

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

<p><b>Thank you for being part of the Health eCommunities project. Your mailing list, ACOR and UNC truly appreciate that you filled out the first 2 surveys over the past several months. We need you to complete this final questionnaire if we are to learn more about how mailing lists benefit the online community. As before, your answers are confidential. This is the last of three questionnaires. We look forward to sharing the overall results with you at the end of the project, and are extremely grateful for your participation.</b></p>	
<p><b>The first few questions are about Internet mailing lists and online resources.</b></p>	
<p><b>1. To which of the following mailing lists are you now subscribed? Please tell me all that apply.</b></p>	<input checked="" type="checkbox"/>
<p><b>a. AML (Acute Myelogenous Leukemia)</b></p>	<input type="checkbox"/>
<p><b>b. Carcinoid</b></p>	<input type="checkbox"/>
<p><b>c. Caregivers</b></p>	<input type="checkbox"/>
<p><b>d. CLL (Chronic Lymphocytic Leukemia)</b></p>	<input type="checkbox"/>
<p><b>e. CML (Chronic Myelogenous Leukemia)</b></p>	<input type="checkbox"/>
<p><b>f. Colon</b></p>	<input type="checkbox"/>
<p><b>g. CTCL-MF (CTCL Mycosis Fungoides)</b></p>	<input type="checkbox"/>
<p><b>h. Desmoid</b></p>	<input type="checkbox"/>
<p><b>i. EC (Esophageal)</b></p>	<input type="checkbox"/>
<p><b>j. Kidney-Onc</b></p>	<input type="checkbox"/>
<p><b>k. L-M-Sarcoma</b></p>	<input type="checkbox"/>
<p><b>l. LT-Survivors</b></p>	<input type="checkbox"/>
<p><b>m. Lung-NSCLC (Non Small Cell Lung Cancer)</b></p>	<input type="checkbox"/>

<b>n. MPD-NET (Myeloproliferative Disorders)</b>	<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. <u>Since completing the last questionnaire</u>, 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"/>
<b>m. LT-Survivors</b>	<input type="checkbox"/>
<b>n. Lung-NSCLC (Non Small Cell Lung Cancer)</b>	<input type="checkbox"/>
<b>o. MPD-NET (Myeloproliferative Disorders)</b>	<input type="checkbox"/>
<b>p. Myeloma</b>	<input type="checkbox"/>
<b>q. Ovarian</b>	<input type="checkbox"/>
<b>r. Pancreas-ONC</b>	<input type="checkbox"/>
<b>s. Prostate</b>	<input type="checkbox"/>
<b>t. TC-NET</b>	<input type="checkbox"/>
<b>u. Thyroid-ONC</b>	<input type="checkbox"/>
<b>v. Other (please specify)</b>	<input type="text"/>
<b>3. Besides ACOR, do you use any of the following? Please tell me all that apply.</b>	<input checked="" type="checkbox"/>
<b>a. eMail mailing list (other than ACOR lists)</b>	<input type="checkbox"/>
<b>b. Chat (e.g., IM, IRC, chat rooms, etc.)</b>	<input type="checkbox"/>
<b>c. Message board or forum</b>	<input type="checkbox"/>
<b>d. Weblog (blog)</b>	<input type="checkbox"/>
<b>e. Livejournal</b>	<input type="checkbox"/>
<b>f. Bulletin boards</b>	<input type="checkbox"/>
<b>g. Guest books</b>	<input type="checkbox"/>

<p><b>h. Other Internet community (please specify)</b></p>	<input style="width: 100%; height: 20px;" type="text"/>				
<p>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, use the one in which you are most active.</p>					
<p><b>4. Please tell me how much you disagree or agree with each of the following items. You're on the mailing list...</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Strongly Disagree</td> <td style="width: 25%; text-align: center;">Disagree</td> <td style="width: 25%; text-align: center;">Agree</td> <td style="width: 25%; text-align: center;">Strongly Agree</td> </tr> </table>	Strongly Disagree	Disagree	Agree	Strongly Agree
Strongly Disagree	Disagree	Agree	Strongly Agree		
<p>a. <b>To get support from others</b> Do you strongly disagree, disagree, agree, or strongly agree?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
<p>b. <b>To get information about how to deal with cancer</b> Do you strongly disagree, disagree, agree, or strongly agree?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
<p>c. <b>To see how other patients with your cancer are doing</b> Do you strongly disagree, disagree, agree, or strongly agree?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
<p>d. <b>To find out about the latest cancer treatments or post-cancer treatments</b> Do you strongly disagree, disagree, agree, or strongly agree?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
<p>e. <b>To find out how to deal with the <u>side effects</u> of cancer treatments</b> Do you strongly disagree, disagree, agree, or strongly agree?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
<p>f. <b>To find out how to deal with the <u>late effects</u> of cancer treatments</b> Do you strongly disagree, disagree, agree, or strongly agree?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
<p><b>5. You're on the mailing list...</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Strongly Disagree</td> <td style="width: 25%; text-align: center;">Disagree</td> <td style="width: 25%; text-align: center;">Agree</td> <td style="width: 25%; text-align: center;">Strongly Agree</td> </tr> </table>	Strongly Disagree	Disagree	Agree	Strongly Agree
Strongly Disagree	Disagree	Agree	Strongly Agree		
<p>a. <b>To help others</b> Do you strongly disagree, disagree, agree, or strongly agree?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
<p>b. <b>To get ideas about how to talk with your doctor about your illness</b> Do you strongly disagree, disagree, agree, or strongly agree?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
<p>c. <b>To help you make decisions about cancer treatment or post-cancer treatment for you</b> Do you strongly disagree, disagree, agree, or strongly agree?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
<p>d. <b>To help reduce your uncertainty about which treatments are best for you</b> Do you strongly disagree, disagree, agree, or strongly agree?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

<p>e. <b>To find other people with similar issues</b>  <b>Do you strongly disagree, disagree, agree, or strongly agree?</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> </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>6. <b>During the past 7 days, how much did your illness limit your ability to check your email for messages, or to read, write and post messages?</b></p>	<table border="1"> <tr> <td><b>Not at all</b></td> <td><b>A little bit</b></td> <td><b>Somewhat</b></td> <td><b>Quite a bit</b></td> <td><b>Very much</b></td> </tr> </table>	<b>Not at all</b>	<b>A little bit</b>	<b>Somewhat</b>	<b>Quite a bit</b>	<b>Very much</b>
<b>Not at all</b>	<b>A little bit</b>	<b>Somewhat</b>	<b>Quite a bit</b>	<b>Very much</b>		
<p><b>Would you say not at all, a little bit, somewhat, quite a bit, or very much?</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>7. <b>In the past 7 days, have you read messages from the mailing list?</b></p>	<table border="1"> <tr> <td>Yes</td> <td><input type="text"/></td> <td>No-- Skip to #20</td> <td><input type="text"/></td> </tr> </table>	Yes	<input type="text"/>	No-- Skip to #20	<input type="text"/>	
Yes	<input type="text"/>	No-- Skip to #20	<input type="text"/>			
<p>8. <b>During the past 7 days, how many times did you check your email for messages from the mailing list?</b></p>	<table border="1"> <tr> <td><input type="text"/></td> <td>Times</td> </tr> </table>	<input type="text"/>	Times			
<input type="text"/>	Times					
<p>9. <b>During the past 7 days, about how many hours did you spend each day reading messages from the mailing list?</b></p>	<table border="1"> <tr> <td><input type="text"/></td> <td>Hours</td> </tr> </table> <p>If "&lt;1 hour", please code as "&lt;30 minutes" or "30 minutes to 1 hour".</p>	<input type="text"/>	Hours			
<input type="text"/>	Hours					
<p>10. <b>In the past 7 days, have you written or posted messages to the mailing list?</b></p>	<table border="1"> <tr> <td>Yes</td> <td><input type="text"/></td> <td>No-- Skip to #20</td> <td><input type="text"/></td> </tr> </table>	Yes	<input type="text"/>	No-- Skip to #20	<input type="text"/>	
Yes	<input type="text"/>	No-- Skip to #20	<input type="text"/>			
<p>11. <b>During the past 7 days, about how many hours did you spend responding to messages from the mailing list?</b></p>	<table border="1"> <tr> <td><input type="text"/></td> <td>Hours</td> </tr> </table>	<input type="text"/>	Hours			
<input type="text"/>	Hours					
<p>12. <b>During the past 7 days, with about how many different members of the group did you exchange private emails (i.e., messages to other mailing list members, but not sent through the mailing list; also known as "off-list" email)?</b></p>	<table border="1"> <tr> <td><input type="text"/></td> <td>Members</td> </tr> </table>	<input type="text"/>	Members			
<input type="text"/>	Members					
<p>13. <b>During the past 7 days, about how many times did you exchange private emails with other group members?</b></p>	<table border="1"> <tr> <td><input type="text"/></td> <td>Times</td> </tr> </table>	<input type="text"/>	Times			
<input type="text"/>	Times					
<p>14. <b>During the past 7 days, about how many times did you call other list members on the phone?</b></p>	<table border="1"> <tr> <td><input type="text"/></td> <td>Members</td> </tr> </table>	<input type="text"/>	Members			
<input type="text"/>	Members					
<p>15. <b>Since joining this mailing list, have you arranged to meet any of its members in person?</b></p>	<table border="1"> <tr> <td>Yes</td> <td><input type="text"/></td> <td>No</td> <td><input type="text"/></td> </tr> </table>	Yes	<input type="text"/>	No	<input type="text"/>	
Yes	<input type="text"/>	No	<input type="text"/>			

<p><b>16. 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 <u>during the past 7 days.</u></b></p>	<table border="1"> <tr> <td data-bbox="870 331 984 386">Strongly Disagree</td> <td data-bbox="990 331 1101 386">Disagree</td> <td data-bbox="1107 331 1218 386">Agree</td> <td data-bbox="1224 331 1334 386">Strongly Agree</td> </tr> </table>	Strongly Disagree	Disagree	Agree	Strongly Agree
Strongly Disagree	Disagree	Agree	Strongly Agree		
<p><b>a. Overall, your experiences were similar to others. Do you strongly disagree, disagree, agree, or strongly agree?</b></p>	<table border="1"> <tr> <td data-bbox="870 403 984 466"></td> <td data-bbox="990 403 1101 466"></td> <td data-bbox="1107 403 1218 466"></td> <td data-bbox="1224 403 1334 466"></td> </tr> </table>				
<p><b>b. You could relate to others' experiences about cancer. Do you strongly disagree, disagree, agree, or strongly agree?</b></p>	<table border="1"> <tr> <td data-bbox="870 495 984 558"></td> <td data-bbox="990 495 1101 558"></td> <td data-bbox="1107 495 1218 558"></td> <td data-bbox="1224 495 1334 558"></td> </tr> </table>				
<p><b>c. You have something in common with others. Do you strongly disagree, disagree, agree, or strongly agree?</b></p>	<table border="1"> <tr> <td data-bbox="870 588 984 651"></td> <td data-bbox="990 588 1101 651"></td> <td data-bbox="1107 588 1218 651"></td> <td data-bbox="1224 588 1334 651"></td> </tr> </table>				
<p><b>d. You felt that others understood what you were going through. Do you strongly disagree, disagree, agree, or strongly agree?</b></p>	<table border="1"> <tr> <td data-bbox="870 680 984 743"></td> <td data-bbox="990 680 1101 743"></td> <td data-bbox="1107 680 1218 743"></td> <td data-bbox="1224 680 1334 743"></td> </tr> </table>				
<p><b>e. Others on the mailing list gave you good ideas about how to cope with cancer. Do you strongly disagree, disagree, agree, or strongly agree?</b></p>	<table border="1"> <tr> <td data-bbox="870 772 984 835"></td> <td data-bbox="990 772 1101 835"></td> <td data-bbox="1107 772 1218 835"></td> <td data-bbox="1224 772 1334 835"></td> </tr> </table>				
<p><b>f. It was OK to express your opinions on the mailing list. Do you strongly disagree, disagree, agree, or strongly agree?</b></p>	<table border="1"> <tr> <td data-bbox="870 865 984 928"></td> <td data-bbox="990 865 1101 928"></td> <td data-bbox="1107 865 1218 928"></td> <td data-bbox="1224 865 1334 928"></td> </tr> </table>				
<p><b>g. It was OK to disagree with others' statements. Do you strongly disagree, disagree, agree, or strongly agree?</b></p>	<table border="1"> <tr> <td data-bbox="870 957 984 1020"></td> <td data-bbox="990 957 1101 1020"></td> <td data-bbox="1107 957 1218 1020"></td> <td data-bbox="1224 957 1334 1020"></td> </tr> </table>				
<p></p>	<p></p>				
<p><b>17. During the past 7 days...</b></p>	<table border="1"> <tr> <td data-bbox="870 1092 984 1155">Strongly Disagree</td> <td data-bbox="990 1092 1101 1155">Disagree</td> <td data-bbox="1107 1092 1218 1155">Agree</td> <td data-bbox="1224 1092 1334 1155">Strongly Agree</td> </tr> </table>	Strongly Disagree	Disagree	Agree	Strongly Agree
Strongly Disagree	Disagree	Agree	Strongly Agree		
<p><b>a. You found it comforting to read the mailing list messages. Do you strongly disagree, disagree, agree, or strongly agree?</b></p>	<table border="1"> <tr> <td data-bbox="870 1184 984 1247"></td> <td data-bbox="990 1184 1101 1247"></td> <td data-bbox="1107 1184 1218 1247"></td> <td data-bbox="1224 1184 1334 1247"></td> </tr> </table>				
<p><b>b. Others encouraged you. Do you strongly disagree, disagree, agree, or strongly agree?</b></p>	<table border="1"> <tr> <td data-bbox="870 1276 984 1339"></td> <td data-bbox="990 1276 1101 1339"></td> <td data-bbox="1107 1276 1218 1339"></td> <td data-bbox="1224 1276 1334 1339"></td> </tr> </table>				
<p><b>c. You read others' messages although you did not post anything. Do you strongly disagree, disagree, agree, or strongly agree?</b></p>	<table border="1"> <tr> <td data-bbox="870 1369 984 1432"></td> <td data-bbox="990 1369 1101 1432"></td> <td data-bbox="1107 1369 1218 1432"></td> <td data-bbox="1224 1369 1334 1432"></td> </tr> </table>				
<p><b>d. Others gave you good advice. Do you strongly disagree, disagree, agree, or strongly agree?</b></p>	<table border="1"> <tr> <td data-bbox="870 1461 984 1524"></td> <td data-bbox="990 1461 1101 1524"></td> <td data-bbox="1107 1461 1218 1524"></td> <td data-bbox="1224 1461 1334 1524"></td> </tr> </table>				
<p><b>e. You got information you could not find anywhere else. Do you strongly disagree, disagree, agree, or strongly agree?</b></p>	<table border="1"> <tr> <td data-bbox="870 1554 984 1617"></td> <td data-bbox="990 1554 1101 1617"></td> <td data-bbox="1107 1554 1218 1617"></td> <td data-bbox="1224 1554 1334 1617"></td> </tr> </table>				
<p><b>f. The listowner (or listowners) gave information that list members needed. Do you strongly disagree, disagree, agree, or strongly agree?</b></p>	<table border="1"> <tr> <td data-bbox="870 1646 984 1709"></td> <td data-bbox="990 1646 1101 1709"></td> <td data-bbox="1107 1646 1218 1709"></td> <td data-bbox="1224 1646 1334 1709"></td> </tr> </table>				
<p><b>g. The listowner (or listowners) helped the discussion. Do you strongly disagree, disagree, agree, or strongly agree?</b></p>	<table border="1"> <tr> <td data-bbox="870 1738 984 1801"></td> <td data-bbox="990 1738 1101 1801"></td> <td data-bbox="1107 1738 1218 1801"></td> <td data-bbox="1224 1738 1334 1801"></td> </tr> </table>				
<p><b>h. There were too many messages to deal with. Do you strongly disagree, disagree, agree, or strongly agree?</b></p>	<table border="1"> <tr> <td data-bbox="870 1831 984 1894"></td> <td data-bbox="990 1831 1101 1894"></td> <td data-bbox="1107 1831 1218 1894"></td> <td data-bbox="1224 1831 1334 1894"></td> </tr> </table>				

<p>i. <b>Others' humor helped you. Do you strongly disagree, disagree, agree, or strongly agree?</b></p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <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"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<p>18. 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>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. How much help did others give you? Would you say none, a little bit, some, quite a bit, or very much?</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <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"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<p>b. How much help did you give to others? Would you say none, a little bit, some, quite a bit, or very much?</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <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"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<p>19. <u>When there were conflicts or disagreements among list members</u>, how much did the listowner(s) help to resolve them?</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="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="4">There were no conflicts that I noticed</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were no conflicts that I noticed			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	There were no conflicts that I noticed										
<p>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.</p>											
<p>20. I will read a list of sources. For each, please tell me if <u>in the past 30 days</u> you paid <u>none, a little bit, some, quite a bit, or very much</u> attention to information about health or medical topics from these sources.</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="checkbox"/></td> <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"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<p>b. On the radio</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <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"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<p>c. In newspapers</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <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"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<p>d. In magazines</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <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"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<p>e. In the medical literature</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <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"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<p>f. On the Internet</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <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"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<p>g. From ACOR mailing list(s)</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <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"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<p>21. Do you ever send or receive emails from friends about health or medical issues?</p>	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No—Skip to</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No—Skip to	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	<input type="checkbox"/>	No—Skip to	<input type="checkbox"/>	<input type="checkbox"/>							

<b>about health or medical issues?</b>	<input type="checkbox"/>	<input type="checkbox"/>	#23	<input type="checkbox"/>	
<b>22. How useful is email for communicating about health or medical issues with friends? Would you say very useful, somewhat useful, not too useful, or not at all useful?</b>					
	Very useful	Somewhat useful	Not too useful	Not at all useful	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>23. How much did being on the mailing list change your decisions about cancer treatment or post-cancer treatment?</b>					
	Not at all	A little bit	Somewhat	Quite a bit	Very much
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>The next questions are about your health care.</b>					
<b>24. In the past 90 days (3 months), have you been to a doctor or other health care provider?</b>					
	Yes	<input type="checkbox"/>	No—Skip to #29	<input type="checkbox"/>	
<b>25. In the last 90 days (3 months), have you talked to a doctor about any cancer-related information you got from the Internet? (This includes information from the mailing list.)</b>					
	Yes	<input type="checkbox"/>	No—Skip to #27	<input type="checkbox"/>	
<b>26. In the last 90 days (3 months), 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>					
	A lot worse	A little worse	No change	A little better	A lot better
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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>					
<b>27. Please rate all your health care in the last 90 days (3 months) from all doctors and other health providers. Use any number from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your health care? (Please choose the number that comes closest to how you feel.)</b>					
	<input type="checkbox"/>	<input type="checkbox"/>	Check here if no visits were made in last 12 mos.—if so, skip to #29		
<b>28. Thinking about all your interactions with doctors and other health care providers during the last 90 days (3 months), on average how often would you say they did the following things?</b>					
	Not at all	Rarely	Sometimes	Often	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

a. <b>Listen carefully to you</b> Would you say not at all, rarely, sometimes or often?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. <b>Explain things in a way you could understand</b> Would you say not at all, rarely, sometimes or often?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. <b>Show respect for what you had to say</b> Would you say not at all, rarely, sometimes or often?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d. <b>Spend enough time with you</b> Would you say not at all, rarely, sometimes or often?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
e. <b>Involve you in decisions about your health care as much as you wanted</b> Would you say not at all, rarely, sometimes or often?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
f. <b>Give you as much information as you wanted</b> Would you say not at all, rarely, sometimes or often?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
29. 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, <b>1 being not at all confident and 5 being very confident</b> . How confident are you in your ability to...	
a. Know what questions to ask a doctor?	<input type="text"/>
b. Get a doctor to answer all your questions?	<input type="text"/>
c. Make the most of your visit with a doctor?	<input type="text"/>
d. Get a doctor to take your chief health concern seriously?	<input type="text"/>
e. Get a doctor to do something about your chief health concern?	<input type="text"/>
Please tell us about your personal experience with cancer.	
30. Are you <b>now</b> being treated for cancer?	Yes <input type="text"/> No <input type="text"/>
31. <b>In the last 90 days (3 months)</b> , 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="text"/> No <input type="text"/>
b. A doctor said that your cancer had come back (that is, you had a recurrence).	Yes <input type="text"/> No <input type="text"/>

c. Your cancer treatment ended.	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No		
Yes		No				
d. You began a new treatment for your cancer.	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No		
Yes		No				
<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>						
<b>32. After I have read the following five statements, please choose the one that best describes you.</b>	<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>						
<b>33. <u>During the past 7 days</u>, to what extent has each of the following statements been true for you?</b>	<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		
a. You lack energy.	<table border="1"> <tr> <td><input type="checkbox"/></td> <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"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. You have nausea.	<table border="1"> <tr> <td><input type="checkbox"/></td> <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"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. Because of your physical condition, you have trouble meeting the needs of your family.	<table border="1"> <tr> <td><input type="checkbox"/></td> <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"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. You have pain.	<table border="1"> <tr> <td><input type="checkbox"/></td> <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"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. You are bothered by side effects of treatment.	<table border="1"> <tr> <td><input type="checkbox"/></td> <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"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. You feel ill.	<table border="1"> <tr> <td><input type="checkbox"/></td> <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"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. You are forced to spend time in bed.	<table border="1"> <tr> <td><input type="checkbox"/></td> <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"/>	<input type="checkbox"/>	<input type="checkbox"/>		

34. <b>During the past 7 days</b> , 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 feel close to your family and friends.					
b. You get emotional support from your family.					
c. You get support from your friends.					
d. Your family has accepted your illness.					
e. You are satisfied with family communication about your illness.					
f. You feel close to your partner (or the person who is your main support).					
g. Regardless of your current level of sexual activity, please answer the following question. You are satisfied with your sex life.	<input type="checkbox"/>	<input type="checkbox"/> Check here if prefers not to answer.			
<p>The next section contains questions on your use of Complementary and Alternative Medicines (CAM) over the past 90 days (3 months).</p>					
35. <b>In the last 90 days (3 months)</b> , did you use any of the following Complementary or Alternative Medicine (CAM) therapies to deal with your cancer?					
a. Alternative Medical Systems (such as homeopathy, naturopathy, traditional Chinese medicine, Ayurveda (A-yur-ved-a))	Yes		No		
b. Mind-Body Interventions (such as relaxation training, guided imagery, meditation, hypnosis, biofeedback)	Yes		No		
c. Biologically-based therapies (such as herbs, vitamins and dietary supplements, special diets)	Yes		No		
d. Manipulative and Body-based Therapies (such as massage therapy, chiropractic, yoga, tai chi (tie-chee))	Yes		No		
e. Energy Therapies (such as chi gung (chee-gung), Reiki (Ray-key), Therapeutic Touch, Polarity Therapy, magnet therapy)	Yes		No		

36. <b><u>In the last 90 days (3 months)</u></b> , did you use <b>Complementary and Alternative Medicine (CAM) therapies to treat your cancer?</b>	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes		No			
37. <b><u>In the last 90 days (3 months)</u></b> , did you use <b>Complementary and Alternative Medicine (CAM) therapies to help you deal with the side effects of cancer treatment?</b>	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes		No			
38. <b><u>In the last 90 days (3 months)</u></b> , did you use <b>CAM therapies instead of conventional or regular medical treatment for your cancer?</b>	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes		No			
<b>The next few questions ask about cancer clinical trials and advocacy groups.</b>					
39. <b><u>Are you now</u></b> in a clinical trial to treat cancer?	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes		No			
40. <b><u>In the last 90 days (3 months)</u></b> , have you asked your physician or another health care professional about being in a clinical trial?	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes		No			
41. <b><u>In the last 90 days (3 months)</u></b> , has a physician or other health care professional asked you to be in a clinical trial?	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes		No			
42. <b><u>In the last 90 days (3 months)</u></b> , have you refused a request to be in a clinical trial?	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes		No			
43. <b>Has being on the mailing list prompted you to join an advocacy group for cancer?</b>	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes		No			
<b>We are interested in how you usually deal with stress since you found out you had cancer.</b>					
44. <b>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></b>	<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 style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></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 style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></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 style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></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 style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></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 style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></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 style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table>				
<p>45. <u>In the past 14 days...</u></p>	<table border="1"> <tr> <td style="width: 25px; height: 20px; text-align: center;">Not at all</td> <td style="width: 25px; height: 20px; text-align: center;">A little bit</td> <td style="width: 25px; height: 20px; text-align: center;">A medium amount</td> <td style="width: 25px; height: 20px; text-align: center;">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 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 style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table>				
<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 style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table>				
<p>c. You've been trying to come up with a strategy about what to do. 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 style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table>				
<p>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?</p>	<table border="1"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table>				
<p>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?</p>	<table border="1"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table>				

lot?						
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"/>					
46. <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"/>					
47. <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"/>					
c. You are able to enjoy life. 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 have accepted 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"/>					
e. You are sleeping well. 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 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?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					

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?	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						
We have just a few more questions and we'll be finished.							
48. 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 this change occurred in your life as a result of having had cancer. Did it change not at all, a very small degree, a small degree, a moderate degree, a great degree, or a very great degree?	<table border="1"> <thead> <tr> <th data-bbox="870 571 967 646">Not at all</th> <th data-bbox="967 571 1026 646">Very small degree</th> <th data-bbox="1026 571 1123 646">Small degree</th> <th data-bbox="1123 571 1240 646">Moderate degree</th> <th data-bbox="1240 571 1338 646">Great degree</th> <th data-bbox="1338 571 1429 646">Very Great degree</th> </tr> </thead> </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		
a. Your priorities about what is important in life have changed	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						
b. An increased appreciation for the value of your own life	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						
c. An increased feeling of self-reliance	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						
d. A better understanding of spiritual matters	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						
e. Knowing that you can count on people in times of trouble	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						
f. An increased sense of closeness with others	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						
g. An increased willingness to express your emotions	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						
49.							
a. Knowing you can handle difficulties	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						
b. Being better able to accept the way things work out	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						
c. Appreciating each day more fully	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						
d. Putting more effort into your relationships	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						
e. You're much more likely to try to change things that need changing	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						
f. You have a stronger religious faith	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						
g. You discovered that you're stronger than you thought you were	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						
h. You more readily accept needing others	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						
The next question is about your opinion of your health.							

<b>50. In general would you say your health is excellent, very good, good, fair or poor?</b>	<table border="1"> <tr> <td data-bbox="870 243 976 289">Excellent</td> <td data-bbox="982 243 1084 289">Very good</td> <td data-bbox="1091 243 1182 289">Good</td> <td data-bbox="1188 243 1279 289">Fair</td> <td data-bbox="1286 243 1377 289">Poor</td> </tr> </table>	Excellent	Very good	Good	Fair	Poor
Excellent	Very good	Good	Fair	Poor		
	<table border="1"> <tr> <td data-bbox="870 312 971 359"></td> <td data-bbox="977 312 1078 359"></td> <td data-bbox="1084 312 1185 359"></td> <td data-bbox="1192 312 1292 359"></td> <td data-bbox="1299 312 1399 359"></td> </tr> </table>					
<b>51. In the last 4 months, would you say your health has:</b>						
<b>Improved</b>	<input data-bbox="870 548 971 594" type="checkbox"/>					
<b>Declined</b>	<input data-bbox="870 659 971 705" type="checkbox"/>					
<b>Stayed about the same</b>	<input data-bbox="870 770 971 816" type="checkbox"/>					
<b>52. Do you have any of the following chronic health problems?</b>	<input checked="" data-bbox="870 982 971 1029" type="checkbox"/>					
<b>a. Arthritis</b>	<input data-bbox="870 1073 971 1119" type="checkbox"/>					
<b>b. Asthma</b>	<input data-bbox="870 1184 971 1230" type="checkbox"/>					
<b>c. Chronic lung disease</b>	<input data-bbox="870 1295 971 1341" type="checkbox"/>					
<b>d. Diabetes or high blood sugar</b>	<input data-bbox="870 1407 971 1453" type="checkbox"/>					
<b>e. Chronic headaches or migraine</b>	<input data-bbox="870 1518 971 1564" type="checkbox"/>					
<b>f. Heart disease</b>	<input data-bbox="870 1629 971 1675" type="checkbox"/>					
<b>g. Ulcer</b>	<input data-bbox="870 1740 971 1787" type="checkbox"/>					
<b>h. Any other serious chronic health problem? Please describe it to me.</b>	<input data-bbox="870 1831 1375 1877" type="text"/>					
<b>Finally, we'd like to know what you think about the</b>						

<p><b>length of this questionnaire, and offer you our thanks.</b></p>				
<p><b>53. Do you feel that this questionnaire is too short, too long or just right?</b></p>	<table border="1"> <tr> <td data-bbox="868 359 969 411">Too short</td> <td data-bbox="969 359 1070 411">Too long</td> <td data-bbox="1070 359 1170 411">Just right</td> </tr> </table>	Too short	Too long	Just right
Too short	Too long	Just right		
	<table border="1"> <tr> <td data-bbox="868 426 969 478"></td> <td data-bbox="969 426 1070 478"></td> <td data-bbox="1070 426 1170 478"></td> </tr> </table>			
<p><b>54. 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 data-bbox="868 678 1406 1381" style="border: 1px solid black; height: 335px; width: 331px;"></div>			

<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 next month. Thanks again. Goodbye.	