



	No concerns				Extreme concerns	
	0	1	2	3	4	5
Hair and skin care issues	0	1	2	3	4	5
Body changes	0	1	2	3	4	5
Bowel or bladder changes	0	1	2	3	4	5
Hot flashes	0	1	2	3	4	5
Sexual issues	0	1	2	3	4	5
Fertility issues	0	1	2	3	4	5

#### 4. Social Issues

	No concerns				Extreme concerns	
	0	1	2	3	4	5
Managing household activities	0	1	2	3	4	5
Caring for family members	0	1	2	3	4	5
Talking about cancer with family and friends	0	1	2	3	4	5
Returning to work	0	1	2	3	4	5
Health insurance	0	1	2	3	4	5
Financial concerns	0	1	2	3	4	5
Debt from medical bills	0	1	2	3	4	5

#### 5. Emotional Aspects

	No concerns				Extreme concerns	
	0	1	2	3	4	5
Defining a new sense of normal	0	1	2	3	4	5
Managing difficult emotions: anger, fear, sadness, depression, guilt, anxiety)	0	1	2	3	4	5
Coping with grief and loss	0	1	2	3	4	5
Living with uncertainty	0	1	2	3	4	5
Fear of recurrence	0	1	2	3	4	5
Managing stress	0	1	2	3	4	5
Isolation / Feeling alone	0	1	2	3	4	5
Intimacy issues	0	1	2	3	4	5
Looking for the bright side: gratitude, forgiveness, love, happiness, contentment	0	1	2	3	4	5
Having a sense of well being	0	1	2	3	4	5
Changing relationships with spouse, family, and others	0	1	2	3	4	5
Finding support resources	0	1	2	3	4	5
Connecting to counseling services	0	1	2	3	4	5
Genetic counseling (worry about your children getting cancer)	0	1	2	3	4	5

#### 6. Spiritual Issues

	No concerns				Extreme concerns	
	0	1	2	3	4	5
Religious or spiritual support	0	1	2	3	4	5
Religious or spiritual distress	0	1	2	3	4	5
Loss of faith	0	1	2	3	4	5
End of life concerns	0	1	2	3	4	5

#### 7. Other Issues

For more information regarding this survey, please contact Mayo Clinic Cancer Education Program at 507-284-2241.

	No concerns			Extreme concerns		
	0	1	2	3	4	5
Staying connected with the medical system	0	1	2	3	4	5
Who to call for medical problems	0	1	2	3	4	5
Keeping your primary care physician informed of your cancer treatment and risk of recurrence	0	1	2	3	4	5
Use of complementary or alternative therapies	0	1	2	3	4	5
Concern about long-term effects of treatment	0	1	2	3	4	5

**8. Please indicate how you prefer to learn about the following topics. Check all that apply.**

	Written Materials	Class	Video	Healthcare Specialist	Cancer Survivor	Internet
Physical issues						
Social issues						
Emotional issues						
Spiritual issues						

**9. What specific topics are you interested in learning about? (Circle topics of interest)**

HEALTHY LIVING CHOICES:	Nutrition	Safe exercise	Smoking cessation
FINANCIAL CONCERNS:	Estate planning	Living wills	Disability
ENHANCING COMMUNICATION:	With your doctors	With your spouse or significant other	
HEALTH SCREENINGS:	Cancer	Heart	

**10. What has been your primary source of strength during your cancer experience?**

**11. As you finished or prepare to finish your cancer treatment, what was your number one concern regarding your healthcare needs?**

**12. Additional comments:**

Thank you for completing this survey. Your comments will be beneficial as we plan for the future needs of cancer survivors.