1-12 **Site ID Number:** __ __ __ __ __ __ __ __ __ __ __ __

13-20 **LEO ID Number:** __ __ __ __ __ __ __ __

21-28 **Date of Birth:** __ __/__ __/__ __ __ __
Month Day Year

**INSTRUCTIONS: PLEASE CHECK THE APPROPRIATE BOX OR FILL IN THE BLANK AS INDICATED.**

29-36 **1. Today's Date:** __ __/__ __/__ __ __ __
Month Day Year

## HEALTH BEHAVIORS

**2. During a typical 7-day period (a week), how many times, on the average, do you do the following kinds of exercise for <u>more than 15 minutes</u> during your free time?**
(Please write the appropriate number on each line.)

37-38 **STRENUOUS EXERCISE (HEART BEATS RAPIDLY)** __ __ Times per week
(eg, running, jogging, hockey, football, soccer, squash, basketball, cross country skiing, judo, roller skating, vigorous swimming, vigorous long-distance bicycling)

39-40 **MODERATE EXERCISE (NOT EXHAUSTING):** __ __ Times per week
(eg, fast walking, baseball, tennis, easy bicycling, volleyball, badminton, easy swimming, alpine skiing, popular and folk dancing)

41-42 **MILD EXERCISE (MINIMAL EFFORT):** __ __ Times per week
(eg, yoga, archery, fishing from river bank, bowling, horseshoeing, golf without using a cart, snowmobiling, easy walking)

**3. <u>Since your lymphoma diagnosis</u> and excluding any recent changes, on average, how many <u>hours a week</u> did you spend in the following <u>physical</u> activities?**

| | Never | Half-hour to 1 hour | 2 to 3 hours | 4 to 6 hours | 7 to 10 hours | 11 to 20 hours | 21 to 30 hours | 31 or more hours |
|---|---|---|---|---|---|---|---|---|
| 43 **Strenuous recreational activities** (running, jogging, biking, tennis, swimming, aerobics, weights, etc.) | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ | 7 ☐ |
| 44 **Strenuous work** (moving heavy furniture, unloading trucks, construction work, etc.) | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ | 7 ☐ |
| 45 **Moderate recreational activities** (brisk walking, golfing, gardening, dancing softball, etc.) | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ | 7 ☐ |
| 46 **Moderate work** (housework, yard work, restaurant work, sales work, etc.) | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ | 7 ☐ |

**4. <u>Since your lymphoma diagnosis</u> and excluding any recent changes, on average, how many <u>hours a week</u> did you spend in the following <u>sitting</u> activities?**

| | Never | Less than 1 hour | 1 to 2 hours | 3 to 4 hours | 5 to 6 hours | 7 to 10 hours | 11 hours or more |
|---|---|---|---|---|---|---|---|
| 47 **Sitting in a car, bus, or train** | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ |
| 48 **Sitting at work** | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ |
| 49 **Watching TV** | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ |
| 50 **Sitting at meals** | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ |
| 51 **Other sitting activity** (reading, playing cards, sewing, using a computer) | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ |

52 **5. During a typical 7-day period (a week), how often do you engage in any regular activity long enough to work up a sweat (heart beats rapidly)?**

1 ☐ Often  2 ☐ Sometimes  3 ☐ Never/rarely

**6. Have you used any of the following products for 12 months or longer?**

| | No | Yes | If yes, how many years? |
|---|---|---|---|
| 53 54-55 **Cigar** | 1 ☐ | 2 ☐ → | __ __ Years |
| 56 57-58 **Pipe** | 1 ☐ | 2 ☐ → | __ __ Years |
| 59 60-61 **Snuff** | 1 ☐ | 2 ☐ → | __ __ Years |
| 62 63-64 **Chewing tobacco** | 1 ☐ | 2 ☐ → | __ __ Years |

65 **7. Have you smoked at least 100 cigarettes in your entire life?**

1 ☐ No 2 ☐ Yes 3 ☐ Don't know/Unsure

66-67 **If yes, how old were you when you first started smoking cigarettes on a regular basis?**

__ __ Age

68 **On average, how many cigarettes did you or do you smoke per day?**

1 ☐ 1 to 10 per day
2 ☐ 11 to 20 per day
3 ☐ 21 to 30 per day
4 ☐ 31 to 40 per day
5 ☐ 41 or more per day

69 **Do you currently smoke?**

1 ☐ No 2 ☐ Yes

70-71 **If no, at what age did you quit?**

__ __ Age

72 **8. Did you ever live in the same household with someone who smoked cigarettes regularly?**

1 ☐ No 2 ☐ Yes 3 ☐ Don't know/Unsure

73-74 **If yes, for how many years altogether was this the case?** __ __ Years

75 **Please indicate the amount of secondhand exposure per day by the approximate combined number of cigarettes or packs smoked by the person(s) from your household.**

1 ☐ 1 to 10 cigarettes per day (up to ½ pack)
2 ☐ 11 to 20 cigarettes per day (½ to 1 pack)
3 ☐ 21 to 40 cigarettes per day (1 to 2 packs)
4 ☐ 41 to 60 cigarettes per day (2 to 3 packs)
5 ☐ More than 60 cigarettes per day (3 packs or more)

**At what age(s) were you exposed to secondhand smoke from your household?** (Mark all that apply.)

| | | |
|---|---|---|
| 76:80:84 1 ☐ Younger than 5 | 1 ☐ 30 to 39 years old | 1 ☐ 70 to 79 years old |
| 77:81:85 1 ☐ 5 to 9 years old | 1 ☐ 40 to 49 years old | 1 ☐ 80 and older |
| 78:82 1 ☐ 10 to 19 years old | 1 ☐ 50 to 59 years old | |
| 79:83 1 ☐ 20 to 29 years old | 1 ☐ 60 to 69 years old | |

86 **9. Did you ever work in an area where others smoked regularly in your presence?**

1 ☐ No 2 ☐ Yes 3 ☐ Don't know/Unsure

87-88 **If yes, for how many years altogether was this the case?** __ __ Years

89 **Please indicate the amount of secondhand exposure per day by the approximate combined number of cigarettes or packs smoked by the person(s) from your workplace.**

1 ☐ 1 to 10 cigarettes per day (up to ½ pack)
2 ☐ 11 to 20 cigarettes per day (½ to 1 pack)
3 ☐ 21 to 40 cigarettes per day (1 to 2 packs)
4 ☐ 41 to 60 cigarettes per day (2 to 3 packs)
5 ☐ More than 60 cigarettes per day (3 packs or more)

**At what age(s) were you exposed to secondhand smoke from your workplace?** (Mark all that apply.)

| | | |
|---|---|---|
| 90:93:96 1 ☐ Younger than 16 | 1 ☐ 30 to 39 years old | 1 ☐ 60 to 69 years old |
| 91:94:97 1 ☐ 16 to 19 years old | 1 ☐ 40 to 49 years old | 1 ☐ 70 to 79 years old |
| 92:95:98 1 ☐ 20 to 29 years old | 1 ☐ 50 to 59 years old | 1 ☐ 80 and older |

99 **10. During your entire life, have you had 12 drinks or more of any kind of alcoholic drink? If you are not yet the age specified in the range, please answer "Not applicable" for that age group.** (One drink of alcohol is equal to 1 can of beer, 1 glass of wine, or 1 shot of liquor, eg, whiskey, brandy, or gin.)

1 ☐ No → **Skip to page 6, question 12.**

2 ☐ Yes

| **If yes, for each age group given below, how many drinks of alcohol did you usually have, on average?** | Not applicable | None | Less than 1 each month | 1 to 3 each month | 1 to 2 each week | 3 to 6 each week | 1 to 2 each day | 3 or more each day |
|---|---|---|---|---|---|---|---|---|
| 100:105 **From age 14 to 17**. . . . . | 1 ☐ | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ |
| 101:106 **From age 18 to 22**. . . . . | 1 ☐ | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ |
| 102:107 **From age 23 to 29**. . . . . | 1 ☐ | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ |
| 103:108 **From age 30 to 49**. . . . . | 1 ☐ | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ |
| 104:109 **About 2 years ago** . . . . | 1 ☐ | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ |

110 **11. How often did you have a drink containing alcohol in the past 12 months?**

0 ☐ Never → **Skip to page 6, question 12.**

111
1 ☐ Less than 1 each month
2 ☐ 1 to 3 each month
3 ☐ 1 to 2 each week
4 ☐ 3 to 6 each week
5 ☐ 1 to 2 each day
6 ☐ 3 or more each day

→

**How many drinks did you have on a typical day when you were drinking in the last 12 months?**

1 ☐ 0 to 2 drinks
2 ☐ 3 to 4 drinks
3 ☐ 5 to 6 drinks
4 ☐ 7 to 9 drinks
5 ☐ 10 or more drinks

112 **How often did you have 6 or more drinks on one occasion in the past 12 months?**

1 ☐ Never
2 ☐ Less than monthly
3 ☐ Monthly
4 ☐ Weekly
5 ☐ Daily or almost daily

## Activities and Function

113 **12. In general, compared to other people your age, would you say that your health is:**

1 ☐ Excellent 2 ☐ Very good 3 ☐ Good 4 ☐ Fair 5 ☐ Poor

**13. How much difficulty, on average, do you have with the following physical activities?**

| | No difficulty | A little difficulty | Some difficulty | A lot of difficulty | Unable to do |
|---|---|---|---|---|---|
| 114 **Stooping, crouching, or kneeling** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 115 **Lifting or carrying objects as heavy as 10 pounds** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 116 **Reaching or extending arms above shoulder level** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 117 **Writing or handling and grasping small objects** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 118 **Walking a quarter of a mile** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 119 **Heavy housework, such as scrubbing floors or washing windows** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |

**14. Because of your health or a physical condition, do you have any difficulty:**

120 **Shopping for personal items (like toilet items or medicines)?**

1 ☐ No

121 2 ☐ Yes → **Do you get help with shopping?** 1 ☐ No 2 ☐ Yes

122 3 ☐ Don't do → **Is this because of your health?** 1 ☐ No 2 ☐ Yes

123 **Managing money (like keeping track of expenses or paying bills)?**

1 ☐ No

124 2 ☐ Yes → **Do you get help with managing money?** 1 ☐ No 2 ☐ Yes

125 3 ☐ Don't do → **Is this because of your health?** 1 ☐ No 2 ☐ Yes

**Continues next page...**

126 **Walking across the room? (Use of a cane or walker is OK.)**

1 ☐ No

127 2 ☐ Yes → **Do you get help with walking? . . . . . 1** ☐ No **2** ☐ Yes

128 3 ☐ Don't do → **Is this because of your health? . . . . . 1** ☐ No **2** ☐ Yes

129 **Doing light housework (like washing dishes, straightening up, or light cleaning)?**

1 ☐ No

130 2 ☐ Yes → **Do you get help with housework? . . . . . 1** ☐ No **2** ☐ Yes

131 3 ☐ Don't do → **Is this because of your health? . . . . . 1** ☐ No **2** ☐ Yes

132 **Bathing or showering?**

1 ☐ No

133 2 ☐ Yes → **Do you get help with bathing? . . . . . 1** ☐ No **2** ☐ Yes

134 3 ☐ Don't do → **Is this because of your health? . . . . . 1** ☐ No **2** ☐ Yes

135 **15. Over the past month, I would generally rate my activity as:**

1 ☐ Normal with no limitations
2 ☐ Not my normal self, but able to be up and about with fairly normal activities
3 ☐ Not feeling up to most things, but in bed or chair less than half the day
4 ☐ Able to do little activity and spend most of the day in bed or chair
5 ☐ Pretty much bedridden, rarely out of bed

136 **16. Which of the following best describes you?**

1 ☐ Working full-time for pay (35 or more hours per week)
2 ☐ Working part-time for pay
3 ☐ Not working for pay at present

→ **Are you...** (Mark all that apply.)

137:140 1 ☐ A full-time homemaker 1 ☐ Disabled
138:141 1 ☐ A seasonal worker 1 ☐ Retired
139:142 1 ☐ In school 1 ☐ Other, specify: _____

**17. In the past 7 days...**

| | | Never | Rarely (once) | Sometimes (2 or 3 times) | Often (about once a day) | Very often (several times a day) |
|---|---|---|---|---|---|---|
| 143 | **My thinking has been slow** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 144 | **It has seemed like my brain was not working as well as usual** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 145 | **I have had to work harder than usual to keep track of what I was doing** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 146 | **I have had trouble shifting back and forth between different activities that require thinking** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |

## EMOTIONAL WELL-BEING

**18. Please respond to each question or statement by marking one box per row.**

| | **In the past 7 days...** | Never | Rarely | Sometimes | Often | Always |
|---|---|---|---|---|---|---|
| 147 | **I felt fearful** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 148 | **I found it hard to focus on anything other than my anxiety** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 149 | **My worries overwhelmed me** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 150 | **I felt uneasy** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 151 | **I felt nervous** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 152 | **I felt like I needed help for my anxiety** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 153 | **I felt anxious** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 154 | **I felt tense** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |

**19. Please respond to each question or statement by marking one box per row.**

| | **In the past 7 days...** | Never | Rarely | Sometimes | Often | Always |
|---|---|---|---|---|---|---|
| 155 | **I felt worthless** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 156 | **I felt helpless** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 157 | **I felt depressed** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 158 | **I felt hopeless** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 159 | **I felt like a failure** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 160 | **I felt unhappy** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 161 | **I felt that I had nothing to look forward to** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 162 | **I felt that nothing could cheer me up** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |

**20. Below is a list of difficulties people sometimes have after stressful life events.**

**Please read each item, and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to your lymphoma. How much were you distressed or bothered by these difficulties?**

| | **During the past 7 days...** | Not at all | A little bit | Moderately | Quite a bit | Extremely |
|---|---|---|---|---|---|---|
| 163 | **Any reminder brought back feelings about it.** | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| 164 | **I had trouble staying asleep.** | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| 165 | **Other things kept making me think about it.** | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| 166 | **I felt irritable and angry.** | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| 167 | **I avoided letting myself get upset when I thought about it or was reminded of it.** | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| 168 | **I thought about it when I didn't mean to.** | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| 169 | **I felt as if it hadn't happened or wasn't real.** | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| 170 | **I stayed away from reminders of it.** | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| 171 | **Pictures about it popped into my mind.** | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| 172 | **I was jumpy and easily startled.** | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| 173 | **I tried not to think about it.** | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| 174 | **I was aware that I still had a lot of feelings about it, but I didn't deal with them.** | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| 175 | **My feelings about it were kind of numb.** | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| 176 | **I found myself acting or feeling like I was back at that time.** | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| 177 | **I had trouble falling asleep.** | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| 178 | **I have waves of strong feelings about it.** | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| 179 | **I tried to remove it from my memory.** | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| 180 | **I had trouble concentrating.** | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| 181 | **Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart.** | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| 182 | **I had dreams about it.** | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| 183 | **I felt watched and on guard.** | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| 184 | **I tried not to talk about it.** | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |

**21. BELOW IS A LIST OF STATEMENTS that are related to your lymphoma and possible future concerns. Some questions may not apply to you. For example, if you are retired, you will not be able to answer the questions about your employment. Please make an "X" under "Never" in these cases.**

| | | Never | Seldom | Sometimes | Often | Very often |
|---|---|---|---|---|---|---|
| 185 | **I become anxious if I think my disease may progress.** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 186 | **I am nervous prior to doctors' appointments or periodic examinations.** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 187 | **I am afraid of pain.** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 188 | **The thought that I might become less productive at my job disturbs me.** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 189 | **When I am anxious, I have physical symptoms, eg, rapid heartbeat, stomach ache, nervousness.** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 190 | **The possibility of my children contracting my disease disturbs me.** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 191 | **It disturbs me that I may have to rely on strangers for activities of daily living.** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 192 | **I am worried that at some point in time, because of my illness I will no longer be able to pursue my hobbies.** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 193 | **I am afraid of severe medical treatments in the course of my illness.** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 194 | **I worry that my medication could damage my body.** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 195 | **I worry about what will become of my family if something should happen to me.** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 196 | **The thought that I might not be able to work due to my illness disturbs me.** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |

**22. <u>Since your diagnosis of lymphoma</u>...**

197 **have you taken prescription medication for <u>depression</u>?** (Mark ONE response only.)

1 ☐ Yes
2 ☐ No — I did not have depression
3 ☐ No — I had depression, but did not need medication
4 ☐ No — I needed medication for depression, but could not get it
5 ☐ No — A medical professional prescribed medication for depression, but I chose not to take it

**Continues next page...**

**Since your diagnosis of lymphoma...**

198 **have you participated in individual counseling or psychotherapy for depression?** (Mark ONE response only.)

- 1 ☐ Yes
- 2 ☐ No — I did not have depression
- 3 ☐ No — I had depression, but did not need individual counseling/ psychotherapy
- 4 ☐ No — I needed individual counseling/psychotherapy for depression, but could not get it
- 5 ☐ No — A medical professional recommended individual counseling/ psychotherapy for depression, but I chose not to participate

199 **have you participated in group counseling or psychotherapy for depression?** (Mark ONE response only.)

- 1 ☐ Yes
- 2 ☐ No — I did not have depression
- 3 ☐ No — I had depression, but did not need group counseling/ psychotherapy
- 4 ☐ No — I needed group counseling/psychotherapy for depression, but could not get it
- 5 ☐ No — A medical professional recommended group counseling/ psychotherapy for depression, but I chose not to participate

200 **have you taken medication for anxiety?** (Mark ONE response only.)

- 1 ☐ Yes
- 2 ☐ No — I did not have anxiety
- 3 ☐ No — I had anxiety, but did not need medication
- 4 ☐ No — I needed medication for anxiety, but could not get it
- 5 ☐ No — A medical professional prescribed medication for anxiety, but I chose not to take it

201 **have you participated in individual counseling or psychotherapy for anxiety?** (Mark ONE response only.)

- 1 ☐ Yes
- 2 ☐ No — I did not have anxiety
- 3 ☐ No — I had anxiety, but did not need individual counseling/ psychotherapy
- 4 ☐ No — I needed individual counseling/psychotherapy for anxiety, but could not get it
- 5 ☐ No — A medical professional recommended individual counseling/ psychotherapy for anxiety, but I chose not to participate

**Since your diagnosis of lymphoma...**

202 **have you participated in group counseling or psychotherapy for anxiety?**
(Mark ONE response only.)

1 ☐ Yes
2 ☐ No — I did not have anxiety
3 ☐ No — I had anxiety, but did not need group counseling/ psychotherapy
4 ☐ No — I needed group counseling/psychotherapy for anxiety, but could not get it
5 ☐ No — A medical professional recommended group counseling/ psychotherapy for anxiety, but I chose not to participate

## SOCIAL SUPPORT

203 **23. Are you currently...**

1 ☐ Married
2 ☐ Living with someone in a marriage-like relationship
3 ☐ Separated
4 ☐ Divorced
5 ☐ Widowed
6 ☐ Never been married

**24. How much of the time...**

| | None of the time | A little of the time | Some of the time | Most of the time | All of the time |
|---|---|---|---|---|---|
| 204 **Is there someone available to you whom you can count on to listen to you when you need to talk?** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 205 **Is there someone available to you to give you good advice about a problem?** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 206 **Is there someone available to you who shows you love and affection?** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 207 **Is there someone available to help with daily chores?** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 208 **Can you count on anyone to provide you emotional support (talking over problems or helping you make a difficult decision)?** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 209 **Do you have as much contact as you would like with someone you feel close to, someone in whom you can trust and confide in?** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |

## Side Effects of Treatment

210 **25. Cancer drug therapy involves taking medicine to treat cancer. Examples of cancer drug therapy include chemotherapy and immunotherapy. Have you ever received cancer drug therapy or radiation treatment for lymphoma?**

1 ☐ No 2 ☐ Yes 3 ☐ Don't know/Unsure

**As individuals go through treatment for their lymphoma, they sometimes experience different symptoms and side effects. Some symptoms and side effects may persist even after treatment has stopped.**

211 **When was the last time you received treatment for lymphoma?**

1 ☐ Less than 3 months ago
2 ☐ At least 3 months but less than 6 months ago
3 ☐ At least 6 months but less than 12 months ago
4 ☐ At least 12 months ago

**Thinking about your overall experience with treatment for lymphoma, how would you rate the severity of the side effects?**

212-213 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

No side effects — Worst side effects imaginable

214 **Has a doctor or other health professional ever <u>reduced</u> the dose of a cancer drug you were receiving because of side effects?**

1 ☐ No 2 ☐ Yes 3 ☐ Don't know

215 **Has a doctor or other health professional ever <u>stopped</u> the dose of a cancer drug you were receiving because of side effects?**

1 ☐ No 2 ☐ Yes 3 ☐ Don't know

216 **26. During the past 2 years, how many times did you see a health care provider?**

1 ☐ None → **Skip to page 15, question 30.**
2 ☐ 1 to 2 times
3 ☐ 3 to 4 times
4 ☐ 5 to 6 times
5 ☐ 7 to 10 times
6 ☐ 11 to 20 times
7 ☐ More than 20 times

**27. Did you discuss any of the following issues with a health care provider during any of these visits?**

| | | No | Yes |
|---|---|---|---|
| 217 | **Heart disease** | 1 ☐ | 2 ☐ |
| 218 | **Osteoporosis (weak or brittle bones)** | 1 ☐ | 2 ☐ |
| 219 | **Risk of developing cancer (breast, skin, other)** | 1 ☐ | 2 ☐ |
| 220 | **Hepatitis C** | 1 ☐ | 2 ☐ |
| 221 | **Dental problems** | 1 ☐ | 2 ☐ |
| 222 | **Fertility issues** | 1 ☐ | 2 ☐ |
| 223 | **Mental health** | 1 ☐ | 2 ☐ |
| 224 | **Other issues related to your history of lymphoma** | 1 ☐ | 2 ☐ |

225 **28. As you know, you were asked to participate in this study because you were once diagnosed with lymphoma. How many of the visits to a health care provider indicated in question 26 (during the 2-year period) were related to lymphoma?**

1 ☐ None
2 ☐ 1 to 2 visits
3 ☐ 3 to 4 visits
4 ☐ 5 to 6 visits
5 ☐ 7 to 10 visits
6 ☐ 11 to 20 visits
7 ☐ More than 20 visits

226 **29. In the past 2 years, did you go to a health care provider for a "routine medical check-up"?**

1 ☐ No 2 ☐ Yes

227 **30. For your non-emergency care, do you have a primary care provider or place that you go for health care?**

1 ☐ No 2 ☐ Yes

228 **31. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. When was the last time that you had a blood stool test using a home kit?**

1 ☐ Never
2 ☐ Less than 1 year ago
3 ☐ 1 to 2 years ago
4 ☐ More than 2 years but less than 5 years ago
5 ☐ 5 or more years ago
6 ☐ Don't know

229 **32. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. When was the last time you had either of these exams?**

1 ☐ Never
2 ☐ Less than 1 year ago
3 ☐ 1 to 2 years ago
4 ☐ More than 2 years but less than 5 years ago
5 ☐ 5 or more years ago
6 ☐ Don't know

**FEMALES ONLY Section; MALES proceed to page 16, question 35.**

230 **33. A mammogram is an x-ray of each breast to look for breast cancer. When was the last time you had a mammogram?**

1 ☐ Never
2 ☐ Less than 1 year ago
3 ☐ 1 to 2 years ago
4 ☐ More than 2 years, but less than 5 years ago
5 ☐ 5 or more years ago
6 ☐ Don't know

231 **34. When was the last time you had a breast MRI?** (Magnetic resonance imaging [MRI] is a procedure in which radio waves and a powerful magnet linked to a computer are used to create detailed pictures of areas inside the body. Most MRI machines are large, tube-shaped magnets.)

1 ☐ Never
2 ☐ Less than 1 year ago
3 ☐ 1 to 2 years ago
4 ☐ More than 2 years, but less than 5 years ago
5 ☐ 5 or more years ago
6 ☐ Don't know

**35. Have you ever been told by a doctor or other health care professional that you have or have had...**

232 **Diabetes that can be controlled with a diet?**

1 ☐ No
233-234 2 ☐ Yes, and the condition is still present
3 ☐ Yes, and the condition is no longer present
4 ☐ Not sure

→ **If yes, age at first occurrence:** __ __ Age

235 **Diabetes controlled with pills or tablets?**

1 ☐ No
236-237 2 ☐ Yes, and the condition is still present
3 ☐ Yes, and the condition is no longer present
4 ☐ Not sure

→ **If yes, age at first occurrence:** __ __ Age

238 **Diabetes controlled with insulin?**

1 ☐ No
239-240 2 ☐ Yes, and the condition is still present
3 ☐ Yes, and the condition is no longer present
4 ☐ Not sure

→ **If yes, age at first occurrence:** __ __ Age

241 **Hypertension (high blood pressure) requiring prescription medication?**

1 ☐ No
242-243 2 ☐ Yes, and the condition is still present
3 ☐ Yes, and the condition is no longer present
4 ☐ Not sure

→ **If yes, age at first occurrence:** __ __ Age

244 **High cholesterol (or triglyceride) requiring prescription medication?**

1 ☐ No
245-246 2 ☐ Yes, and the condition is still present
3 ☐ Yes, and the condition is no longer present
4 ☐ Not sure

→ **If yes, age at first occurrence:** __ __ Age

247 **36. Has anyone in your immediate family (biological mother, father, brothers, sisters) had a heart attack before the age of 55?**

1 ☐ No 2 ☐ Yes 3 ☐ Not sure

248 **37. When was the last time that you had an echocardiogram (ultrasound of the heart to look at the heart muscle and heart valves) or Multigated Acquisition Scan (MUGA)?**

1 ☐ Never
2 ☐ Less than 1 year ago
3 ☐ 1 to 2 years ago
4 ☐ More than 2 years but less than 5 years ago
5 ☐ 5 or more years ago
6 ☐ Don't know

249 **38. When was the last time that you had a stress test of the heart (to look for coronary artery disease or blockages of the arteries, usually done while exercising on a treadmill)?**

1 ☐ Never
2 ☐ Less than 1 year ago
3 ☐ 1 to 2 years ago
4 ☐ More than 2 years but less than 5 years ago
5 ☐ 5 or more years ago
6 ☐ Don't know

250 **39. Have you ever had an influenza vaccination ("flu shot" usually given in the fall to prevent getting the flu)?**

1 ☐ No 2 ☐ Yes 3 ☐ Not sure

251-256 **If yes, when did you have your most recent flu shot?**

__ __ /__ __ __ __
Month Year

257 **40. Have you ever had a pneumonia vaccination?**

1 ☐ No 2 ☐ Yes 3 ☐ Not sure

## FOLLOW-UP SCANS

258 **41. Remission is a decrease in or disappearance of signs and symptoms of cancer. Are you currently in remission from lymphoma?**

1 ☐ No 2 ☐ Yes 3 ☐ Not sure

259 **42. Which of the following best describes when you had your last treatment for lymphoma?** (Mark only one.)

1 ☐ 1 year ago or less (1 to 12 months) →

260-261 **How many total CT or PET scans have you had since completing treatment?**

__ __ Total CT or PET scans

2 ☐ More than 1 year and up to 2 years ago (13 to 24 months) →

262-263 **How many total CT or PET scans did you have in the first year (1 to 12 months) after completing treatment?**

__ __ Total CT or PET scans

264-265 **How many total CT or PET scans did you have in the second year (13 to 24 months) after completing treatment?**

__ __ Total CT or PET scans

3 ☐ More than 2 years and up to 3 years ago (25 to 36 months) →

266-267 **How many total CT or PET scans did you have in the first year (1 to 12 months) after completing treatment?**

__ __ Total CT or PET scans

268-269 **How many total CT or PET scans did you have in the second year (13 to 24 months) after completing treatment?**

__ __ Total CT or PET scans

270-271 **How many total CT or PET scans did you have in the third year (25 to 36 months) after completing treatment?**

__ __ Total CT or PET scans

**43. Imaging scans (CT scans, PET scans) have risks and benefits associated with their use. Please indicate how much you agree or disagree with each of the following statements by marking the most appropriate answer.**

| | | Strongly agree | Agree | Neutral | Disagree | Strongly disagree |
|---|---|---|---|---|---|---|
| 272 | **Scans provide reassurance that the lymphoma is under control.** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 273 | **Scans are important so that we catch lymphoma early when it is more treatable** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 274 | **I am worried about an incorrect or unclear result from a scan leading to unnecessary testing.** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 275 | **Scans are inconvenient** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 276 | **I am concerned about my out-of-pocket costs for scans.** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 277 | **I am concerned about being exposed to radiation during a scan.** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 278 | **I am concerned about the intravenous contrast that I receive during a scan** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 279 | **Before doing a scan, I feel anxious or worried about what it will show.** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 280 | **I trust my doctor's recommendations about how often to do scans** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |

## Advanced Health Care Planning

**An advanced health care directive (or living will) is a legal statement of your choices for future health care if you are unable to speak yourself. It can give instructions and may name someone to make choices for you.**

281 **44. Do you have an advanced health care directive/living will?**

1 ☐ No 2 ☐ Yes 3 ☐ Not sure

282 **If yes, did you discuss this directive with your lymphoma doctor?**

1 ☐ No 2 ☐ Yes

283 **Did you discuss this directive with your primary health care provider?**

1 ☐ No 2 ☐ Yes

## SURVIVORSHIP CARE

**A Survivorship Care Plan is a written document summarizing the lymphoma treatment you received (chemotherapy drugs, radiation, etc.), recommendations for follow-up care (future testing and appointments), and potential future or long-term side effects of the cancer treatment you received.**

284 **45. Have you ever been given a written Survivorship Care Plan?**

1 ☐ No → **Skip to page 21, question 51.**
2 ☐ Yes
3 ☐ I don't remember → **Skip to page 21, question 51.**

**46. How useful were the following parts of the summary?**

| | Not at all | A little bit | Moderately | Quite a bit | Extremely | This part was not in my Survivorship Care Plan |
|---|---|---|---|---|---|---|
| 285 **Summary of chemotherapy and/or radiation** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ |
| 286 **Education regarding staging of lymphoma** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ |
| 287 **Contact information for health care providers** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ |
| 288 **Signs and symptoms to watch for** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ |
| 289 **Recommendations for testing for lymphoma recurrence** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ |
| 290 **Recommendations for testing for late effects of cancer treatment** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ |
| 291 **Other, please list below:** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ |

_____

_____

_____

_____

292 **47. If yes, how did you receive the Survivorship Care Plan?**

1 ☐ In person visit with doctor
2 ☐ In person visit with another member of the care team (eg, physician assistant, nurse practitioner, nurse)
3 ☐ In the mail
4 ☐ Electronic delivery (email or online patient portal)

293 **48. When did you receive the Survivorship Care Plan?**

1 ☐ During cancer treatment
2 ☐ Within 3 months of completing cancer treatment
3 ☐ Within 4 to 6 months of completing cancer treatment
4 ☐ Within 7 to 12 months of completing cancer treatment
5 ☐ Between 1 to 2 years after completing cancer treatment
6 ☐ 3+ years after completing after cancer treatment

294 **49. How would you rate the timing of when you received the Survivorship Care Plan?**

1 ☐ Too soon
2 ☐ Just right
3 ☐ Too late

295 **50. Did you discuss the Survivorship Care Plan with your primary care provider?**

1 ☐ No 2 ☐ Yes 3 ☐ Not sure

296 **If yes, was the Survivorship Care Plan helpful in increasing communication between you and your primary care provider about monitoring your health after lymphoma treatment?**

1 ☐ No 2 ☐ Yes 3 ☐ Not sure

297 **51. Have you ever had an appointment in a clinic dedicated to cancer survivorship care?**

1 ☐ No 2 ☐ Yes 3 ☐ Not sure

## FERTILITY

298 **52. Have you received any treatment for lymphoma?**

1 ☐ No 2 ☐ Yes 3 ☐ Not sure

299 **If yes, did your health care providers have a discussion with you regarding the potential loss of fertility (inability to have children) due to lymphoma treatment?**

1 ☐ No
2 ☐ Yes
3 ☐ Not applicable (example: postmenopausal)

300 **Did your health care providers have a discussion with you regarding fertility preservation or maintaining the ability to become a parent after lymphoma?**

1 ☐ No
2 ☐ Yes
3 ☐ Not applicable (example: postmenopausal)

301 **Have you ever undergone a method of fertility preservation, such as a sperm or embryo cryopreservation (freezing)?**

1 ☐ No
2 ☐ Yes, before your diagnosis of lymphoma
3 ☐ Yes, after your diagnosis of lymphoma
4 ☐ Not applicable

**MALES ONLY Section, FEMALES proceed to page 24, question 54.**

302 **53. Have you ever had any procedures performed to prevent you from fathering a child, such as a vasectomy?** (Mark ONE response only.)

1 ☐ Yes, before your diagnosis of lymphoma

2 ☐ Yes, after your diagnosis of lymphoma

303 3 ☐ No

4 ☐ Not sure

5 ☐ Choose not to answer

→ **Have you fathered a child after treatment without the use of your sperm collected prior to treatment for lymphoma?**

1 ☐ No 2 ☐ Yes

304-305 **If yes, how many children have you fathered after treatment for lymphoma?**

__ __ Number

306-309 **What is the birth year of the first child born after your treatment for lymphoma?**

__ __ __ __ Year

310 **Since receiving treatment for lymphoma, have you attempted to father a child but been unable or been told by a physician that you are unable to father a child?**

1 ☐ No 2 ☐ Yes

## MALES: Thank you for completing the survey!

**FEMALES ONLY Section**

311 **54. Have you ever had any procedures performed to prevent you from conceiving a child such as a hysterectomy (removal of uterus), oophorectomy (removal of ovaries) or tubal ligation (tubes tied)?**

1 ☐ Yes, before your diagnosis of lymphoma
2 ☐ Yes, after your diagnosis of lymphoma

→ **Skip to page 25, question 55.**

312
3 ☐ No
4 ☐ Not sure
5 ☐ Choose not to answer

→ **Since receiving treatment for lymphoma, have you become pregnant without the use of your eggs collected prior to the treatment for lymphoma?**

1 ☐ No 2 ☐ Yes

313-314 **If yes, how many times have you become pregnant since receiving treatment for lymphoma?**

__ __ Number

315-318 **What is the year of your first pregnancy achieved after your treatment for lymphoma?**

__ __ __ __ Year

319 **Since your treatment for lymphoma, have you attempted to become pregnant but been unable or have you been told by a physician that you are unable to become pregnant?**

1 ☐ No 2 ☐ Yes

320 **55. Have your menstrual periods stopped permanently?**

1 ☐ No 2 ☐ Yes 3 ☐ Not sure

321-322 **If yes, at what age did you have your last menstrual period (if unsure, please estimate)?**

__ __ Age

323 **For what reason did your periods stop?**

1 ☐ Natural menopause
2 ☐ Due to surgery → **If yes, please specify:**
3 ☐ Radiation
4 ☐ Chemotherapy
5 ☐ Other, please specify:

324

_____

1 ☐ Removal of both ovaries and uterus
2 ☐ Removal of one ovary and uterus
3 ☐ Removal of uterus only
4 ☐ Removal of both ovaries only
5 ☐ Unsure

## FEMALES: Thank you for completing the survey!


**Question 2 and 3:** Godin G & Shephard F J. A Simple Method to Assess Exercise Behavior in the Community. *Can J. Appl. Spt. Sci.* 10:3 141-146, 1985. Used with permission.

**Questions 12 through 14:** Vulnerable Elders Survey (VES-13): A Tool for Identifying Vulnerable Elders in the Community. © 2001. Saliba A, Elliott M, Rubensten L A, Solomon D H, et al. *J Amer Geriatric Soc* 2001; 49:1691-9.

**Question 15:** Scored Patient-Generated Subjective Global Assessment (PG-SCA) ©FD Ottery 2005, 2006, 2015 v3.22.15. Used with permission.

**Question 17:** Cognitive Function — Short Form 4a © 2010-2016 PROMIS Health Organization and PROMIS Cooperative Group. Used with permission.

**Question 18:** PROMIS Item Bank v1.0 – Emotional Distress – Anxiety–Short Form 8a. © 2008-2012 PROMIS Health Organization and PROMIS Cooperative Group. Used with permission.

**Question 19:** PROMIS Item Bank v1.0 – Emotional Distress – Depression–Short Form 8a. © 2008-2012 PROMIS Health Organization and PROMIS Cooperative Group. Used with permission.

**Question 20:** Weiss, D S & Marmar, C R (1996). The Impact of Event Scale - Revised. In Wilson J & Keane T M (Eds.), Assessing psychological trauma and PTSD (pp. 399-411). New York: Guilford.

**Question 21:** Mehnert A, Herschbach P, Berg P, Henrich G, Koch U. Fear of cancer progression and cancer-related intrusive cognitions in breast cancer survivors. *Psycho-Oncology* 18: 1273-1280 (2009). Copyright © 2009 John Wiley & Sons, Ltd. Used with permission.

**Question 24:** Social Support Measure Enhancing recovery in coronary heard disease patients (ENRICHD): study design and methods. The ENRICHD investigators. *Am Heart J.* 2000:139:1-9. {PubMed]

**MC6003-465**