

| | 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.