

For Pilot Study

Health eCommunities:
The Impact of ACOR Mailing Lists on Cancer
Patients and Survivors
Baseline Questionnaire

PROCESS QUESTIONS

The first few questions are about Internet mailing lists (referred to as “mailing lists” here) and online resources.

1. Through which mailing list did you enroll in this study?

Answer choices will be in pull-down menu format for Internet respondents and open-ended for telephone respondents:

CLL (Chronic Lymphocytic Leukemia)
Colon
EC (Esophageal)
Kidney-Onc
L-M-Sarcoma
Lung-NSCLC (Non Small Cell Lung Cancer)
Myeloma
Ovarian
Prostate

2. To which mailing lists(s) are you now subscribed? *Please check all that apply.*

- a. CLL (Chronic Lymphocytic Leukemia)
- b. Colon
- c. EC (Esophageal)
- d. Kidney-Onc
- e. L-M-Sarcoma
- f. Lung-NSCLC (Non Small Cell Lung Cancer)
- g. Myeloma
- h. Ovarian
- i. Prostate
- j. Other (please specify) _____

3. Besides ACOR, do you use any of the following cancer or health-related online resources? *Please check all that apply.*

- a. eMail mailing list (*other than ACOR lists*).....
- b. Chat (e.g., IM, IRC, chat rooms, etc.)
- c. Message board or forum.....
- d. Weblog (blog)
- e. Livejournal
- f. Other Internet community (please specify)_____

PARTICIPATION PATTERNS

The next questions are about your reasons for being in the ACOR mailing list to which you subscribe. (If you subscribe to more than one ACOR group, please answer for the one in which you are most active.) For each item, please choose the response that best describes your reasons.

4. *Please tell us how much you agree with each of the following items.*

I'm on the mailing list...	Strongly Disagree	Disagree	Agree	Strongly Agree
a. To get support from other people with my cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. To get information about how to deal with cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. To see how other patients with my cancer are doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. To find out about the latest treatments for cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. To find out how to deal with the side effects of cancer treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. To help others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please tell us **how much you agree** with each of the following items.

I'm on the mailing list...	Strongly Disagree	Disagree	Agree	Strongly Agree
a. To get information about treatment options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. To get ideas about how to talk with my doctor about my illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. To help me make decisions about what is the best cancer treatment for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. To help reduce my uncertainty about which treatments are best for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. To feel less lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. **During the past 7 days**, how much did your illness limit your ability to check your email for messages, or to read, write and post messages?

- a. Not at all.....
- b. A little bit
- c. Somewhat.....
- d. Quite a bit
- e. Very much.....

7. **Since registering** for the mailing list, have you read, written and/or posted messages to it?

- Yes
- No—(Please skip to question #16)

- 8. **During the past 7 days**, how many times did you check your email for messages from the mailing list?

Answer choices will be in pull-down menu format for Internet respondents and open-ended for telephone respondents:

▼

None

1

2

3

4

5

6

7

8

9

10 or more

(If “none”, please skip to #16)

- 9. **During the past 7 days**, about how many hours did you spend reading and responding to messages from the mailing list?

Answer choices will be in pull-down menu format for Internet respondents and open-ended for telephone respondents:

▼

Less than 1 hour

1

2

3

4

5

6

7

8

9

10 or more

10. **During the past 7 days**, about *how many times* did you exchange private messages with other group members (*i.e., messages to other mailing list members, but not sent through the mailing list*)?

number of times: **Answer choices will be in pull-down menu format for Internet respondents and open-ended for telephone respondents. Answers range from "0" to "10 or more" (see preceding questions for samples).**

11. **During the past 7 days**, with about *how many different members* of the group did you exchange private emails?

number of members: **Answer choices will be in pull-down menu format for Internet respondents and open-ended for telephone respondents. Answers range from "0" to "10 or more" (see earlier questions for samples).**

12. **During the past 7 days**, about how many members of the group have you called on the phone?

number of members: **Answer choices will be in pull-down menu format for Internet respondents and open-ended for telephone respondents. Answers range from "0" to "10 or more" (see earlier question for sample).**

Group Development Questions

13. In questions a through e below, please tell us **how much you agree** with the following statements about the group, based on your participation in the mailing list **during the past 7 days**.

	Strongly Disagree	Disagree	Agree	Strongly Agree
Cohesiveness				
a. Overall, my experiences were similar to those of other members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I could relate to other members' experiences about cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Disagree	Disagree	Agree	Strongly Agree
Normalization, Role modeling				
c. Other people on the mailing list gave me good ideas about how to cope with cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflict management				
d. I felt it was OK to express my opinions in the group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I felt it was OK to disagree with other members' statements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. In questions <i>a</i> through <i>g</i> below, please tell us how much you agree with the following statements about the group, based on your participation in the mailing list <u>during the past 7 days.</u>				
	Strongly Disagree	Disagree	Agree	Strongly Agree
Emotional support				
a. I found it comforting to read the group's messages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Other members understood what I was going through.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other members encouraged me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advice				
d. Other members gave me good advice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I got information I could not find anywhere else.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information Overload				
f. There were too many messages to deal with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humor				
g. Other members made jokes that gave me perspective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Please choose the response in each line that best describes how you felt about the mailing list **during the past 7 days**.

	None	A little bit	Some	Quite a bit	Very much
a. How much help did other mailing list members give you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How much help did you give to other mailing list members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How much did the listowner (or listowners) give information that group members need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How much did the listowner (or listowners) help the discussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How much did the listowner (or listowners) help group members resolve conflicts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

From HINTS Survey (NCI)

Looking for Health Information

16. How much attention do you pay to information about health or medical topics from each of the sources listed below? *Please respond to each item.*

	None	A little bit	Some	Quite a bit	Very much
a. On TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. On the radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. In newspapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. In magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. On the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. From ACOR mailing list	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

From GlaxoSmithKline – Landmark Survey with Patients (Harris Interactive Inc.)

17. **During the past 30 days**, how often did you use the Internet (including the mailing list) for each of the activities listed below? *For each item, please choose the response that is closest to how you feel.*

	Not at all	Rarely	Some-times	Often
a. Find out more about cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Communicate with doctors or other health professionals (including email)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Communicate with other people who have the same condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Find information on general health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Find information on prescription drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Find information on health-related products such as herbal remedies and vitamins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Have you **ever** talked to a doctor about any kind of cancer-related information you have gotten from the Internet (This includes information from the mailing list)?

- Yes No (Please skip to question #20)

19. Overall, how has talking to your doctor about cancer information from the Internet changed how you get along with him/her? (If you have talked with more than one doctor about information you got from the Internet, please answer about the doctor you see most often.) Has it made things a lot worse, a little worse, a little better, a lot better, or have things stayed the same? Please choose the answer that comes closest to how you feel.

- a. A lot worse.....
- b. A little worse
- c. No change
- d. A little better
- e. A lot better

The next questions are about your health care.

Consumer Assessment of Health Plans Study – 2.0 Survey measures, 1998.

20. Please rate your health care **in the last 12 months** from all doctors and other health providers. Use any number from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your health care? *Please choose the number that comes closest to how you feel.*

- 0(Worst health care possible).....
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10(Best health care possible)
- I had no visits in the last 12 months.

DOCTOR-PATIENT COMMUNICATION (From HINTS Survey-NCI)

21. Thinking about all of your interactions with doctors and other health care providers **during the past 12 months**, on average how often did they do the things listed in a through e below? *Please choose the response for each line that comes closest to how you feel.*

Doctor/Provider activity	Not at all	Rarely	Some-times	Often
a. Listen carefully to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Explain things in a way you could understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Show respect for what you had to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Doctor/Provider activity	Not at all	Rarely	Sometimes	Often
d. Spend enough time with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Involve you in decisions about your health care as much as you wanted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PEPPI 5-item short form (Maly et al.; Cronbach’s alpha = 0.83)

22. How confident are you in your ability to do the things listed in a through e below? Please choose the response for each line that comes closest to how you feel.

How confident are you in your ability to...	Not at all confident				Very confident
	1	2	3	4	5
a. Know what questions to ask a doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Get a doctor to answer all your questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Make the most of your visit with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Get a doctor to take your chief health concern seriously?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Get a doctor to do something about your chief health concern?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us about your personal experience with cancer.

23. When you were first told that you had cancer, what type of cancer was it, or in what part of the body did the cancer start?

Please choose all that apply.

- a. Bladder cancer
- b. Bone cancer
- c. Breast cancer
- d. Cervical cancer (cancer of the cervix)
- e. Colon cancer
- f. Endometrial cancer (cancer of the uterus).....
- g. Esophageal
- h. Gastrointestinal/GIST
- i. Head and neck cancer.....
- j. Leukemia
- k. Lung cancer.....
- l. Lymphoma (Hodgkin's or Non-Hodgkin's)
- m. Melanoma.....
- n. Skin Cancer other than melanoma
- o. Myeloma.....
- p. Oral cancer.....
- q. Ovarian cancer
- r. Pancreatic cancer.....
- s. Pharyngeal (throat) cancer
- t. Prostate cancer
- u. Rectal cancer
- v. Renal (Kidney) cancer
- w. Sarcoma
- x. Other (specify) _____

24. At what age were you first told that you had cancer?

AGE: |__|__|__|

25. Are you **now** being treated for cancer?

- Yes No

Assessment of Patients' Experience of Cancer Care (APECC) Study by NCI

26. **At any time since you were first diagnosed with cancer**, did a doctor tell you that you were free of cancer (that is, at that time, you didn't have cancer in any part of your body)?

- Yes No—(Please skip to question #30)

27. **At any time since you were first diagnosed with cancer**, did a doctor tell you that your cancer had come back (that is, you had a recurrence)?

- Yes No—(Please skip to question #30)

28. When was your **most recent** recurrence?

Month: **Year:** |_|_|_|_|

29. To the best of your knowledge, **are you now** free of cancer (that is, at this time, you don't have cancer in any part of your body)?

- Yes No

For the following question, we would like to know how you would prefer to make decisions about cancer tests and treatment, NOW or IN THE FUTURE.

30. Please choose the one statement that best describes you.
- a. You prefer to make the final decision about the tests and treatment(s) you will receive.....
 - b. You prefer to make the final selection of your tests and treatment(s) after seriously considering your doctor’s opinion.....
 - c. You prefer that you and your doctor make test and treatment decisions together.
 - d. You prefer that your doctor make the final decision about which tests and treatment(s) will be used, but seriously consider your opinion.
 - e. You prefer to leave all of the decisions regarding tests and treatment(s) to your doctor.

QUALITY OF LIFE (FACT-G)

The next section contains statements that other people with your illness have said are important. Please indicate how true each statement has been for you during the past 7 days by choosing the response in each line that comes closest to how you feel.

31. During the past 7 days, to what extent has each of the following statements been true for you?

PHYSICAL WELL-BEING	Not at all	A little bit	Some-what	Quite a bit	Very much
a. I have a lack of energy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have nausea.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Because of my physical condition, I have trouble meeting the needs of my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I have pain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I am bothered by side effects of treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHYSICAL WELL-BEING	Not at all	A little bit	Some-what	Quite a bit	Very much
f. I feel ill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I am forced to spend time in bed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. **During the past 7 days**, to what extent has each of the following statements been true for you?

SOCIAL/FAMILY WELL-BEING	Not at all	A little bit	Some-what	Quite a bit	Very much
a. I feel close to my family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I get emotional support from my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I get support from my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My family has accepted my illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I am satisfied with family communication about my illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I feel close to my partner (or the person who is my main support).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. <i>Regardless of your current level of sexual activity, please answer the following question. If you prefer not to answer it, please check this box <input type="checkbox"/> and go to the next section.</i> I am satisfied with my sex life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next section contains questions on your use of Complementary and Alternative Medicines (CAM) over the past 12 months.

33.

In the last 12 months, did you use any of the following Complementary or Alternative Medicine (CAM) therapies to deal with your cancer? Please select yes or no for each item.		
a. Alternative Medical Systems (such as homeopathy, naturopathy, traditional Chinese medicine, Ayurveda)	Yes <input type="radio"/>	No <input type="radio"/>
b. Mind-Body Interventions (such as relaxation training, guided imagery, meditation, hypnosis, biofeedback)	Yes <input type="radio"/>	No <input type="radio"/>
c. Biologically-based therapies (such as herbs, vitamins and dietary supplements, special diets)	Yes <input type="radio"/>	No <input type="radio"/>
d. Manipulative and Body-based Therapies (such as massage therapy, chiropractic, yoga, tai chi)	Yes <input type="radio"/>	No <input type="radio"/>
e. Energy Therapies (such as chi gung, Reiki, Therapeutic Touch, Polarity Therapy, magnet therapy)	Yes <input type="radio"/>	No <input type="radio"/>

34. Did you use CAM therapies to treat your cancer?

Yes No

35. Did you use CAM therapies to help you deal with the side effects of cancer treatment?

Yes No

36. Did you use CAM therapies instead of conventional or regular medical treatment for your cancer?

Yes No

The next section asks about clinical trials.

37. Have you **ever** been or **are you now** in a clinical trial to treat cancer?

- Yes No

38. Have you **ever** asked your physician or another health care professional about being in a clinical trial?

- Yes No

39. Has a physician or other health care professional **ever** asked you to be in a clinical trial?

- Yes No

The next section asks about how you deal with stress.

Coping with Cancer – Abbreviated Brief COPE Scale

40. We want to know how you deal with stress since you found out you had cancer. *Please choose the one response in each line that comes closest to how much or how often you've been doing what the item says.*

In the past 14 days ...	I haven't been doing this at all	I've been doing this a little bit	I've been doing this a medium amount	I've been doing this a lot
a. I've been turning to work or other activities to take my mind off things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I've been refusing to believe that this has happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I've been using alcohol or other drugs to make myself feel better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I've been getting emotional support from others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41.

In the past 14 days ...	I haven't been doing this at all	I've been doing this a little bit	I've been doing this a medium amount	I've been doing this a lot
a. I've been giving up trying to deal with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I've been concentrating my efforts on doing something about the situation I am in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I've been saying things to let my unpleasant feelings escape.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I've been getting help and advice from other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42.

In the past 14 days ...	I haven't been doing this at all	I've been doing this a little bit	I've been doing this a medium amount	I've been doing this a lot
a. I've been trying to come up with a strategy about what to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I've been looking for something good in what is happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I've been learning to live with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I've been blaming myself for things that happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I've been praying or meditating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. **During the past 7 days**, to what extent has each of the following statements been true for you?

EMOTIONAL WELL-BEING	Not at all	A little bit	Some-what	Quite a bit	Very much
a. I feel sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am satisfied with how I am coping with my illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am losing hope in the fight against my illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMOTIONAL WELL-BEING	Not at all	A little bit	Some-what	Quite a bit	Very much
d. I feel nervous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I worry about dying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I worry that my condition will get worse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44. **During the past 7 days**, to what extent has each of the following statements been true for you?

FUNCTIONAL WELL-BEING	Not at all	A little bit	Some-what	Quite a bit	Very much
a. I am able to work (include work at your home).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My work (include work at home) is fulfilling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am able to enjoy life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I have accepted my illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I am sleeping well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I am enjoying the things I usually do for fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I am content with the quality of my life right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WE'RE ALMOST DONE. THANKS FOR STAYING WITH US.

The next questions ask about some background on you. This is so we can describe the group of people that responds. All of your answers are completely private and cannot be connected back to you.

45. In general would you say your health is:

- a. Excellent.....
- b. Very Good
- c. Good.....
- d. Fair
- e. Poor.....

46. In which month and year were you born?

MONTH |__|__| YEAR |__|__|__|__|

47. Are you...

- Male Female

Next are a few questions about your household.

For the rest of the questions, please choose the response that reflects your situation.

48. Are you **now**...(please choose one item)

- a. Employed for wages
- b. Self-employed
- c. Out of work more than one year
- d. Out of work for less than one year.....
- e. A homemaker
- f. A student
- g. Retired.....
- h. Unable to work

49. Are you...
- a. Married or living as married,
 - b. Divorced or Separated,.....
 - c. Widowed,.....
 - d. Never married.....
50. Are there any children in your household under the age of 18?
- Yes No
51. Are you Hispanic or Latino?
- Yes No
52. Which one or more of the following would you say is your race? Are you...
- Please choose all that apply.**
- a. American Indian or Alaska Native,
 - b. Asian,
 - c. Black or African American,
 - d. Native Hawaiian or other Pacific Islander, or.....
 - e. White
53. What is the highest grade of school you completed?
- a. Grades 1 through 8 (elementary/junior high school),.....
 - b. Grades 9 through 11 (some high school),
 - c. Grade 12 or GED (high school graduate),
 - d. College 1 year to 3 years (some college or technical school).....
 - e. College 4 years or more (college graduate)
54. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?
- Yes No Don't Know

Finally, we'd like to know what you think about this questionnaire, and offer you our thanks.

55. This questionnaire is:

- a. Too short
- b. Too long
- c. Just right.....

56. If you have any comments about the questionnaire, your mailing list, or your cancer experience, please enter them below:

Thank You For Completing The First Of Three Questionnaires.

We Truly Appreciate Your Time!

You are now an important voice in the largest Internet survey of cancer patients and survivors.