

**HEALTH eCOMMUNITIES PROJECT
 BASELINE TELEPHONE INTERVIEW**

The first few questions are about Internet mailing lists and online resources.	
1. Through which mailing list did you enroll in this project? (use list below for proper names)	<input type="text"/>
2. To which of the following mailing lists are you now subscribed? Please tell me all that apply.	<input checked="" type="checkbox"/>
a. AML (Acute Myelogenous Leukemia)	<input type="checkbox"/>
b. Carcinoid	<input type="checkbox"/>
c. Caregivers	<input type="checkbox"/>
d. CLL (Chronic Lymphocytic Leukemia)	<input type="checkbox"/>
e. CML (Chronic Myelogenous Leukemia)	<input type="checkbox"/>
f. Colon	<input type="checkbox"/>
g. CTCL-MF (CTCL Mycosis Fungoides)	<input type="checkbox"/>
h. Desmoid	<input type="checkbox"/>
i. EC (Esophageal)	<input type="checkbox"/>
j. Kidney-Onc	<input type="checkbox"/>
k. L-M-Sarcoma	<input type="checkbox"/>
l. LT-Survivors	<input type="checkbox"/>
m. Lung-NSCLC (Non Small Cell Lung Cancer)	<input type="checkbox"/>
n. MPD-NET (Myeloproliferative Disorders)	<input type="checkbox"/>
o. Myeloma	<input type="checkbox"/>

p. Ovarian	<input type="checkbox"/>				
q. Pancreas-ONC	<input type="checkbox"/>				
r. Prostate	<input type="checkbox"/>				
s. TC-NET (Testicular)	<input type="checkbox"/>				
t. Thyroid-ONC	<input type="checkbox"/>				
u. 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, use 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 strongly agree?	<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. To get information about how to deal with cancer	<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"/>		

<p>Do you strongly disagree, disagree, agree, or strongly agree?</p>						
<p>c. To see how other patients with your cancer are doing Do you strongly disagree, disagree, agree, or strongly agree?</p>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>					
<p>d. To find out about the latest cancer treatments or post-cancer treatments Do you strongly disagree, disagree, agree, or strongly agree?</p>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>					
<p>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?</p>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>					
<p>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?</p>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>					
<p>5. You're on the mailing list...</p>	<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			
<p>a. To help others Do you strongly disagree, disagree, agree, or strongly agree?</p>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>					
<p>b. To get ideas about how to talk with your doctor about your illness Do you strongly disagree, disagree, agree, or strongly agree?</p>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>					
<p>c. To help you make decisions about what is the best cancer treatment or post-cancer treatment for you Do you strongly disagree, disagree, agree, or strongly agree?</p>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>					
<p>d. To help reduce your uncertainty about which treatments are best for you Do you strongly disagree, disagree, agree, or strongly agree?</p>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>					
<p>e. To find other people with similar issues Do you strongly disagree, disagree, agree, or strongly agree?</p>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>					
<p>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?</p>	<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		
<p>Would you say not at all, a little bit, somewhat, quite a bit, or very much?</p>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>					
<p>7. <u>Since registering</u> for the mailing list, have you read, written and/or posted messages to it?</p>	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No-- Skip to #17</td> <td></td> </tr> </table>	Yes		No-- Skip to #17		
Yes		No-- Skip to #17				

<p>8. During the past 7 days, how many times did you check your email for messages from the mailing list?</p>	<table border="1"> <tr> <td style="width: 50px; height: 20px;"></td> <td style="width: 50px; text-align: center;">Times</td> </tr> </table> <p>If "none" skip to #17</p>		Times		
	Times				
<p>9. During the past 7 days, about how many hours did you spend each day reading and/or responding to messages from the mailing list?</p>	<table border="1"> <tr> <td style="width: 100px; height: 20px;"></td> <td style="width: 50px; text-align: center;">Hours</td> </tr> </table> <p>If "<1 hour", please code as "<30 minutes" or "30 minutes to 1 hour".</p>		Hours		
	Hours				
<p>10. 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)? ?</p>	<table border="1"> <tr> <td style="width: 50px; height: 20px;"></td> <td style="width: 50px; text-align: center;">Members</td> </tr> </table> <p>If "none" skip to #12</p>		Members		
	Members				
<p>11. During the past 7 days, about how many times did you exchange private emails with other group members?</p>	<table border="1"> <tr> <td style="width: 50px; height: 20px;"></td> <td style="width: 50px; text-align: center;">Times</td> </tr> </table>		Times		
	Times				
<p>12. During the past 7 days, about how many times did you call other list members on the phone?</p>	<table border="1"> <tr> <td style="width: 50px; height: 20px;"></td> <td style="width: 50px; text-align: center;">Members</td> </tr> </table>		Members		
	Members				
<p>13. 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 during the past 7 days.</p>	<table border="1"> <tr> <td style="width: 20px; 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: 20px; text-align: center;">Strongly Agree</td> </tr> </table>	Strongly Disagree	Disagree	Agree	Strongly Agree
Strongly Disagree	Disagree	Agree	Strongly Agree		
<p>a. Overall, your experiences were similar to those of others. Do you strongly disagree, disagree, agree, or strongly agree?</p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
<p>b. You could relate to others' experiences with cancer. Do you strongly disagree, disagree, agree, or strongly agree?</p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
<p>c. You have something in common with others. Do you strongly disagree, disagree, agree, or strongly agree?</p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
<p>d. You felt that others understood what you were going through. Do you strongly disagree, disagree, agree, or strongly agree?</p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
<p>e. Other people on the mailing list gave you good ideas about how to cope with cancer. Do you strongly disagree, disagree, agree, or strongly agree?</p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 20px; 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: 20px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></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: 20px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

<p>14. During the past 7 days...</p>	<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								
<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></td> <td></td> <td></td> <td></td> </tr> </table>										
<p>b. Others encouraged you. Do you strongly disagree, disagree, agree, or strongly agree?</p>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></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></td> <td></td> <td></td> <td></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></td> <td></td> <td></td> <td></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></td> <td></td> <td></td> <td></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></td> <td></td> <td></td> <td></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></td> <td></td> <td></td> <td></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></td> <td></td> <td></td> <td></td> </tr> </table>										
<p>i. Others' humor helped you. Do you strongly disagree, disagree, agree, or strongly agree?</p>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>										
<p>15. 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></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>										
<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></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>										
<p>16. <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></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5" style="text-align: center;"> <input type="checkbox"/> There were no conflicts that I noticed </td> </tr> </table>						<input type="checkbox"/> There were no conflicts that I noticed				
<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>17. I will read a list of sources. For each, please tell me if you pay <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" style="width: 100%; text-align: center;"> <tr> <td style="width: 20%;">None</td> <td style="width: 20%;">A little bit</td> <td style="width: 20%;">Some</td> <td style="width: 20%;">Quite a bit</td> <td style="width: 20%;">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>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
<p>b. On the radio</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
<p>c. In newspapers</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
<p>d. In magazines</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
<p>e. In the medical literature</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
<p>f. On the Internet</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
<p>g. From ACOR mailing list(s)</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
<p>18. <u>During the past 30 days</u>, how often did you use the Internet (including the mailing list) for each of the following activities?</p>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">Not at all</td> <td style="width: 25%;">Rarely</td> <td style="width: 25%;">Some-times</td> <td style="width: 25%;">Often</td> </tr> </table>					Not at all	Rarely	Some-times	Often	
Not at all	Rarely	Some-times	Often							
<p>a. Find out more about cancer Would you say not at all, rarely, sometimes, or often?</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
<p>b. Communicate with doctors or other health professionals (including email) Would you say not at all, rarely, sometimes, or often?</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
<p>c. Communicate with other people who have the same condition (including email) Would you say not at all, rarely, sometimes, or often?</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
<p>d. Find general health information Would you say not at all, rarely, sometimes, or often?</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
<p>e. Find information on prescription drugs Would you say not at all, rarely, sometimes, or often?</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
<p>f. Find information on health-related products such as herbal remedies and vitamins Would you say not at all, rarely, sometimes, or often?</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						

<p>19. Have you <u>ever</u> talked to a doctor about any cancer-related information you got from the Internet? (This includes information from the mailing list.)</p>	<table border="1"> <tr> <td data-bbox="870 268 971 342">Yes</td> <td data-bbox="971 268 1068 342"></td> <td data-bbox="1068 268 1166 342">No— Skip to #21</td> <td data-bbox="1166 268 1263 342"></td> </tr> </table>	Yes		No— Skip to #21		
Yes		No— Skip to #21				
<p>20. Overall, how has talking to your doctor about cancer information from the Internet changed how you get along with him/her? (If you have talked with more than one doctor about information you got from the Internet, please answer about the doctor you see most often or the one who is most important for your cancer treatment and follow up.)</p>	<table border="1"> <tr> <td data-bbox="870 596 971 646">A lot worse</td> <td data-bbox="971 596 1068 646">A little worse</td> <td data-bbox="1068 596 1166 646">No change</td> <td data-bbox="1166 596 1263 646">A little better</td> <td data-bbox="1263 596 1360 646">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>Has it made things a lot worse, a little worse, a little better, a lot better, or have things stayed the same (no change)?</p>	<table border="1"> <tr> <td data-bbox="870 680 971 741"></td> <td data-bbox="971 680 1068 741"></td> <td data-bbox="1068 680 1166 741"></td> <td data-bbox="1166 680 1263 741"></td> <td data-bbox="1263 680 1360 741"></td> </tr> </table>					
<p>The next questions are about your health care.</p>						
<p>21. Please rate your health care <u>in the last 12 months</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>	<table border="1"> <tr> <td data-bbox="870 814 976 888"><input type="text"/></td> <td data-bbox="1000 909 976 982"><input type="text"/></td> <td data-bbox="1000 909 1385 1003" rowspan="2"> Check here if no visits were made in last 12 mos. </td> </tr> <tr> <td colspan="2" data-bbox="870 1014 1263 1052"> If "no visits," skip to question #23 </td> </tr> </table>	<input type="text"/>	<input type="text"/>	Check here if no visits were made in last 12 mos.	If "no visits," skip to question #23	
<input type="text"/>	<input type="text"/>	Check here if no visits were made in last 12 mos.				
If "no visits," skip to question #23						
<p>22. Thinking about all your interactions with doctors and other health care providers <u>during the past 12 months</u>, on average how often would you say they did the following things?</p>	<table border="1"> <tr> <td data-bbox="870 1171 971 1220">Not at all</td> <td data-bbox="971 1171 1068 1220">Rarely</td> <td data-bbox="1068 1171 1166 1220">Some-times</td> <td data-bbox="1166 1171 1263 1220">Often</td> </tr> </table>	Not at all	Rarely	Some-times	Often	
Not at all	Rarely	Some-times	Often			
<p>a. Listen carefully to you Would you say not at all, rarely, sometimes or often?</p>	<table border="1"> <tr> <td data-bbox="870 1241 971 1293"></td> <td data-bbox="971 1241 1068 1293"></td> <td data-bbox="1068 1241 1166 1293"></td> <td data-bbox="1166 1241 1263 1293"></td> </tr> </table>					
<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 data-bbox="870 1335 971 1388"></td> <td data-bbox="971 1335 1068 1388"></td> <td data-bbox="1068 1335 1166 1388"></td> <td data-bbox="1166 1335 1263 1388"></td> </tr> </table>					
<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 data-bbox="870 1430 971 1482"></td> <td data-bbox="971 1430 1068 1482"></td> <td data-bbox="1068 1430 1166 1482"></td> <td data-bbox="1166 1430 1263 1482"></td> </tr> </table>					
<p>d. Spend enough time with you Would you say not at all, rarely, sometimes or often?</p>	<table border="1"> <tr> <td data-bbox="870 1524 971 1577"></td> <td data-bbox="971 1524 1068 1577"></td> <td data-bbox="1068 1524 1166 1577"></td> <td data-bbox="1166 1524 1263 1577"></td> </tr> </table>					
<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 data-bbox="870 1629 971 1682"></td> <td data-bbox="971 1629 1068 1682"></td> <td data-bbox="1068 1629 1166 1682"></td> <td data-bbox="1166 1629 1263 1682"></td> </tr> </table>					
<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 data-bbox="870 1734 971 1787"></td> <td data-bbox="971 1734 1068 1787"></td> <td data-bbox="1068 1734 1166 1787"></td> <td data-bbox="1166 1734 1263 1787"></td> </tr> </table>					

<p>23. 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, 1 being not at all confident and 5 being very confident. How confident are you in your ability to...</p>	
<p>a. Know what questions to ask a doctor?</p>	<input type="checkbox"/>
<p>b. Get a doctor to answer all your questions?</p>	<input type="checkbox"/>
<p>c. Make the most of your visit with a doctor?</p>	<input type="checkbox"/>
<p>d. Get a doctor to take your chief health concern seriously?</p>	<input type="checkbox"/>
<p>e. Get a doctor to do something about your chief health concern?</p>	<input type="checkbox"/>
<p>Please tell us about your personal experience with cancer.</p>	
<p>24. When you were first told that you had cancer, what type of cancer was it, or in what part of the body did the cancer start? (If you have had more than one cancer, this refers to your first cancer.)</p>	<input checked="" type="checkbox"/> <p>Check all that apply.</p>
<p>a. Bladder cancer</p>	<input type="checkbox"/>
<p>b. Bone cancer</p>	<input type="checkbox"/>
<p>c. Breast cancer</p>	<input type="checkbox"/>
<p>d. Cervical cancer (cancer of the cervix)</p>	<input type="checkbox"/>
<p>e. Colon cancer</p>	<input type="checkbox"/>
<p>f. Endometrial cancer (cancer of the uterus)</p>	<input type="checkbox"/>
<p>g. Esophageal cancer</p>	<input type="checkbox"/>
<p>h. Gastrointestinal cancer/GIST</p>	<input type="checkbox"/>
<p>i. Head and neck cancer</p>	<input type="checkbox"/>
<p>j. Kidney cancer</p>	<input type="checkbox"/>
<p>k. Leukemia</p>	<input type="checkbox"/>
<p>l. Lung cancer</p>	<input type="checkbox"/>
<p>m. Lymphoma (Hodgkin's or Non-Hodgkin's)</p>	<input type="checkbox"/>
<p>n. Melanoma</p>	<input type="checkbox"/>
<p>o. Skin Cancer other than melanoma</p>	<input type="checkbox"/>

p. Myeloma	<input type="checkbox"/>		
q. Oral cancer	<input type="checkbox"/>		
r. Ovarian cancer	<input type="checkbox"/>		
s. Pancreatic cancer	<input type="checkbox"/>		
t. Pharyngeal (throat) cancer	<input type="checkbox"/>		
u. Prostate cancer	<input type="checkbox"/>		
v. Rectal cancer	<input type="checkbox"/>		
w. Sarcoma	<input type="checkbox"/>		
x. Other (specify)	<input type="text"/>		
25. At what age were you first told that you had cancer?			
<input type="text"/>	Years old		
26. Are you <u>now</u> being treated for cancer?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
27. <u>At any time since you were first diagnosed with cancer</u>, did a doctor tell you that you were free of cancer (that is, you didn't have cancer in any part of your body)?			
Yes	<input type="checkbox"/>	No— Skip to 31	<input type="checkbox"/>
28. <u>At any time since you were first diagnosed with cancer</u>, did a doctor tell you that your cancer had come back (that is, you had a recurrence)?			
Yes	<input type="checkbox"/>	No— Skip to 31	<input type="checkbox"/>
29. When was your <u>most recent</u> recurrence?			
MM	<input type="text"/>	YYYY	<input type="text"/>
30. To the best of your knowledge, <u>are you now free of cancer</u> (that is, at this time, you don't have cancer in any part of your body)?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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.)			
31. 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 doctor to 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"/>					
For the next section, I will read to you statements that other people with your illness have said are important.						
32. During the past 7 days, to what extent has each of the following statements been true for you?	<table border="1"> <thead> <tr> <th>Not at all</th> <th>A little bit</th> <th>Some-what</th> <th>Quite a bit</th> <th>Very much</th> </tr> </thead> </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.	<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. Because of your physical condition, you have trouble meeting the needs of your family.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
d. You have pain.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
e. You are bothered by side effects of treatment.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
f. You feel ill.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
g. You are forced to spend time in bed.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
33. During the past 7 days, to what extent has each of the following statements been true for you?	<table border="1"> <thead> <tr> <th>Not at all</th> <th>A little bit</th> <th>Some-what</th> <th>Quite a bit</th> <th>Very much</th> </tr> </thead> </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 feel close to your family and friends.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
b. You get emotional support from your family.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
c. You get support from your friends.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
d. Your family has accepted your illness.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
e. You are satisfied with family communication about your illness.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
f. You feel close to your partner (or the person who is your main support).	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					

<p>g. Regardless of your current level of sexual activity, please answer the following question. You are satisfied with your sex life.</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> <tr> <td colspan="5" style="text-align: center;"> <input type="checkbox"/> Check here if prefers not to answer. </td> </tr> </table>	<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.				
<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.											
<p>The next section contains questions on your use of Complementary and Alternative Medicines (CAM) over the past 12 months.</p>											
<p>34. In the last 12 months, did you use any of the following Complementary or Alternative Medicine (CAM) therapies to deal with your cancer?</p>											
<p>a. Alternative Medical Systems (such as homeopathy, naturopathy, traditional Chinese medicine, Ayurveda (A-yur-ved-a))</p>	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>								
<p>b. Mind-Body Interventions (such as relaxation training, guided imagery, meditation, hypnosis, biofeedback)</p>	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>								
<p>c. Biologically-based therapies (such as herbs, vitamins and dietary supplements, special diets)</p>	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>								
<p>d. Manipulative and Body-based Therapies (such as massage therapy, chiropractic, yoga, tai chi (tie-chee))</p>	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>								
<p>e. Energy Therapies (such as chi gung (chee-gung), Reiki (Ray-key), Therapeutic Touch, Polarity Therapy, magnet therapy)</p>	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>								
<p>35. Did you use Complementary and Alternative Medicine (CAM) therapies to treat your cancer?</p>	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>								
<p>36. Did you use Complementary and Alternative Medicine (CAM) therapies to help you deal with the side effects of cancer treatment?</p>	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>								
<p>The next few questions ask about clinical trials to treat cancer.</p>											
<p>37. Have you ever been or <u>are you now</u> in a clinical trial to treat cancer?</p>	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>								
<p>38. Have you <u>ever</u> asked your physician or another health care professional about being in a clinical trial?</p>	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>								
<p>39. Has a physician or other health care professional <u>ever</u> asked you to be in a clinical trial?</p>	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>								

<p>40. Have you ever refused a request to be in a clinical trial?</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>41. 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 style="background-color: #cccccc;"></p>					
<p>42. <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 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></td> <td></td> <td></td> <td></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></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. Would you say you have not</p>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				

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"/>					
43. During the past 7 days , 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>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 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"/>					
44. During the past 7 days , 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>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 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?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
We have just a few more questions and we'll be finished.						
The next questions ask about your background and household information. This is so we can describe the group of people that responds. All of your answers are completely private and cannot be connected back to you.						
45. In general would you say your health is excellent, very good, good, fair or poor?	<table border="1"> <tr> <td>Excellent</td> <td>Very good</td> <td>Good</td> <td>Fair</td> <td>Poor</td> </tr> </table>	Excellent	Very good	Good	Fair	Poor
Excellent	Very good	Good	Fair	Poor		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
46. In which month and year were you born?	<table border="1"> <tr> <td>MM</td> <td><input type="text"/></td> <td>YYYY</td> <td><input type="text"/></td> </tr> </table>	MM	<input type="text"/>	YYYY	<input type="text"/>	
MM	<input type="text"/>	YYYY	<input type="text"/>			
47. Are you male or female?	<table border="1"> <tr> <td>Male</td> <td><input type="checkbox"/></td> <td>Female</td> <td><input type="checkbox"/></td> </tr> </table>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>			
48. Are you <u>now</u> ...(Please choose one item. If you are both employed for wages and self-employed, please choose the category that accounts for more income.)	<input checked="" type="checkbox"/> Check only one.					
Employed for wages	<input type="checkbox"/>					
Self-employed	<input type="checkbox"/>					
Out of work for more than one year	<input type="checkbox"/>					
Out of work for less than one year	<input type="checkbox"/>					
A homemaker	<input type="checkbox"/>					
A student	<input type="checkbox"/>					
Retired	<input type="checkbox"/>					
Unable to work	<input type="checkbox"/>					
49. Are you...	<input checked="" type="checkbox"/> Check only one that reflects their current situation.					

Married or living as married	<input type="checkbox"/>				
Divorced or Separated	<input type="checkbox"/>				
Widowed	<input type="checkbox"/>				
Or, have you never married	<input type="checkbox"/>				
<hr/>					
50. Are there any children living in your household?	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
<hr/>					
51. Are you Hispanic or Latino?	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
<hr/>					
52. Which one or more of the following would you say is your race? Please tell me all that apply. Are you...	<input checked="" type="checkbox"/>				
a. American Indian or Alaska Native,	<input type="checkbox"/>				
b. Asian,	<input type="checkbox"/>				
c. Black or African American,	<input type="checkbox"/>				
d. Native Hawaiian or other Pacific Islander, or	<input type="checkbox"/>				
e. White	<input type="checkbox"/>				
<hr/>					
53. What is the highest grade of school you completed?	<table border="1"> <tr> <td><input checked="" type="checkbox"/></td> </tr> </table> <p>Select only one.</p>	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>					
a. Grades 1 through 8 (elementary/junior high school),	<input type="checkbox"/>				
b. Grades 9 through 11 (some high school),	<input type="checkbox"/>				
c. Grade 12 or GED (high school graduate),	<input type="checkbox"/>				
d. College 1 year to 3 years (some college or technical school)	<input type="checkbox"/>				
e. College 4 years or more (college graduate)	<input type="checkbox"/>				
<hr/>					
54. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
<hr/>					

<p>Finally, we'd like to know what you think about the length of this questionnaire, and offer you our thanks.</p>				
<p>55. Do you feel that this questionnaire is too short, too long or just right?</p>	<table border="1"> <tr> <td data-bbox="867 373 967 428">Too short</td> <td data-bbox="967 373 1068 428">Too long</td> <td data-bbox="1068 373 1169 428">Just right</td> </tr> </table>	Too short	Too long	Just right
Too short	Too long	Just right		
	<table border="1"> <tr> <td data-bbox="867 441 967 495"></td> <td data-bbox="967 441 1068 495"></td> <td data-bbox="1068 441 1169 495"></td> </tr> </table>			
<p>56. 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? These comments really help us get a better picture of our respondents. All answers are confidential. Please email acorsurvey@unc.edu if you have specific concerns or questions you want answered.</p>	<div style="border: 1px solid black; height: 300px; width: 100%;"></div>			
<p>Closing: 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.</p>				