cup of vegetables = 1 ear of corn, 1 potato, 2 cups cooked greens,  
1 cup uncooked greens, 2 celery stalks, or 12 baby carrots

☐<sub>1</sub> Less than 4 ½ cups      ☐<sub>2</sub> 4 ½ cups or more      ☐<sub>9</sub> Don't know

15.2 Do you drink less than 36 ounces (4 ½ cups) of beverages with added sugar weekly?  
(For example: regular soft drinks, fruitades, punch, sweet tea.)

☐<sub>1</sub> Yes      ☐<sub>0</sub> No      ☐<sub>9</sub> Don't know

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:

- 1) Avoid eating pre-packaged processed food or eat low-sodium versions
- 2) Avoid eating out or ask for low-sodium preparations, or
- 3) Cook at home without adding salt

☐<sub>1</sub> Yes      ☐<sub>0</sub> No      ☐<sub>9</sub> Don't know

**Go to the next page. →**

☒<sub>1</sub> Yes      ☐<sub>0</sub> No      ☐<sub>9</sub> Don't know

☒<sub>1</sub> Yes      ☐<sub>0</sub> No      ☐<sub>9</sub> Don't know

☐<sub>1</sub> Yes      ☐<sub>0</sub> No      →      **Go to Question 18 on the next page.**

☒ <sub>1</sub> Yes      ☐ <sub>0</sub> No      →      **Go to Question 18 on the next page.**

- <sup>1</sup> Hand
- <sup>2</sup> Upper arm (above the elbow)
- <sup>3</sup> Lower arm (below the elbow)

- ☐ 1 Clothes
- ☐ 2 Your appearance
- ☐ 3 Exercise
- ☐ 4 Ability to do routine activities such as household chores
- ☐ 5 Swelling does not interfere
- ☐ 6 Swelling does not interfere
- ☐ 7 Swelling does not interfere
- ☐ 8 Other (Specify): \_\_\_\_\_

☐<sub>1</sub> Yes      ☐<sub>0</sub> No

[illegible]

PLEASE MAKE NO MARKS IN THIS AREA

SERIAL #

**18. Were you diagnosed with endometrial, ovarian or colorectal cancer?**

☐<sup>1</sup> Yes      ☐<sup>0</sup> No      → Go to Question 20 on the next page.



**19. The following statements are about swelling or discomfort in the lower part of your body. Please answer for the side of your lower body that is affected the most.**

On average, in the past 4 weeks:	Not at all	A little bit	Somewhat	Quite a bit	Very much
<b>19.1</b> The skin on my leg has felt tight.	<input type="radio"/> <sup>0</sup>	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>	<input type="radio"/> <sup>4</sup>
<b>19.2</b> The skin above my ankle has felt tight.	<input type="radio"/> <sup>0</sup>	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>	<input type="radio"/> <sup>4</sup>
<b>19.3</b> My leg felt heavy.	<input type="radio"/> <sup>0</sup>	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>	<input type="radio"/> <sup>4</sup>
<b>19.4</b> I have had pain or discomfort in my leg.	<input type="radio"/> <sup>0</sup>	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>	<input type="radio"/> <sup>4</sup>
<b>19.5</b> My leg has been noticeably smaller when I get out of bed in the morning.	<input type="radio"/> <sup>0</sup>	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>	<input type="radio"/> <sup>4</sup>
<b>19.6</b> I have had swelling in my foot.	<input type="radio"/> <sup>0</sup>	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>	<input type="radio"/> <sup>4</sup>
<b>19.7</b> I have had swelling around my ankle.	<input type="radio"/> <sup>0</sup>	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>	<input type="radio"/> <sup>4</sup>
<b>19.8</b> I have had swelling in my lower leg (including my knee).	<input type="radio"/> <sup>0</sup>	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>	<input type="radio"/> <sup>4</sup>
<b>19.9</b> I have had swelling in my upper leg.	<input type="radio"/> <sup>0</sup>	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>	<input type="radio"/> <sup>4</sup>
<b>19.10</b> I have had swelling in my buttocks.	<input type="radio"/> <sup>0</sup>	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>	<input type="radio"/> <sup>4</sup>
<b>19.11</b> I have had swelling in my hip (on the side below the waist).	<input type="radio"/> <sup>0</sup>	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>	<input type="radio"/> <sup>4</sup>
<b>19.12</b> I have had swelling below my stomach (below my belly button).	<input type="radio"/> <sup>0</sup>	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>	<input type="radio"/> <sup>4</sup>
<b>19.13</b> I have had swelling in my genital area.	<input type="radio"/> <sup>0</sup>	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>	<input type="radio"/> <sup>4</sup>

**19.14 Does this swelling interfere with your daily activities?**

☐<sup>1</sup> Yes →

☐<sup>0</sup> No

☐<sup>2</sup> No swelling

**19.15 What does it interfere with? Mark all that apply.**

☐<sup>1</sup> Employment      ☐<sup>4</sup> Housework or gardening

☐<sup>2</sup> Recreation      ☐<sup>5</sup> Social activities

☐<sup>3</sup> Rest or sleep      ☐<sup>8</sup> Other (Specify): \_\_\_\_\_

**Go to the next page. →**



N/A

O<sub>5</sub>

O<sub>5</sub>

O<sub>5</sub>

O<sub>5</sub>

O<sub>5</sub>

O<sub>5</sub>

O<sub>5</sub>

O<sub>5</sub>

**8 Other (Specify):**

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