

1-7  
8-12

Clinic Number: \_\_ - \_\_ - \_\_ - \_\_ - \_\_ - \_\_

SPORE ID: \_\_ - \_\_ - \_\_ - \_\_ - \_\_ - \_\_

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

13-20

Today's Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ - \_\_ \_\_  
Month Day Year

21

**1. What is your current marital status?**

- 1  Married or living as married
- 2  Widowed
- 3  Divorced or separated
- 4  Single, never married

22-29

**2. What is your current employment status? (Mark all that apply.)**

- 1  Employed full-time
- 1  Student
- 1  Homemaker
- 1  Disabled
- 1  Employed part-time
- 1  Retired
- 1  Medical leave
- 1  Unemployed

**HEALTH STATUS**

30

**3. Would you say that your current health is:**

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

31-33

**4. What is your current weight in pounds?      \_\_ \_\_ \_\_ Pounds**

**PERFORMANCE STATUS**

34

**5. Select one of the following that best describes your ability to carry on daily activities.**

- 0  Fully active, able to carry on all activity without restriction.
- 1  Restricted in physically strenuous activity but able to walk and able to carry out work of a light or sedentary nature, e.g., light housework or office work.
- 2  Able to walk and capable of all self care but unable to carry out any work activities. Up and about more than 50% of waking hours.
- 3  Capable of only limited self care, confined to bed or chair more than 50% of waking hours.
- 4  Completely disabled. Cannot carry on any self care. Totally confined to bed or chair.
- 5  Not known
- 6  Prefer not to answer

6. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?  
(Please mark one response per line.)

Yes, limited a lot      Yes, limited a little      No, not limited at all

- 35 **Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports** ..... 3       2       1
- 36 **Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf** ..... 3       2       1
- 37 **Lifting or carrying groceries** ..... 3       2       1
- 38 **Climbing several flights of stairs** ..... 3       2       1
- 39 **Climbing one flight of stairs** ..... 3       2       1
- 40 **Bending, kneeling, or stooping** ..... 3       2       1
- 41 **Walking more than a mile** ..... 3       2       1
- 42 **Walking several blocks** ..... 3       2       1
- 43 **Walking one block** ..... 3       2       1
- 44 **Bathing or dressing yourself** ..... 3       2       1

45-47 7. How many times have you fallen in the last 6 months?      \_\_\_ \_\_\_      Number of times fallen  
(Enter 000 if you have not fallen.)

8. Are you currently (within the last month) smoking or using other tobacco products?

- 48 1  No, I have never used tobacco products
- 49-54 3  No, I quit \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ (To the best of my recollection.)  
Month      Year
- 2  Yes

**If yes, what tobacco products are you currently using? (Mark all that apply.)**

- 55-59 1  Cigarettes      1  Pipes      1  Cigars      1  Chewing tobacco      1  Snuff

**How many cigarettes do you smoke per day?**

60-62      \_\_\_ \_\_\_ \_\_\_ Cigarettes per day

**How has your smoking changed since your diagnosis of lymphoma or leukemia?**

- 63 1  No change      2  Decreased      3  Increased

9. How many servings of fruit do you usually eat each day? (Check the best answer.)

64

0  0      1  1      2  2      3  3 to 4      4  5 to 6      5  7 or more

10. How many servings of vegetables do you usually eat each day? (Check the best answer.)

65

0  0      1  1      2  2      3  3 to 4      4  5 to 6      5  7 or more

### PHYSICAL ACTIVITY

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

66-67

a. **STRENUOUS EXERCISE (HEART BEATS RAPIDLY)**      \_\_\_ \_\_\_ Times per week  
(e.g., running, jogging, hockey, football, soccer, squash, basketball, cross country skiing, judo, roller skating, vigorous swimming, vigorous long-distance bicycling)

68-69

b. **MODERATE EXERCISE (NOT EXHAUSTING)**      \_\_\_ \_\_\_ Times per week  
(e.g., fast walking, baseball, tennis, easy bicycling, volleyball, badminton, easy swimming, alpine skiing, popular and folk dancing)

70-71

c. **MILD EXERCISE (MINIMAL EFFORT)**      \_\_\_ \_\_\_ Times per week  
(e.g., yoga, archery, fishing from river bank, bowling horseshoes, golf, snowmobiling, easy walking)

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

72

1  Often      2  Sometimes      3  Never/rarely

13. How has your level of physical activity changed since your diagnosis of lymphoma or leukemia?

73

1  No change      2  Decreased level of activity      3  Increased level of activity

14. Below and on the next page is a list of statements that other people with your illness have said are important. By checking one (1) number per line, please indicate how true each statement has been for you during the past 7 days.

**PHYSICAL WELL-BEING**

		Not at all	A little bit	Somewhat	Quite a bit	Very much
74	I have lack of energy. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
75	I have nausea.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
76	Because of my physical condition, I have trouble meeting the needs of my family. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
77	I have pain. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
78	I am bothered by side effects of treatment. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
79	I feel ill. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
80	I am forced to spend time in bed. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**SOCIAL/FAMILY WELL-BEING**

81	I feel close to my friends.. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
82	I get emotional support from my family.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
83	I get support from my friends. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
84	My family has accepted my illness.. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
85	I am satisfied with family communication about my illness.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
86	I feel close to my partner (or the person who is my main support).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

*Regardless of your current level of sexual activity, please answer the following question. If you prefer not to answer it, please check the box below and continue with the emotional well-being section below.*

		Not at all	A little bit	Somewhat	Quite a bit	Very much
87	<input type="checkbox"/> I prefer not to answer it.					
88	I am satisfied with my sex life.. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**EMOTIONAL WELL-BEING**

89	I feel sad. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
90	I am satisfied with how I am coping with my illness. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
91	I am losing hope in the fight against my illness. . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Continued next page...

		Not at all	A little bit	Somewhat	Quite a bit	Very much
92	I feel nervous.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
93	I worry about dying.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
94	I worry that my condition will get worse. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**FUNCTIONAL WELL-BEING**

95	I am able to work (include work at home). ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
96	My work (include work at home) is fulfilling.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
97	I am able to enjoy life. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
98	I have accepted my illness. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
99	I am sleeping well. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
100	I am enjoying the things I usually do for fun. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
101	I am content with the quality of my life right now.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**ADDITIONAL CONCERNS**

102	I feel fatigued. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
103	I feel weak all over.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
104	I feel listless (“washed out”). ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
105	I feel tired.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
106	I have trouble <u>starting</u> things because I am tired. .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
107	I have trouble <u>finishing</u> things because I am tired.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
108	I have energy.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
109	I am able to do my usual activities.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
110	I need to sleep during the day.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
111	I am too tired to eat. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
112	I need help doing my usual activities. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
113	I am frustrated by being too tired to do the things I want to do. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
114	I have to limit my social activity because I am tired.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

15. Please check the number (0 - 10) that best describes your feelings during the past week, including today. How would you describe:

**Your overall quality of life?**

115-116

0  1  2  3  4  5  6  7  8  9  10

As bad as  
it can be

As good as  
it can be

**Your overall spiritual well-being?**

117-118

0  1  2  3  4  5  6  7  8  9  10

As bad as  
it can be

As good as  
it can be

16. How important do you think the following health behaviors are to your health?  
(Check one box per line.)

Not at all      A little important      Somewhat important      Very important

119      **Exercise**..... 1       2       3       4

120      **Nutrition**..... 1       2       3       4

121      **Weight**..... 1       2       3       4

122      **Alcohol use?** ..... 0  I do not drink ..... 1       2       3       4

123      **Tobacco use?** ..... 0  I do not use tobacco.. 1       2       3       4

17. In the last year, have you had 12 drinks or more of any kind of alcoholic drink? (One drink of alcohol is equal to one can of beer, one glass of wine, or one shot of liquor, e.g., whiskey, brandy, or gin.)

1  No      2  Yes

↓  
**On average, how many drinks of alcohol do you usually have?**

1  Less than one 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 has your use of alcohol changed since your diagnosis of lymphoma or leukemia?**

1  No change      2  Decreased use      3  Increased use

### YOUR RISK AND CONCERNS ABOUT LYMPHOMA OR LEUKEMIA

18. Compared with lymphoma or leukemia survivors of your same age, sex, and ethnic background, what do you think your chances are of getting leukemia or lymphoma cancer again sometime in your life?

1  I have a much higher chance

2  I have a little higher chance

3  I have about the same chance

4  I have a little lower chance

5  I have a much lower chance

19. How likely do you think it is that you will get lymphoma or leukemia cancer again?

1  Very likely

2  Somewhat likely

3  Somewhat unlikely

4  Very unlikely

5  I have no feeling or opinion on my chances of getting lymphoma or leukemia cancer

20. Cancer patients sometimes feel that having cancer makes positive changes in their lives, as well as causes problems. Indicate how much you agree with each of the following statements.

		Not at all	A little	Moderately	Quite a bit	Extremely
129	<i>Having had lymphoma or leukemia...</i> has led me to be more accepting of things. . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
130	has taught me how to adjust to things I cannot change. . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
131	has helped me take things as they come. . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
132	has brought my family closer together.. . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
133	has made me more sensitive to family issues.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
134	has taught me that everyone has a purpose in life. . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
135	has shown me that all people need to be loved. . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
136	has made me realize the importance of planning for my family's future. . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
137	has made me more aware and concerned for the future of all human beings. . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
138	has taught me to be patient.. . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
139	has led me to deal better with stress and problems. . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
140	has led me to meet people who have become some of my best friends. . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
141	has contributed to my overall emotional and spiritual growth.. . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
142	has helped me become more aware of the love and support available from other people. . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
143	has helped me realize who my real friends are. . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
144	has helped me become more focused on priorities, with a deeper sense of purpose in life. . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
145	has helped me become a stronger person, more able to cope effectively with future life challenges. . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

21. A number of statements which people have used to describe themselves are given below. Read each statement and then check the appropriate box to the right of the statement to indicate how you feel right now, that is, at this moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

		Not at all	Somewhat	Moderately so	Very much so
146	a. I feel calm .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
147	b. I feel secure.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
148	c. I am tense .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
149	d. I feel strained .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
150	e. I feel at ease .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
151	f. I feel upset .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
152	g. I am presently worrying over possible misfortunes.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
153	h. I feel satisfied.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
154	i. I feel frightened.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
155	j. I feel comfortable .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
156	k. I feel self-confident.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
157	l. I feel nervous .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
158	m. I am jittery .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
159	n. I feel indecisive .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
160	o. I am relaxed .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
161	p. I feel content.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
162	q. I am worried.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
163	r. I feel confused .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
164	s. I feel steady .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
165	t. I feel pleasant.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

22. A number of statements which people have used to describe themselves are given below. Read each statement and then check the appropriate box to the right of the statement to indicate how you generally feel.

		Almost never	Sometimes	Often	Almost always
166	a. I feel pleasant.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
167	b. I feel nervous and restless.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
168	c. I feel satisfied with myself.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
169	d. I wish I could be as happy as others seem to be.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
170	e. I feel like a failure.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
171	f. I feel rested.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
172	g. I am "calm, cool, and collected".....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
173	h. I feel that difficulties are piling up so that I cannot overcome them.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
174	i. I worry too much over something that really doesn't matter.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
175	j. I am happy.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
176	k. I have disturbing thoughts.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
177	l. I lack self-confidence.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
178	m. I feel secure.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
179	n. I make decisions easily.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
180	o. I feel inadequate.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
181	p. I am content.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
182	q. Some unimportant thought runs through my mind and bothers me.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
183	r. I take disappointments so keenly that I can't put them out of my mind.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
184	s. I am a steady person.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
185	t. I get in a state of tension or turmoil as I think over my recent concerns and interests.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

