

Staying in the Circle of Life

Native Cancer Survivors Workshop

Follow Up Survey



PARTNERSHIPS
for **NATIVE HEALTH**

Thank you for participating in the Staying in the Circle of Life Native Cancer Survivors Support Group! We hope you have enjoyed participating in the support group over the past six sessions. Researchers at the Washington State University and members of your community wish to evaluate whether the support group curriculum is effective. This survey is a way for us to find out what we are doing well and if there are areas in which we can improve. We want to provide the best resources to our partner communities and this is one way to keep us on track. We estimate that it will take about 45-60 minutes to complete this survey.

Do not write your name on the survey. Your identity will be kept confidential. The data collected will be anonymous, and there will be no identifying information or names used in any written reports that result from this evaluation.

Your participation is voluntary. You may stop participating at any time during the process. Your services will not be affected by your participation or lack of participation.

If you have any questions during the survey, please feel free to ask the facilitator for help.

About your well-being over the past week

Below is a list of statements that other people who have had cancer have said are important. Please mark one bubble per line to indicate your response as it applies to the past 7 days.

Physical Well-Being

| | Not at all | A little bit | Some -what | Quite a bit | Very much |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. I have a lack of energy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. I have nausea | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Because of my physical condition, I have trouble meeting the needs of my family | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. I have pain | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. I am bothered by side effects of treatment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. I feel ill | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. I am forced to spend time in bed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Social/Family Well-Being

| | Not at all | A little bit | Some -what | Quite a bit | Very much |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 8. I feel close to my friends | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. I get emotional support from my family | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. I get support from my friends | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. My family has accepted my illness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. I am satisfied with family communication about my illness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. I feel close to my partner (or the person who is my main support) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please mark one bubble per line to indicate your response as it applies to the past 7 days.

Regardless of your current level of sexual activity, please answer the following question. If you prefer not to answer it, please mark this box ¹⁴ and go to the next section.

| | Not at all | A little bit | Some -what | Quite a bit | Very much |
|-------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 15. I am satisfied with my sex life | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Emotional Well-Being

| | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 16. I feel sad | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. I am satisfied with how I am coping with my illness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. I am losing hope in the fight against my illness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. I feel nervous | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. I worry about dying | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. I worry that my condition will get worse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Functional Well-Being

| | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 22. I am able to work (include work at home) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. My work (include work at home) is fulfilling | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. I am able to enjoy life | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. I have accepted my illness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26. I am sleeping well | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27. I am enjoying the things I usually do for fun | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28. I am content with the quality of my life right now | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

About your stress level over the past week

29. Please circle the number (0-10) that best describes how much distress you have been experiencing **in the past 7 days**, including today.

Extreme Distress

10
9
8
7
6
5
4
3
2
1
0

No Distress

Please indicate if any of the following has been a problem for you **in the past 7 days** including today. *Be sure to check YES or NO for each.*

- | | Yes | No | <u>Practical Problems</u> |
|-----|--------------------------|--------------------------|----------------------------------|
| 30. | <input type="checkbox"/> | <input type="checkbox"/> | Child Care |
| 31. | <input type="checkbox"/> | <input type="checkbox"/> | Housing |
| 32. | <input type="checkbox"/> | <input type="checkbox"/> | Insurance/financial |
| 33. | <input type="checkbox"/> | <input type="checkbox"/> | Transportation |
| 34. | <input type="checkbox"/> | <input type="checkbox"/> | Work/school |
| 35. | <input type="checkbox"/> | <input type="checkbox"/> | Treatment decisions |

Family Problems

- | | | | |
|-----|--------------------------|--------------------------|--------------------------|
| 36. | <input type="checkbox"/> | <input type="checkbox"/> | Dealing with children |
| 37. | <input type="checkbox"/> | <input type="checkbox"/> | Dealing with partner |
| 38. | <input type="checkbox"/> | <input type="checkbox"/> | Ability to have children |
| 39. | <input type="checkbox"/> | <input type="checkbox"/> | Family health issues |

Emotional Problems

- | | | | |
|-----|--------------------------|--------------------------|--------------------------------------|
| 40. | <input type="checkbox"/> | <input type="checkbox"/> | Depression |
| 41. | <input type="checkbox"/> | <input type="checkbox"/> | Fears |
| 42. | <input type="checkbox"/> | <input type="checkbox"/> | Nervousness |
| 43. | <input type="checkbox"/> | <input type="checkbox"/> | Sadness |
| 44. | <input type="checkbox"/> | <input type="checkbox"/> | Worry |
| 45. | <input type="checkbox"/> | <input type="checkbox"/> | Loss of interest in usual activities |

- | | | | |
|-----|--------------------------|--------------------------|--|
| 46. | <input type="checkbox"/> | <input type="checkbox"/> | <u>Spiritual/Religious Concerns</u> |
|-----|--------------------------|--------------------------|--|

- | | Yes | No | <u>Physical Problems</u> |
|-----|--------------------------|--------------------------|---------------------------------|
| 47. | <input type="checkbox"/> | <input type="checkbox"/> | Appearance |
| 48. | <input type="checkbox"/> | <input type="checkbox"/> | Bathing/dressing |
| 49. | <input type="checkbox"/> | <input type="checkbox"/> | Breathing |
| 50. | <input type="checkbox"/> | <input type="checkbox"/> | Changes in urination |
| 51. | <input type="checkbox"/> | <input type="checkbox"/> | Constipation |
| 52. | <input type="checkbox"/> | <input type="checkbox"/> | Diarrhea |
| 53. | <input type="checkbox"/> | <input type="checkbox"/> | Eating |
| 54. | <input type="checkbox"/> | <input type="checkbox"/> | Fatigue |
| 55. | <input type="checkbox"/> | <input type="checkbox"/> | Feeling Swollen |
| 56. | <input type="checkbox"/> | <input type="checkbox"/> | Fevers |
| 57. | <input type="checkbox"/> | <input type="checkbox"/> | Getting around |
| 58. | <input type="checkbox"/> | <input type="checkbox"/> | Indigestion |
| 59. | <input type="checkbox"/> | <input type="checkbox"/> | Memory/Concentration |
| 60. | <input type="checkbox"/> | <input type="checkbox"/> | Mouth Sores |
| 61. | <input type="checkbox"/> | <input type="checkbox"/> | Nausea |
| 62. | <input type="checkbox"/> | <input type="checkbox"/> | Nose dry/congested |
| 63. | <input type="checkbox"/> | <input type="checkbox"/> | Pain |
| 64. | <input type="checkbox"/> | <input type="checkbox"/> | Sexual |
| 65. | <input type="checkbox"/> | <input type="checkbox"/> | Skin dry/itchy |
| 66. | <input type="checkbox"/> | <input type="checkbox"/> | Sleep |
| 67. | <input type="checkbox"/> | <input type="checkbox"/> | Substance abuse |
| 68. | <input type="checkbox"/> | <input type="checkbox"/> | Tingling in hands/feet |

69. Other Problems:

About your energy level over the past week

Below is a list of statements that other people with your illness have said are important. **Mark one bubble per line to indicate your response as it applies to the past 7 days.**

| | Not at all | A little bit | Some- what | Quite a bit | Very much |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 70. I feel fatigued | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 71. I feel weak all over | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 72. I feel listless (“washed out”) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 73. I feel tired | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 74. I have trouble starting things because I am tired | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 75. I have trouble finishing things because I am tired | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 76. I have energy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 77. I am able to do my usual activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 78. I need to sleep during the day | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 79. I am too tired to eat | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 80. I need help doing my usual activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 81. I am frustrated by being too tired to do the things I want to do | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 82. I have to limit my social activity because I am tired | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

About your physical activity over the past week

83. **Moderate physical activities** are of moderate intensity, such as fast walking 3-4 miles per hour. Which of the following moderate activities did you do for **at least 10 minutes at a time without stopping** during **the past 7 days**? (Circle all that apply.)

- | | | |
|--|--------------------------------------|-----------------------------|
| • Walking fast (3-4 mph) | • Walking downstairs | • Aerobics (low impact) |
| • Bicycling (Less than 12 mph; <150W) | • Bowling | • Calisthenics (light) |
| • Carpentry | • Dancing | • Fishing (while standing) |
| • Gardening (planting, raking, weeding) | • Frisbee | • Golf |
| • Housework (mopping, vacuuming) | • Gymnastics | • Horseback riding |
| • Lifting, turning, carrying less than 50 pounds | • Mowing lawn (power mower) | • Ping pong |
| • Playing with children (walking, kneeling, lifting) | • Snow shoeing, cross country skiing | • Skateboarding |
| • Tai Chi, Qi gong | • Volleyball | • Yoga, vigorous stretching |
| • Water Aerobics | • Washing or working on car | • Weight lifting |

84. During the last 7 days, on how many days did you do a moderate physical activity for **at least 10 minutes at a time** without stopping? _____ **days**

85. On those days that you did moderate physical activities, how much time did you spend **on average** doing the activities? _____ **minutes per day**

86. **Vigorous physical activities** are of more vigorous intensity, such as jogging or running. Which of the following vigorous activities did you do for at least 10 minutes at a time without stopping during the last 7 days? (Circle all that apply)

- | | | |
|---|------------------------------|---------------------------|
| • Jogging, running | • Walking upstairs | • Aerobics (high impact) |
| • Carrying loads more than 50 pounds | • Basketball | • Calisthenics (vigorous) |
| • Bicycling fast (more than 12mph; >150W) | • Judo, Karate | • Jumping rope |
| • Roller skating, roller blading, ice skating | • Stair Climbing/Stairmaster | • Soccer |
| • Lacrosse | • Swimming laps | • Tennis, Racquetball |
| • Rowing, Sailing, Canoeing, Kayaking | • Zumba | • Boxing |

87. During the last 7 days, on how many days did you do a vigorous physical activity for **at least 10 minutes at a time** without stopping? _____ **days**

88. On those days that you did vigorous physical activities, how much time did you spend **on average** doing the activities? _____ **minutes per day**

89. Compared to how physically active you have been over the last 3 months, how would you describe the last 7 days: *(Check one.)*
- More active
 - Less active
 - About the same

About your feelings over the past two weeks

Over the **last 2 weeks**, how often have you been bothered by any of the following?

| | Not at all | Several Days | More than half the days | Nearly every day |
|---|-----------------------|-----------------------|-------------------------|-----------------------|
| 90. Little interest or pleasure in doing things? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 91. Feeling down, depressed, or hopeless? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 92. Trouble falling or staying asleep, or sleeping too much? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 93. Feeling tired or having little energy? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 94. Poor appetite or overeating? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 95. Feeling bad about yourself – or that you are a failure or have let yourself or your family down? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 96. Trouble concentrating on things, such as reading the newspaper or watching television? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 97. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 98. Thoughts that you would be better off dead or of hurting yourself in some way? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Over **the last 2 weeks**, how often have you been bothered by the following problems?

| | Not at all | Several Days | More than half the days | Nearly every day |
|--|-----------------------|-----------------------|--------------------------------|-------------------------|
| 99. Feeling nervous, anxious, or on edge | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 100. Not being able to stop or control worrying | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 101. Worrying too much about different things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 102. Trouble relaxing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 103. Being so restless that it's hard to sit still | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 104. Becoming easily annoyed or irritable | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 105. Feeling afraid as if something awful might happen | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

106. If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

About your feelings and thoughts over the past month

These questions ask you about your feelings and thoughts **during the last month**. In each case, you will be asked to indicate by marking **how often** you felt or thought a certain way.

| | Never | Almost Never | Some- times | Fairly Often | Very often |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 107. In the last month, how often have you been upset because of something that happened unexpectedly? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 108. In the last month, how often have you felt that you were unable to control the important things in your life? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 109. In the last month, how often have you felt nervous and "stressed"? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 110. In the last month, how often have you felt confident about your ability to handle your personal problems? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 111. In the last month, how often have you felt that things were going your way? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 112. In the last month, how often have you found that you could not cope with all the things that you had to do? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 113. In the last month, how often have you been able to control irritations in your life? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 114. In the last month, how often have you felt that you were on top of things? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 115. In the last month, how often have you been angered because of things that were outside of your control? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 116. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

About your diet over the past month

These questions ask about your diet. Please answer each question based on your typical habits over the **past month**.

| Eating Out | Daily | 4-5 times a week | 2-3 times a week | Once a week | Rarely |
|--|-----------------------|-------------------------|-------------------------|-----------------------|-----------------------|
| 117. How often do you eat out for breakfast? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 118. How often do you eat out for lunch? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 119. How often do you eat out for dinner? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If you answered at least once per week for any of the questions above, then please answer the following questions.

| | Daily | 4-5 times a week | 2-3 times a week | Once a week | Rarely |
|---|-----------------------|-------------------------|-------------------------|-----------------------|-----------------------|
| 120. How often do you eat at buffets? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 121. How often do you eat at “fast food chains”? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 122. How often do you eat at a “sit down” restaurant? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

123. Please name the fast food chain you visit most frequently: _____

124. Please name the sit down restaurant you visit most frequently: _____

| Food Frequency | Daily | 4-5 times a week | 2-3 times a week | Once a week | Rarely |
|--|-----------------------|-------------------------|-------------------------|-----------------------|-----------------------|
| 125. How often do you eat dairy products? (milk, cheese, etc) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 126. How often do you eat fruits? (fresh or canned) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 127. How often do you eat vegetables or salad? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 128. How often do you eat desserts/sweets? (cake, candy, cookies, etc) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| Beverage Frequency | 4 or more | 3 | 2 | 1 | None |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 129. How many carbonated beverages do you drink per day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 130. How many caffeinated beverages do you drink per day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 131. How many alcoholic beverages do you drink per day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| Eating Habits | Yes | No |
|---|-----------------------|-----------------------|
| 132. Do you eat while watching television or doing work activities? | <input type="radio"/> | <input type="radio"/> |
| 133. Do you pay attention or monitor your portion sizes? | <input type="radio"/> | <input type="radio"/> |
| 134. How long does it take for you to eat a typical meal? | | minutes |
| 135. Do you snack? | <input type="radio"/> | <input type="radio"/> |

If you answered yes to snacking, please answer the following questions.

136. What time of day do you usually snack? _____
137. What do you usually select for a snack? _____

About your feelings and emotions since being diagnosed with cancer

These items deal with ways you've been coping with the stress in your life **since being diagnosed with cancer.** Using these response choices, try to rate each item separately in your mind from the others. Make your answers as true **for you** as you can.

| | Not at all | A little bit | A medium amount | A lot |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 138. I've been turning to work or other activities to take my mind off things. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 139. I've been concentrating my efforts on doing something about the situation I'm in. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 140. I've been saying to myself "this isn't real." | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 141. I've been using alcohol or other drugs to make myself feel better. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 142. I've been getting emotional support from others. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 143. I've been giving up trying to deal with it. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 144. I've been taking action to try to make the situation better. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 145. I've been refusing to believe that it has happened. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 146. I've been saying things to let my unpleasant feelings escape. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 147. I've been getting help and advice from other people. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 148. I've been using alcohol or other drugs to help me get through it. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 149. I've been trying to see it in a different light, to make it seem more positive. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 150. I've been criticizing myself. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 151. I've been trying to come up with a strategy about what to do. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 152. I've been getting comfort and understanding from someone. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 153. I've been giving up the attempt to cope. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | Not at all | A little bit | A medium amount | A lot |
|---|-----------------------|-------------------------|----------------------------|-----------------------|
| 154. I've been looking for something good in what is happening. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 155. I've been making jokes about it. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 156. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 157. I've been accepting the reality of the fact that it has happened. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 158. I've been expressing my negative feelings. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 159. I've been trying to find comfort in my religion or spiritual beliefs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 160. I've been trying to get advice or help from other people about what to do. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 161. I've been learning to live with it. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 162. I've been thinking hard about what steps to take. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 163. I've been blaming myself for things that happened. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 164. I've been praying or meditating. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 165. I've been making fun of the situation. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

About the support you receive from other people

People sometimes look to others for companionship, assistance, or other types of support. **How often** is each of the following kinds of support available to you if you need it? *Choose one option on each line.*

| | None of the time | A little of the time | Some of the time | Most of the time | All of the time |
|---|------------------------|----------------------------|------------------------|------------------------|-----------------------|
| 166. Someone you can count on to listen to you when you need to talk | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 167. Someone to give you information to help you understand a situation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 168. Someone to give you good advice about a crisis | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 169. Someone to confide in or talk to about yourself or your problems | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 170. Someone whose advice you really want | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 171. Someone to share your most private worries and fears with | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 172. Someone to turn to for suggestions about how to deal with a personal problem | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 173. Someone who understands your problems | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 174. Someone to help you if you were confined to bed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 175. Someone to take you to the doctor if you needed it | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 176. Someone to prepare your meals if you were unable to do it yourself | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 177. Someone to help with daily chores if you were sick | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | None of the time | A little of the time | Some of the time | Most of the time | All of the time |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 178. Someone who shows you love and affection | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 179. Someone to love and make you feel wanted | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 180. Someone who hugs you | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 181. Someone to have a good time with | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 182. Someone to get together with for relaxation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 183. Someone to do something enjoyable with | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 184. Someone to do things with to help you get your mind off things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

About your confidence at the present time

We would like to know **how confident** you are in doing certain activities. For each of the following questions, please choose the number that corresponds to your confidence that you can do the tasks regularly **at the present time**.

185. How confident are you that you can keep the fatigue caused by your disease from interfering with the things you want to do?

Not at all confident 1 2 3 4 5 6 7 8 9 10 *Totally confident*

186. How confident are you that you can keep the physical discomfort or pain of your disease from interfering with the things you want to do?

Not at all confident 1 2 3 4 5 6 7 8 9 10 *Totally confident*

187. How confident are you that you can keep the emotional distress caused by your disease from interfering with the things you want to do?

Not at all confident 1 2 3 4 5 6 7 8 9 10 *Totally confident*

188. How confident are you that you can keep any other symptoms or health problems you have from interfering with the things you want to do?

Not at all confident 1 2 3 4 5 6 7 8 9 10 *Totally confident*

189. How confident are you that you can do the different tasks and activities needed to manage your health condition so as to reduce your need to see a doctor?

Not at all confident 1 2 3 4 5 6 7 8 9 10 *Totally confident*

190. How confident are you that you can do things other than just taking medication to reduce how much you illness affects your everyday life?

Not at all confident 1 2 3 4 5 6 7 8 9 10 *Totally confident*

Thank you very much for completing the survey!

We appreciate your input!

