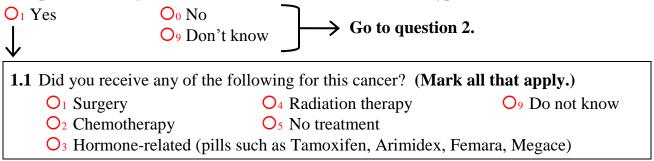




Thank you for completing the survey we sent last year. This year we are asking questions about how you are doing since your cancer treatment. Please answer each question as best you can. Thank you for help as we try to better understand cancer survivors' quality of life.

OFFICE USE ONLY	
Date Received: (MM/DD/YY)	- Barcode Label -
Reviewed By:	
Contact Type: O <sub>1</sub> Phone O <sub>2</sub> Mail O FCR O OUI	

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?

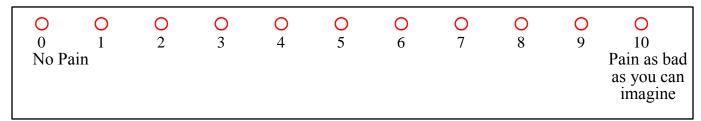


These next questions refer to the present time.

2. Do you often feel sad or depressed? (Mark the best answer.)

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

**3.** Please rate your pain by marking <u>one</u> circle that best describes your pain at its worst in the last 24 hours.



**4.** Please mark one circle below to best reflect your feelings <u>during the past week</u>, including today.

<b>4.1</b> Yo	ur <u>overal</u>	l level o	f anxiety	?						
0	0	0	0	0	<u>O</u>	0	<u>O</u>	0	0	0
None	1	2		]	Moderate	<del>)</del>	,	O	9	Worst

<b>4.2</b> Yo	ur <u>overa</u>	ll level o	f fatigue	?						
0	0	0	0	0	0	0	0	0	0	0
0	1	2	3	4	5	6	7	8	9	10
None	Moderate							Worst		

<b>4.3</b> Yo	our <u>overal</u>	l level o	f distress	?						
0	0	0	0	0	0	0	0	0	0	0
0	1	2	3	4	5	6	7	8	9	10
None					Moderate	2				Worst

5. People who have lived through a cancer diagnosis are a large and growing part of the US population. We would like to know about unmet needs that cancer survivors may face. For each of the following areas, please mark how much this is currently a concern for you, following your cancer diagnosis or treatment.

		I'm fine (No concern)	I could use some help (Moderate concern)	It's a big problem for me (Major concern)
5.1	Bone health or falls	$\bigcirc_0$	O <sub>1</sub>	$O_2$
5.2	Fatigue/Sleep	$\bigcirc_0$	$O_1$	$O_2$
5.3	Emotional health	$\bigcirc_0$	<b>O</b> <sub>1</sub>	$O_2$
5.4	Physical functioning/Activity	$\bigcirc_0$	O <sub>1</sub>	$O_2$
5.5	Memory/Concentration	$O_0$	O <sub>1</sub>	$O_2$
5.6	Weight changes/gain or loss	$\bigcirc_0$	O <sub>1</sub>	$O_2$
5.7	Personal care (dressing, bathing, etc.)	$O_0$	O <sub>1</sub>	$O_2$
5.8	Sexual functioning	$\bigcirc_0$	O <sub>1</sub>	$O_2$
5.9	Shortness of breath/heart problems	$O_0$	O <sub>1</sub>	$O_2$
5.10	Coordinating care between health care providers	$\bigcirc_0$	O <sub>1</sub>	$O_2$
5.11	Genetic counseling/testing	$O_0$	O <sub>1</sub>	$O_2$
5.12	Financial advice or assistance	$\bigcirc_0$	O <sub>1</sub>	$O_2$
5.13	Number of tests to monitor your health	$O_0$	O <sub>1</sub>	$O_2$
5.14	End of life planning	$O_0$	O <sub>1</sub>	$O_2$

**6.** Do you have a survivorship plan? A survivorship care plan is the record of a patient's cancer history, treatments received, and recommendations for follow-up care, which may be provided by a cancer care team at the end of treatment. (Mark the best answer.)

O<sub>1</sub> Yes

 $O_0$  No

O<sub>9</sub> Don't know