

**HEALTH eCOMMUNITIES PROJECT  
 1-MONTH FOLLOW UP TELEPHONE INTERVIEW**

<p>Thank you for being part of the Health eCommunities project. Your mailing list, ACOR and UNC truly appreciate that you filled out the first survey about a month ago. We need you to complete this second questionnaire if we are to learn more about how mailing lists benefit the online community. As before, your answers are confidential. This is the second of three questionnaires. We will call you for the last one in about 3 months.</p>	
<p>The first few questions are about Internet mailing lists and online resources.</p>	
<p>1. To which of the following mailing lists are you now subscribed? Please tell me all that apply.</p>	<input checked="" type="checkbox"/>
<p>a. AML (Acute Myelogenous Leukemia)</p>	<input type="checkbox"/>
<p>b. Carcinoid</p>	<input type="checkbox"/>
<p>c. Caregivers</p>	<input type="checkbox"/>
<p>d. CLL (Chronic Lymphocytic Leukemia)</p>	<input type="checkbox"/>
<p>e. CML (Chronic Myelogenous Leukemia)</p>	<input type="checkbox"/>
<p>f. Colon</p>	<input type="checkbox"/>
<p>g. CTCL-MF (CTCL Mycosis Fungoides)</p>	<input type="checkbox"/>
<p>h. Desmoid</p>	<input type="checkbox"/>
<p>i. EC (Esophageal)</p>	<input type="checkbox"/>
<p>j. Kidney-Onc</p>	<input type="checkbox"/>
<p>k. L-M-Sarcoma</p>	<input type="checkbox"/>
<p>l. LT-Survivors</p>	<input type="checkbox"/>
<p>m. Lung-NSCLC (Non Small Cell Lung Cancer)</p>	<input type="checkbox"/>
<p>n. MPD-NET (Myeloproliferative Disorders)</p>	<input type="checkbox"/>

<b>o. Myeloma</b>	<input type="checkbox"/>
<b>p. Ovarian</b>	<input type="checkbox"/>
<b>q. Pancreas-ONC</b>	<input type="checkbox"/>
<b>r. Prostate</b>	<input type="checkbox"/>
<b>s. TC-NET (Testicular)</b>	<input type="checkbox"/>
<b>t. Thyroid-ONC</b>	<input type="checkbox"/>
<b>u. Other (please specify)</b>	<input type="text"/>
<b>2. Since completing the last questionnaire, have you <u>unsubscribed</u> (i.e., removed yourself) from any of the following ACOR lists? Please tell me all that apply.</b>	<input checked="" type="checkbox"/>
<b>a. I have NOT unsubscribed from any ACOR list</b>	<input type="checkbox"/>
<b>b. AML (Acute Myelogenous Leukemia)</b>	<input type="checkbox"/>
<b>c. Carcinoid</b>	<input type="checkbox"/>
<b>d. Caregivers</b>	<input type="checkbox"/>
<b>e. CLL (Chronic Lymphocytic Leukemia)</b>	<input type="checkbox"/>
<b>f. CML (Chronic Myelogenous Leukemia)</b>	<input type="checkbox"/>
<b>g. Colon</b>	<input type="checkbox"/>
<b>h. CTCL-MF (CTCL Mycosis Fungoides)</b>	<input type="checkbox"/>
<b>i. Desmoid</b>	<input type="checkbox"/>
<b>j. EC (Esophageal)</b>	<input type="checkbox"/>
<b>k. Kidney-Onc</b>	<input type="checkbox"/>
<b>l. L-M-Sarcoma</b>	<input type="checkbox"/>

m. LT-Survivors	<input type="checkbox"/>				
n. Lung-NSCLC (Non Small Cell Lung Cancer)	<input type="checkbox"/>				
o. MPD-NET (Myeloproliferative Disorders)	<input type="checkbox"/>				
p. Myeloma	<input type="checkbox"/>				
q. Ovarian	<input type="checkbox"/>				
r. Pancreas-ONC	<input type="checkbox"/>				
s. Prostate	<input type="checkbox"/>				
t. TC-NET (Testicular)	<input type="checkbox"/>				
u. Thyroid-ONC	<input type="checkbox"/>				
v. Other (please specify)	<input type="text"/>				
3. Besides ACOR, do you use any of the following? Please tell me all that apply.	<input checked="" type="checkbox"/>				
a. eMail mailing list (other than ACOR lists)	<input type="checkbox"/>				
b. Chat (e.g., IM, IRC, chat rooms, etc.)	<input type="checkbox"/>				
c. Message board or forum	<input type="checkbox"/>				
d. Weblog (blog)	<input type="checkbox"/>				
e. Livejournal	<input type="checkbox"/>				
f. Bulletin boards	<input type="checkbox"/>				
g. Guest books	<input type="checkbox"/>				
h. Other Internet community (please specify)	<input type="text"/>				
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, think of the one in which you are most active.					
4. Please tell me how much you disagree or agree with each of the following items. You're on the mailing list...	<table border="1"> <tr> <td>Strongly Disagree</td> <td>Disagree</td> <td>Agree</td> <td>Strongly Agree</td> </tr> </table>	Strongly Disagree	Disagree	Agree	Strongly Agree
Strongly Disagree	Disagree	Agree	Strongly Agree		
a. To get support from others Do you strongly disagree, disagree, agree, or	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

<b>strongly agree?</b>						
b. To get information about how to deal with cancer Do you strongly disagree, disagree, agree, or strongly agree?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
c. To see how other patients with your cancer are doing (Do you strongly disagree, disagree, agree, or strongly agree?)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
d. To find out about the latest cancer treatments or post-cancer treatments (Do you strongly disagree, disagree, agree, or strongly agree?)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
e. To find out how to deal with the <u>side effects</u> of cancer treatments (Do you strongly disagree, disagree, agree, or strongly agree?)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
f. To find out how to deal with the <u>late effects</u> of cancer treatments (Do you strongly disagree, disagree, agree, or strongly agree?)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
5. You're on the mailing list...	<table border="1"> <tr> <td>Strongly Disagree</td> <td>Disagree</td> <td>Agree</td> <td>Strongly Agree</td> </tr> </table>	Strongly Disagree	Disagree	Agree	Strongly Agree	
Strongly Disagree	Disagree	Agree	Strongly Agree			
a. To help others Do you strongly disagree, disagree, agree, or strongly agree?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
b. To get ideas about how to talk with your doctor about your illness Do you strongly disagree, disagree, agree, or strongly agree?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
c. To help you make decisions about cancer treatment or post-cancer treatment for you (Do you strongly disagree, disagree, agree, or strongly agree?)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
d. To help reduce your uncertainty about which treatments are best for you (Do you strongly disagree, disagree, agree, or strongly agree?)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
e. To find other people with similar issues (Do you strongly disagree, disagree, agree, or strongly agree?)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
6. <u>During the past 7 days</u> , how much did your illness limit your ability to check your email for messages, or to read, write and post messages?	<table border="1"> <tr> <td>Not at all</td> <td>A little bit</td> <td>Somewhat</td> <td>Quite a bit</td> <td>Very much</td> </tr> </table>	Not at all	A little bit	Somewhat	Quite a bit	Very much
Not at all	A little bit	Somewhat	Quite a bit	Very much		
Would you say not at all, a little bit, somewhat, quite a bit, or very much?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
7. <u>In the past 7 days</u> , have you read messages from the mailing list?	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No-- Skip to #19</td> <td></td> </tr> </table>	Yes		No-- Skip to #19		
Yes		No-- Skip to #19				

8. <b>During the past 7 days, how many times</b> did you check your email for messages from the mailing list?	<table border="1"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; text-align: center;">Times</td> </tr> </table>		Times		
	Times				
9. <b>During the past 7 days, about how many hours</b> did you spend <b>each day</b> reading messages from the mailing list?	<table border="1"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; text-align: center;">Hours</td> </tr> </table> If "<1 hour", please code as "<30 minutes" or "30 minutes to 1 hour").		Hours		
	Hours				
10. <b>In the past 7 days, have you written or posted</b> messages to the mailing list?	<table border="1"> <tr> <td style="width: 40px; text-align: center;">Yes</td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; text-align: center;">No-- Skip to #19</td> <td style="width: 40px; height: 20px;"></td> </tr> </table>	Yes		No-- Skip to #19	
Yes		No-- Skip to #19			
11. <b>During the past 7 days, about how many hours</b> did you spend responding to messages from the mailing list?	<table border="1"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; text-align: center;">Hours</td> </tr> </table>		Hours		
	Hours				
12. <b>During the past 7 days, with about how many different members</b> of the group did you exchange <b>private</b> emails (i.e., messages to other mailing list members, but not sent through the mailing list; also known as "off-list" email)?	<table border="1"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; text-align: center;">Members</td> </tr> </table>		Members		
	Members				
13. <b>During the past 7 days, about how many times</b> did you exchange <b>private</b> emails with other group members?	<table border="1"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; text-align: center;">Times</td> </tr> </table>		Times		
	Times				
14. <b>During the past 7 days, about how many times</b> did you call other list members on the phone?	<table border="1"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; text-align: center;">Members</td> </tr> </table>		Members		
	Members				
15. For the next set of questions, please tell me how much you disagree or agree with the following statements about the group, based on your participation in the mailing list <b>during the past 7 days.</b>	<table border="1"> <tr> <td style="width: 40px; text-align: center;">Strongly Disagree</td> <td style="width: 40px; text-align: center;">Disagree</td> <td style="width: 40px; text-align: center;">Agree</td> <td style="width: 40px; text-align: center;">Strongly Agree</td> </tr> </table>	Strongly Disagree	Disagree	Agree	Strongly Agree
Strongly Disagree	Disagree	Agree	Strongly Agree		
a. Overall, your experiences were similar to those of others. Do you strongly disagree, disagree, agree, or strongly agree?	<table border="1"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table>				
b. You could relate to others' experiences about cancer. Do you strongly disagree, disagree, agree, or strongly agree?	<table border="1"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table>				
c. You have something in common with others. (Do you strongly disagree, disagree, agree, or strongly agree?)	<table border="1"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table>				
d. You felt that others understood what you were going through. (Do you strongly disagree, disagree, agree, or strongly agree?)	<table border="1"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table>				
e. Others gave you good ideas about how to cope with cancer. (Do you strongly disagree, disagree, agree, or strongly agree?)	<table border="1"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table>				

<p>f. It was OK to express your opinions on the mailing list.          (Do you strongly disagree, disagree, agree, or strongly agree?)</p>	<table border="1"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>					
<p>g. It was OK to disagree with others' statements.          (Do you strongly disagree, disagree, agree, or strongly agree?)</p>	<table border="1"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>					
<p>16. During the past 7 days...</p>	<table border="1"> <tr> <td style="width: 25px; height: 25px; text-align: center;">Strongly Disagree</td> <td style="width: 25px; height: 25px; text-align: center;">Disagree</td> <td style="width: 25px; height: 25px; text-align: center;">Agree</td> <td style="width: 25px; height: 25px; text-align: center;">Strongly Agree</td> </tr> </table>	Strongly Disagree	Disagree	Agree	Strongly Agree	
Strongly Disagree	Disagree	Agree	Strongly Agree			
<p>a. You found it comforting to read the mailing list messages.          Do you strongly disagree, disagree, agree, or strongly agree?</p>	<table border="1"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>					
<p>b. Others encouraged you.          Do you strongly disagree, disagree, agree, or strongly agree?</p>	<table border="1"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>					
<p>c. You read others' messages although you did not post anything.          (Do you strongly disagree, disagree, agree, or strongly agree?)</p>	<table border="1"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>					
<p>d. Others gave you good advice.          (Do you strongly disagree, disagree, agree, or strongly agree?)</p>	<table border="1"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>					
<p>e. You got information you could not find anywhere else.          (Do you strongly disagree, disagree, agree, or strongly agree?)</p>	<table border="1"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>					
<p>f. The listowner (or listowners) gave information that list members needed.          (Do you strongly disagree, disagree, agree, or strongly agree?)</p>	<table border="1"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>					
<p>g. The listowner (or listowners) helped the discussion.          (Do you strongly disagree, disagree, agree, or strongly agree?)</p>	<table border="1"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>					
<p>h. There were too many messages to deal with.          (Do you strongly disagree, disagree, agree, or strongly agree?)</p>	<table border="1"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>					
<p>i. Others' humor helped you.          (Do you strongly disagree, disagree, agree, or strongly agree?)</p>	<table border="1"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>					
<p>17. For the next set of questions, please tell me how well each of the following best describes how you felt about the mailing list <u>during the past 7 days</u>.  <u>During the past 7 days...</u></p>	<table border="1"> <tr> <td style="width: 25px; height: 25px; text-align: center;">None</td> <td style="width: 25px; height: 25px; text-align: center;">A little bit</td> <td style="width: 25px; height: 25px; text-align: center;">Some</td> <td style="width: 25px; height: 25px; text-align: center;">Quite a bit</td> <td style="width: 25px; height: 25px; text-align: center;">Very much</td> </tr> </table>	None	A little bit	Some	Quite a bit	Very much
None	A little bit	Some	Quite a bit	Very much		
<p>a. How much help did other mailing list members give you? Would you say none, a little bit, some, quite a bit, or very much?</p>	<table border="1"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>					
<p>b. How much help did you give to other mailing list members? Would you say none, a little bit, some, quite a bit, or very much?</p>	<table border="1"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>					

<p><b>18. <u>When there were conflicts or disagreements among list members, how much did the listowner(s) help to resolve them?</u></b></p>	<table border="1"> <tr> <td>Not at all</td> <td>A little bit</td> <td>Some what</td> <td>Quite a bit</td> <td>Very much</td> </tr> </table>	Not at all	A little bit	Some what	Quite a bit	Very much					
Not at all	A little bit	Some what	Quite a bit	Very much							
	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td colspan="4">There were no conflicts that I noticed</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	There were no conflicts that I noticed			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
<input type="text"/>	There were no conflicts that I noticed										
<p><b>We'd like to ask you about how you look for health information. This includes all sources of information such as the Internet, library, friends and health care professionals. For each item, choose the response that comes closest to how you feel.</b></p>											
<p><b>19. I will read a list of sources. For each, please tell me if <u>in the past 30 days</u> you paid <u>no attention, a little bit, some, quite a bit, or very much attention</u> to information about health or medical topics from these sources.</b></p>	<table border="1"> <tr> <td>None</td> <td>A little bit</td> <td>Some</td> <td>Quite a bit</td> <td>Very much</td> </tr> </table>	None	A little bit	Some	Quite a bit	Very much					
None	A little bit	Some	Quite a bit	Very much							
<p>a. On TV</p>	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
<p>b. On the radio</p>	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
<p>c. In newspapers</p>	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
<p>d. In magazines</p>	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
<p>e. In the medical literature</p>	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
<p>f. On the Internet</p>	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
<p>g. From ACOR mailing list</p>	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
<p><b>The next questions are about your health care.</b></p>											
<p><b>20. <u>In the past 30 days</u>, have you been to a doctor or other health care provider?</b></p>	<table border="1"> <tr> <td>Yes</td> <td><input type="text"/></td> <td>No— Skip to #27</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Yes	<input type="text"/>	No— Skip to #27	<input type="text"/>	<input type="text"/>					
Yes	<input type="text"/>	No— Skip to #27	<input type="text"/>	<input type="text"/>							
<p><b>21. <u>In the last 30 days</u>, have you talked to a doctor about any cancer-related information you got from the Internet? (This includes information from the mailing list.)</b></p>	<table border="1"> <tr> <td>Yes</td> <td><input type="text"/></td> <td>No— Skip to #25</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Yes	<input type="text"/>	No— Skip to #25	<input type="text"/>	<input type="text"/>					
Yes	<input type="text"/>	No— Skip to #25	<input type="text"/>	<input type="text"/>							
<p><b>22. <u>In the last 30 days</u>, 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 or the one who is most important for your cancer treatment and follow up.)</b></p>	<table border="1"> <tr> <td>A lot worse</td> <td>A little worse</td> <td>No change</td> <td>A little better</td> <td>A lot better</td> </tr> </table>	A lot worse	A little worse	No change	A little better	A lot better					
A lot worse	A little worse	No change	A little better	A lot better							
<p><b>Has it made things a lot worse, a little worse, a little better, a lot better, or have things stayed the same (no change)?</b></p>	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							

<p>23. Please rate all your health care <u>in the last 30 days</u> from <u>all doctors and other health providers</u>. Use any number from 0 to 10 where <u>0 is the worst health care possible, and 10 is the best health care possible</u>. How would you rate all your health care? (Please choose the number that comes closest to how you feel.)</p>	<input type="text"/>  <input type="checkbox"/> Check here if no visits were made in last 12 mos. If "no visits" skip to #25				
<p>24. Thinking about all your interactions with doctors and other health care providers <u>during the last 30 days</u>, on average how often would you say they did the following things?</p>	<table border="1"> <tr> <td>Not at all</td> <td>Rarely</td> <td>Sometimes</td> <td>Often</td> </tr> </table>	Not at all	Rarely	Sometimes	Often
Not at all	Rarely	Sometimes	Often		
<p>a. Listen carefully to you Would you say not at all, rarely, sometimes or often?</p>	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<p>b. Explain things in a way you could understand Would you say not at all, rarely, sometimes or often?</p>	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<p>c. Show respect for what you had to say (Would you say not at all, rarely, sometimes or often?)</p>	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<p>d. Spend enough time with you (Would you say not at all, rarely, sometimes or often?)</p>	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<p>e. Involve you in decisions about your health care as much as you wanted (Would you say not at all, rarely, sometimes or often?)</p>	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<p>f. Give you as much information as you wanted (Would you say not at all, rarely, sometimes or often?)</p>	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<p>25. For the next set of questions please rate your confidence in your ability to do the following things on a scale from 1 to 5, <u>1 being not at all confident and 5 being very confident</u>. How confident are you in your ability to...</p>					
<p>a. Know what questions to ask a doctor?</p>	<input type="text"/>				
<p>b. Get a doctor to answer all your questions?</p>	<input type="text"/>				
<p>c. Make the most of your visit with a doctor?</p>	<input type="text"/>				
<p>d. Get a doctor to take your chief health concern seriously?</p>	<input type="text"/>				

e. Get a doctor to do something about your chief health concern?	<input type="checkbox"/>
<b>Please tell us about your personal experience with cancer.</b>	
26. Are you <u>now</u> being treated for cancer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
27. <u>In the last 30 days</u> , did any of the following occur? Please tell me yes or no for each item.	
a. A doctor said that you were free of cancer (that is, you didn't have cancer in any part of your body).	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. A doctor said that your cancer had come back (that is, you had a recurrence).	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Your cancer treatment ended.	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. You began a new treatment for your cancer.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>For the following question, we would like to know how you would prefer to make decisions about your cancer tests and treatment, NOW or IN THE FUTURE. (Please read all choices.)</b>	
28. After I have read the following five statements, please choose the one that best describes you.	<input checked="" type="checkbox"/> Check only one.
a. You would prefer to make the decisions with little or no input from your doctor.	<input type="checkbox"/>
b. You would prefer to make the decisions after seriously considering your doctor's opinion.	<input type="checkbox"/>
c. You would prefer that you and your doctor make the decisions together.	<input type="checkbox"/>
d. You would prefer your to doctor make the decisions after seriously considering your opinion.	<input type="checkbox"/>
e. You would prefer your doctor to make the decisions with little or no input from you.	<input type="checkbox"/>
<b>For the next section, I will read to you statements that other people with your illness have said are important.</b>	
29. <u>During the past 7 days</u> , to what extent has each of the following statements been true for you?	Not at all   A little bit   Some-what   Quite a bit   Very much
a. You lack energy.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. You have nausea.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

c. <b>Because of your physical condition, you have trouble meeting the needs of your family.</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
d. <b>You have pain.</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
e. <b>You are bothered by side effects of treatment.</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
f. <b>You feel ill.</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
g. <b>You are forced to spend time in bed.</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
30. <b>During the past 7 days, to what extent has each of the following statements been true for you?</b>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20%;">Not at all</td> <td style="width: 20%;">A little bit</td> <td style="width: 20%;">Some-what</td> <td style="width: 20%;">Quite a bit</td> <td style="width: 20%;">Very much</td> </tr> </table>	Not at all	A little bit	Some-what	Quite a bit	Very much
Not at all	A little bit	Some-what	Quite a bit	Very much		
a. <b>You feel close to your family and friends.</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
b. <b>You get emotional support from your family.</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
c. <b>You get support from your friends.</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
d. <b>Your family has accepted your illness.</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
e. <b>You are satisfied with family communication about your illness.</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
f. <b>You feel close to your partner (or the person who is your main support).</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
g. <b>Regardless of your current level of sexual activity, please answer the following question. You are satisfied with your sex life.</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
	<input type="checkbox"/> Check here if prefers not to answer.					

<b>The next section contains questions on your use of Complementary and Alternative Medicines (CAM) over the past 30 days.</b>	
<b>31. <u>In the last 30 days</u>, did you use any of the following Complementary or Alternative Medicine (CAM) therapies to deal with your cancer?</b>	
<b>a. Alternative Medical Systems (such as homeopathy, naturopathy, traditional Chinese medicine, Ayurveda (A-yur-ved-a))</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>b. Mind-Body Interventions (such as relaxation training, guided imagery, meditation, hypnosis, biofeedback)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>c. Biologically-based therapies (such as herbs, vitamins and dietary supplements, special diets)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>d. Manipulative and Body-based Therapies (such as massage therapy, chiropractic, yoga, tai chi (tie-chee))</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>e. Energy Therapies (such as chi gung (chee-gung), Reiki (Ray-key), Therapeutic Touch, Polarity Therapy, magnet therapy)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>32. <u>In the last 30 days</u>, did you use Complementary and Alternative Medicine (CAM) therapies to treat your cancer?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>33. <u>In the last 30 days</u>, did you use Complementary and Alternative Medicine (CAM) therapies to help you deal with the side effects of cancer treatment?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>34. <u>In the last 30 days</u>, did you use CAM therapies instead of conventional or regular medical treatment for your cancer?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>The next few questions ask about cancer clinical trials and advocacy groups.</b>	
<b>35. <u>Are you now</u> in a clinical trial to treat cancer?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>36. <u>In the last 30 days</u>, have you asked your physician or another health care professional about being in a clinical trial?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>37. <u>In the last 30 days</u>, has a physician or other health care professional asked you to be in a clinical trial?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>38. <u>In the last 30 days</u>, have you refused a request to be in a clinical trial?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>39. Has being on the mailing list prompted you to join an advocacy group for cancer?</p>	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No					
Yes		No							
<p>We are interested in how you usually deal with stress since you found out you had cancer.</p>									
<p>40. Please tell me how often you have done the following things in the <u>past 14 days</u>. <u>In the past 14 days...</u></p>	<table border="1"> <tr> <td>Not at all</td> <td>A little bit</td> <td>A medium amount</td> <td>A lot</td> </tr> </table>	Not at all	A little bit	A medium amount	A lot				
Not at all	A little bit	A medium amount	A lot						
<p>a. You've been turning to work or other activities to take your mind off things. Would you say you have not been doing this at all, you've been doing this a little bit, a medium amount, or a lot?</p>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>								
<p>b. You've been refusing to believe that this has happened. Would you say you have not been doing this at all, you've been doing this a little bit, a medium amount, or a lot?</p>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>								
<p>c. You've been using alcohol or other drugs to make yourself feel better. (Would you say you have not been doing this at all, you've been doing this a little bit, a medium amount, or a lot?)</p>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>								
<p>d. You've been getting emotional support from others. (Would you say you have not been doing this at all, you've been doing this a little bit, a medium amount, or a lot?)</p>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>								
<p>e. You've been giving up trying to deal with it. (Would you say you have not been doing this at all, you've been doing this a little bit, a medium amount, or a lot?)</p>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>								
<p>f. You've been focusing your efforts on doing something about your situation. (Would you say you have not been doing this at all, you've been doing this a little bit, a medium amount, or a lot?)</p>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>								
<p>41. <u>In the past 14 days...</u></p>									
<p>a. You've been saying things to let your unpleasant feelings escape. Would you say you have not been doing this at all, you've been doing this a little bit, a medium amount, or a lot?</p>	<table border="1"> <tr> <td>Not at all</td> <td>A little bit</td> <td>A medium amount</td> <td>A lot</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Not at all	A little bit	A medium amount	A lot				
Not at all	A little bit	A medium amount	A lot						
<p>b. You've been getting help and advice from other people. Would you say you have not been doing this at all, you've been doing this a little bit, a medium amount, or a lot?</p>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>								
<p>c. You've been trying to come up with a strategy about what to do.</p>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>								

(Would you say you have not been doing this at all, you've been doing this a little bit, a medium amount, or a lot?)						
d. You've been looking for something good in what is happening. (Would you say you have not been doing this at all, you've been doing this a little bit, a medium amount, or a lot?)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
e. You've been learning to live with it. (Would you say you have not been doing this at all, you've been doing this a little bit, a medium amount, or a lot?)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
f. You've been blaming yourself for things that happened. (Would you say you have not been doing this at all, you've been doing this a little bit, a medium amount, or a lot?)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
g. You've been praying or meditating. (Would you say you have not been doing this at all, you've been doing this a little bit, a medium amount, or a lot?)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
42. <b>During the past 7 days</b> , to what extent has each of the following statements been true for you?	<table border="1"> <tr> <td>Not at all</td> <td>A little bit</td> <td>Somewhat</td> <td>Quite a bit</td> <td>Very much</td> </tr> </table>	Not at all	A little bit	Somewhat	Quite a bit	Very much
Not at all	A little bit	Somewhat	Quite a bit	Very much		
a. You feel sad. Would you say not at all, a little bit, somewhat, quite a bit or very much?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
b. You are satisfied with how you are coping with your illness. Would you say not at all, a little bit, somewhat, quite a bit or very much?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
c. You are losing hope in the fight against your illness. (Would you say not at all, a little bit, somewhat, quite a bit or very much?)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
d. You feel nervous. (Would you say not at all, a little bit, somewhat, quite a bit or very much?)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
e. You worry about dying. (Would you say not at all, a little bit, somewhat, quite a bit or very much?)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
f. You worry that your condition will get worse. (Would you say not at all, a little bit, somewhat, quite a bit or very much?)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
43. <b>During the past 7 days</b> , to what extent has each of the following statements been true for you?	<table border="1"> <tr> <td>Not at all</td> <td>A little bit</td> <td>Somewhat</td> <td>Quite a bit</td> <td>Very much</td> </tr> </table>	Not at all	A little bit	Somewhat	Quite a bit	Very much
Not at all	A little bit	Somewhat	Quite a bit	Very much		
a. You are able to work (include work at your home). Would you say not at all, a little bit, somewhat, quite a bit or very much?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
b. Your work (include work at home) is fulfilling. Would you say not at all, a little bit, somewhat, quite a bit or very much?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					

<p>c. You are able to enjoy life. (Would you say not at all, a little bit, somewhat, quite a bit or very much?)</p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
<p>d. You have accepted your illness. (Would you say not at all, a little bit, somewhat, quite a bit or very much?)</p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
<p>e. You are sleeping well. (Would you say not at all, a little bit, somewhat, quite a bit or very much?)</p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
<p>f. You are enjoying the things you usually do for fun. (Would you say not at all, a little bit, somewhat, quite a bit or very much?)</p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
<p>g. You are content with the quality of your life right now. (Would you say not at all, a little bit, somewhat, quite a bit or very much?)</p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
<p><b>We have just a few more questions and we'll be finished.</b></p>													
<p>44. Next is a list of changes that sometimes occur in people's lives as a result of having had cancer. For each of the following statements, please indicate the degree to which the following changes occurred in your life as a result of having had cancer.</p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">Not at all</td> <td style="font-size: 8px;">Very small degree</td> <td style="font-size: 8px;">Small degree</td> <td style="font-size: 8px;">Moderate degree</td> <td style="font-size: 8px;">Great degree</td> <td style="font-size: 8px;">Very Great degree</td> </tr> </table>							Not at all	Very small degree	Small degree	Moderate degree	Great degree	Very Great degree
Not at all	Very small degree	Small degree	Moderate degree	Great degree	Very Great degree								
<p>a. Your priorities about what is important in life Would you say this changed not at all, a very small degree, a small degree, a moderate degree, a great degree, or a very great degree?</p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
<p>b. An increased appreciation for the value of your own life Would you say this changed not at all, to a very small degree, a small degree, a moderate degree, a great degree, or a very great degree?</p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
<p>c. An increased feeling of self-reliance Would you say this changed not at all, to a very small degree, a small degree, a moderate degree, a great degree, or a very great degree?</p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
<p>d. A better understanding of spiritual matters (Would you say this changed not at all, to a very small degree, a small degree, a moderate degree, a great degree, or a very great degree?)</p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
<p>e. Knowing that you can count on people in times of trouble (Would you say this changed not at all, to a very small degree, a small degree, a moderate degree, a great degree, or a very great degree?)</p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
<p>f. An increased sense of closeness with others (Would you say this changed not at all, to a very small degree, a small degree, a moderate degree, a great degree, or a very great degree?)</p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
<p>g. An increased willingness to express your emotions (Would you say this changed not at all, to a very small degree, a small degree, a moderate degree, a great degree, or a very great degree?)</p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												

	Not at all	Very small degree	Small degree	Moderate degree	Great degree	Very Great degree
45.						
a. <b>Knowing you can handle difficulties</b> (Would you say this changed not at all, to a very small degree, a small degree, a moderate degree, a great degree, or a very great degree?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>Being better able to accept the way things work out</b> (Would you say this changed not at all, to a very small degree, a small degree, a moderate degree, a great degree, or a very great degree?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <b>Appreciating each day more fully</b> (Would you say this changed not at all, to a very small degree, a small degree, a moderate degree, a great degree, or a very great degree?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <b>Putting more effort into your relationships</b> (Would you say this changed not at all, to a very small degree, a small degree, a moderate degree, a great degree, or a very great degree?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <b>You're much more likely to try to change things that need changing</b> (Would you say this changed not at all, to a very small degree, a small degree, a moderate degree, a great degree, or a very great degree?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. <b>You have a stronger religious faith</b> (Would you say this changed not at all, to a very small degree, a small degree, a moderate degree, a great degree, or a very great degree?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. <b>You discovered that you're stronger than you thought you were</b> (Would you say this changed not at all, to a very small degree, a small degree, a moderate degree, a great degree, or a very great degree?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. <b>You more readily accept needing others</b> (Would you say this changed not at all, to a very small degree, a small degree, a moderate degree, a great degree, or a very great degree?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>The next question is about your opinion of your health.</b>						
46. <b>In general would you say your health is excellent, very good, good, fair or poor?</b>	Excellent	Very good	Good	Fair	Poor	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. <b>In the last month, would you say your health has:</b>						

<b>Improved</b>	<input type="text"/>			
<b>Declined</b>	<input type="text"/>			
<b>Stayed about the same</b>	<input type="text"/>			
<b>Finally, we'd like to know what you think about the length of this questionnaire, and offer you our thanks.</b>				
<b>48. Do you feel that this questionnaire is too short, too long or just right?</b>	<table border="1"> <tr> <td data-bbox="867 638 971 688">Too short</td> <td data-bbox="971 638 1075 688">Too long</td> <td data-bbox="1075 638 1166 688">Just right</td> </tr> </table>	Too short	Too long	Just right
Too short	Too long	Just right		
	<table border="1"> <tr> <td data-bbox="867 701 971 751"><input type="text"/></td> <td data-bbox="971 701 1075 751"><input type="text"/></td> <td data-bbox="1075 701 1166 751"><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>		
<p><b>49. Your input on this project is really valuable to us, so we would like to know if you have any further comments about the questionnaire, your mailing list, or your cancer experience? All answers are confidential. Please email <a href="mailto:acorsurvey@unc.edu">acorsurvey@unc.edu</a> if you have specific concerns or questions you want answered.</b></p>	<div style="border: 1px solid black; height: 300px; width: 100%;"></div>			
<p><b>Closing:</b>        Thank you so much for taking the time to talk to me today. Your participation is a valuable contribution to the project and we truly appreciate your help. We will be calling you again in about 3 months. Thanks again. Goodbye.</p>				