



SJLIFE

Behavior Survey 11-17 Years of Age Self Report

Finding cures. Saving children.

The questions in this booklet relate to:

Name

Person completing this questionnaire is:

percomp **text**

Your relationship:

1 Self **relation**

Today's date:

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m m

d d

y y y y

datecomp

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STUDYNAME

Please! Do not mark below this line

MRN

Survey #313

7808392502

10/12/2021 02:19:10 PM

A1. Would you rate yourself as being: disable

- 1 Completely disabled 4 Mildly disabled
 2 Severely disabled 5 Not at all disabled
 3 Moderately disabled

A2. In general, would you say your health is: health

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

A3. Compared to one year ago, how would you rate your health in general now? hlthcomp

- 1 Much better now than one year ago
 2 Somewhat better now than one year ago
 3 About the same as one year ago
 4 Somewhat worse now than one year ago
 5 Much worse now than one year ago

A4. Please respond to each item by marking one box per row.

	0 Not able to do	1 With a lot of trouble	2 With some trouble	3 With a little trouble	4 With no trouble
In the past <u>7 days</u>					
a. I could do sports and exercise that other kids my age could do . . . trbsport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I could get up from the floor trbgetup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I could keep up when I played with other kids trbkeepup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I could move my legs trbmvlleg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I could stand up by myself . trbstnd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I could stand up on my tiptoes trbtiptoe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I could walk up stairs without holding on to anything . . . trbstair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I have been physically able to do the activities I enjoy most trbactv . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A5. Please respond to each item by marking one box per row.

	0 Never	1 Almost Never	2 Sometimes	3 Often	4 Almost Always
In the past <u>7 days</u>					
a. I felt accepted by other kids my age. peeracct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I was able to count on my friends . . peerct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I was able to talk about everything with my friends peertlk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I was good at making friends peermkfrnd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My friends and I helped each other out peerhlp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other kids wanted to be my friend . . peerfrndme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other kids wanted to be with me . . . peerwme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other kids wanted to talk to me . . . peertlkme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A6. Please respond to each item by marking one box per row.

	0 Never	1 Almost Never	2 Sometimes	3 Often	4 Almost Always
In the past <u>7 days</u>					
a. I had trouble sleeping when I had pain painslp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I felt angry when I had pain . painang	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I had trouble doing schoolwork when I had pain painwk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. It was hard for me to pay attention when I had pain painatn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. It was hard for me to run when I had pain painrun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. It was hard for me to walk one block when I had pain painwlk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. It was hard to have fun when I had pain painfun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. It was hard to stay standing when I had pain painstnd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please! Do not mark below this line

A7. Do you currently have pain as a result of your cancer or similar illness, or its treatment? capain

- 1 No pain
- 2 Small amount of pain
- 3 Medium amount of pain
- 4 A lot of pain
- 5 Very bad, excruciating pain

ANGER

Please respond to each item by marking one box per row. In the past 7 days

		4 Almost Always				
		3 Often			2 Sometimes	
		1 Almost Never	0 Never			
B1. I felt fed up	angfu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B2. I felt mad	angmad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B3. I felt upset.	angup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B4. I was so angry I felt like throwing something	angthrw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B5. I was so angry I felt like yelling at somebody	angyell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ANXIETY

Please respond to each item by marking one box per row. In the past 7 days

		4 Almost Always				
		3 Often			2 Sometimes	
		1 Almost Never	0 Never			
B6. I felt like something awful might happen	anxbad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B7. I felt nervous	anxnrv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B8. I felt scared	anxscrd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B9. I felt worried	anxwor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B10. I worried when I was at home	anxhm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B11. I got scared really easy	anxeasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B12. I worried about what could happen to me	anxhap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B13. I worried when I went to bed at night.	anxbed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORRY

For each of the following, mark the answer that best describes how you feel.

	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree
C1. I have general fears about cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2. I am concerned about physical problems related to my cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3. I am worried about my appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4. I am worried about my cancer coming back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C5. I mostly worry about my cancer and its treatment right before I go for a check-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C6. Do you **currently** have anxieties/fears as a result of your cancer or similar illness, or its treatment? **caanx**

- 1 No anxiety/fears
- 2 Small amount of anxiety/fears
- 3 Medium amount of anxiety/fears
- 4 A lot of anxiety/fears
- 5 Very many, extreme anxiety/fears

MOOD

Please respond to each item by marking one box per row. In the **past 7 days**

	0 Never	1 Almost Never	2 Sometimes	3 Often	4 Almost Always
C7. I could not stop feeling sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C8. I felt alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C9. I felt everything in my life went wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C10. I felt like I couldn't do anything right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C11. I felt lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C12. I felt sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C13. I felt unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C14. It was hard for me to have fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please! Do not mark below this line

FATIGUE

Questions E1 to E10 relate to the past 7 days.

		0	1	2	3	4
		Never	Almost Never	Sometimes	Often	Almost Always
D1. Being tired made it hard for me to play or go out with my friends as much as I'd like.	tirdplay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2. I felt weak.	tirdwk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3. I got tired easily.	tirdeasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D4. Being tired made it hard for me to keep up with my schoolwork.	tirdwrk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D5. I had trouble <u>finishing</u> things because I was too tired.	tirdfin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D6. I had trouble <u>starting</u> things because I was too tired.	tirdst	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D7. I was so tired it was hard for me to pay attention.	tirdattn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D8. I was too tired to do sports or exercise.	tirdspts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D9. I was too tired to do things outside.	tirdout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D10. I was too tired to enjoy the things I like to do.	tirdlik	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continue on next page.

SLEEP

Questions F1 to F8 relate to the past 7 days.

			Very much				
			Quite a bit				
		Somewhat					
		A little bit					
	Not at all						
E1. My sleep was restless	slprstl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		1	2	3	4	5	
E2. I was satisfied with my sleep	slpsat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E3. My sleep was refreshing	slpref	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		5	4	3	2	1	
E4. I had difficulty falling asleep	slpdif	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		5	4	3	2	1	
		1	2	3	4	5	
		Always					
		Often					
	Sometimes						
	Rarely						
	Never						
E5. I had trouble staying asleep	slpstay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		1	2	3	4	5	
E6. I had trouble sleeping	slptrb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E7. I got enough sleep	slpengh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		1	2	3	4	5	
		5	4	3	2	1	
		Very good					
		Good					
	Fair						
	Poor						
	Very poor						
E8. My sleep quality was	slpqual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		5	4	3	2	1	

DAILY STRESS

These questions ask about your feelings and thoughts during the last month. For each item, please indicate with a mark how often you felt or thought a certain way.

			5 Very Often				
			4 Fairly Often				
	3 Sometimes						
	2 Almost Never						
	1 Never						
F1. Felt that you were unable to control the important things in your life	dscntrl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F2. Felt confident about your ability to handle your personal problems.	dsconf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F3. Felt that things were going your way	dsway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F4. Felt difficulties were piling up so high that you could not overcome them	dspile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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G1. The next question asks about problems you may have had after a very stressful experience. It could be something that happened to you directly, something you witnessed or something you learned happened to a close family member or close friend. Some examples include a serious accident, a death, or any event when you thought you (or someone close to you) might be hurt. In a few words or a phrase, please write down the event.

difev
text

G2. About how old were you when this stressful event happened? difevage

--	--

Years

Keeping your most stressful event in mind, carefully read each problem below and mark one of the boxes on the right to indicate how much of the time you have been bothered by that problem in the past month.

		5 Most (almost every day)	4 Much (2-3 times a week)	3 Some (1-2 times a week)	2 Little (2 times a month)	1 None (never)
G3. I am on the lookout for danger or things that I am afraid of (like looking over my shoulder even when nothing is there).	selookout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G4. I have thoughts like "I am bad."	sebad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G5. I try to stay away from people, places, or things that remind me about what happened.	seavdppt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G6. I get upset easily or get into arguments or physical fights	seupset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G7. I feel like I am back at the time when the bad thing happened, like it's happening all over again.	seagain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G8. I feel like what happened was sickening or gross.	sesick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G9. I don't feel like doing things with my family or friends or other things that I liked to do.	seavdthgs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G10. I have trouble concentrating or paying attention	setrbattn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G11. I have thoughts like, "The world is really dangerous."	sedanger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G12. I have bad dreams about what happened, or other bad dreams.	sedream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G13. When something reminds me of what happened I get very upset, afraid, or sad.	seremind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G14. I have trouble feeling happiness or love.	setrbhpy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G15. I try not to think about or have feelings about what happened.	seavdfeel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G16. When something reminds me of what happened, I have strong feelings in my body like my heart beats fast, my head aches or my stomach aches	sebody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G17. I am mad with someone for making the bad thing happen, not doing more to stop it, or to help after.	semad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G18. I have thoughts like "I will never be able to trust other people."	senotrust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G19. I feel alone even when I am around other people.	sealone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G20. I have upsetting thoughts, pictures or sounds of what happened come into my mind when I don't want them to	semind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G21. I feel that part of what happened was my fault.	seresp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G22. I hurt myself on purpose.	sesharm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G23. I have trouble going to sleep, wake up often, or have trouble getting back to sleep.	seslp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G24. I feel ashamed or embarrassed over what happened.	seshame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G25. I have trouble remembering important parts of what happened	sememry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G26. I feel jumpy or startle easily, like when I hear a loud noise or when something surprises me.	sejumpy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G27. I feel afraid or scared	seafraid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G28. I do risky or unsafe things that could really hurt me or someone else.	serisky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G29. I want to get back at someone for what happened.	serevenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please! Do not mark below this line