St. Jude Children's Research Hospital
ALSAC • Danny Thomas, Founder
Finding cures. Saving children.

SJLIFE

Behavior Survey

The questions in this booklet relate to:

Person completing this questionnaire is:

Your relationship:

☐ Self ☐ Parent ☐ Other: _____

Today's date: ☐☐ / ☐☐ / ☐☐☐☐
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Survey #222

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03/13/2018 11:39:59 AM

LIVING/MARITAL STATUS

A1. What is your current living arrangement?
(Mark all that apply)

- ☐ Live with spouse/partner
- ☐ Live with parent(s)
- ☐ Live with roommate(s)
- ☐ Live with brother(s) and/or sister(s)
- ☐ Live with other relative(s) (not including minor children)
- ☐ Live alone
- ☐ Other *Specify.*

A2. Have you ever been married or had a live-in relationship (lived as married)?

- ☐ No → *Go to Question B1a.*
- ☐ Yes

A3. Which of the following best describes your current marital status?

- ☐ Single, never married or never lived with partner as married → *Go to Question B1a.*
- ☐ Married
- ☐ Living with a partner as married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated or no longer living as married

A4. How many times have you been married or lived as married?

1	2	3	4	5	6	7	8	9+
☐	☐	☐	☐	☐	☐	☐	☐	☐

A5. How old were you at the time of your first marriage or when you first began living as married?

☐☐

SCHOOL HISTORY

B1a. What is the highest grade or level of schooling that you have completed?

- ☐ 1 - 8 years (grade school)
- ☐ 9 - 12 years (high school), but did not graduate
- ☐ Completed high school/GED
- ☐ Training after high school, other than college
- ☐ Some college
- ☐ College graduate
- ☐ Post-graduate level
- ☐ Other *Specify.*

B1b. What is the highest grade or level of schooling that your mother has completed?

- ☐ 1 - 8 years (grade school)
- ☐ 9 - 12 years (high school), but did not graduate
- ☐ Completed high school/GED
- ☐ Training after high school, other than college
- ☐ Some college
- ☐ College graduate
- ☐ Post-graduate level
- ☐ Not Applicable
- ☐ Unknown
- ☐ Other *Specify.*

Please! Do not mark below this line

B1c. What is the highest grade or level of schooling that your father has completed?

- ☐ 1 - 8 years (grade school)
- ☐ 9 - 12 years (high school), but did not graduate
- ☐ Completed high school/GED
- ☐ Training after high school, other than college
- ☐ Some college
- ☐ College graduate
- ☐ Post-graduate level
- ☐ Not Applicable
- ☐ Unknown
- ☐ Other *Specify.*

B2. If you have completed high school, did you receive a regular high school diploma or did you receive a high school equivalency certificate, also called a GED?

- ☐ High school diploma
- ☐ GED

B3. In elementary, junior, or high school were you ever in any of the following programs? *(Mark all that apply)*

	No	Yes	Not sure
Learning disabled or special education program?	☐	☐	☐
If yes, were you in the program because of. . .			
a. Missed school.	☐	☐	☐
b. Low scores on tests.	☐	☐	☐
c. Problems learning or concentrating.	☐	☐	☐
d. Emotional or behavioral problems.	☐	☐	☐
Advanced placement or talented program?	☐	☐	☐
Homebound education for at least one school year due to a medical reason?	☐	☐	☐

B4. If you were in a learning disabled or special education program, what grades were you in at that time? *(Mark all that apply)*

☐ K	☐ 5th	☐ 9th
☐ 1st	☐ 6th	☐ 10th
☐ 2nd	☐ 7th	☐ 11th
☐ 3rd	☐ 8th	☐ 12th
☐ 4th		

B5. Were you ever home schooled unrelated to medical issues?

- ☐ Yes
- ☐ No
- ☐ Unsure

Continue on next page.

EMPLOYMENT HISTORY

C1. Have you ever had a job?

☐ No → *Go to Question C4.*

☐ Yes

C2. What is your current employment status? Include unpaid work in the family business or farm. ***(Mark all that apply)***

☐ Not currently working

☐ Working full-time (30 or more hours per week)

☐ Working part-time (less than 30 hours per week)

☐ Caring for home or family (not seeking paid work)

☐ Unemployed and looking for work

☐ Unable to work due to illness or disability

☐ Retired

☐ Student

☐ Other *Specify.*

C3. The following questions are about your present occupation. Please write your job title and brief details of what you do. If you have more than one job, please give the title of your main job (please give only one):

C3a. Main job title:

C3b. Please briefly describe the primary tasks in your job:

C4. Have you ever applied for entry into the following services?

	No	Yes
Military (Army, Navy, etc.)	☐	☐
Police Department	☐	☐
Fire Department	☐	☐

C5. Have you ever not gotten a job or into military service because of your previous medical history?

Civilian job	☐	☐
Military (Army, Navy, etc.)	☐	☐
Police Department	☐	☐
Fire Department	☐	☐

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INCOME

D1. Over the last year, what was the total income of the household you live in?

- ☐ Less than $20,000
- ☐ $20,000 - $39,999
- ☐ $40,000 - $59,999
- ☐ $60,000 - $79,999
- ☐ $80,000 - $99,999
- ☐ Over $100,000
- ☐ Don't know

D2. During the past year, how many people in this household were supported on this income?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9 or more

D3. Over the last year, what was your personal income?

- ☐ None
- ☐ Less than $20,000
- ☐ $20,000 - $39,999
- ☐ $40,000 - $59,999
- ☐ $60,000 - $79,999
- ☐ $80,000 - $99,999
- ☐ Over $100,000

D4. In the last 12 months, how have your finances usually worked out at the end of the month?

- ☐ Some money left over
- ☐ Just enough to make ends meet
- ☐ Not enough to make ends meet

D5. In the past 12 months, was there ever a time when you did not have enough money to pay your monthly bills?

- ☐ Yes, a lot of times I did not have enough money to pay my monthly bills
- ☐ Yes, a few times when I did not have enough money to pay my monthly bills
- ☐ No, I always had enough money to pay my monthly bills

D6. In the past 12 months, was there a time you needed to see a doctor or go to the hospital but did not go due to finances?

- ☐ No
- ☐ Yes

D7. In the past 12 months, was there a time anyone in your household (other than you) needed to see a doctor or go to the hospital but did not go due to finances?

- ☐ No
- ☐ Yes

Continue on next page.

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INSURANCE

Health Insurance

E1. Have you ever had difficulty obtaining health insurance because of your health history?

- ☐ No
- ☐ Yes

E2. Do you currently have health insurance coverage?

- ☐ Non - U.S. resident/citizen → *Go to Question E4.*
- ☐ No → *Go to Question E4.*
- ☐ Yes

E3. How is this insurance provided? *(Mark all that apply)*

- ☐ Through your place of employment/education
- ☐ Through your spouse's or parent's policy
- ☐ Through a policy you have purchased yourself
- ☐ Affordable Care Act (Obama Care)
- ☐ Medicaid or other public assistance program
- ☐ Medicare
- ☐ Military dependent/Veteran's benefits (CHAMPUS)
- ☐ Other *Specify.*

E3a. Does this health insurance plan have any exclusions or restrictions because of your health history?

- ☐ Don't know
- ☐ No
- ☐ Yes *Specify.*

E3b. Is there an extra premium charge on your health insurance policy because of your health history?

- ☐ Don't know
- ☐ No
- ☐ Yes

Life Insurance

E4. Have you ever had difficulty obtaining life insurance because of your health history?

- ☐ No
- ☐ Yes
- ☐ Never tried to obtain life insurance

E5. Do you currently have life insurance coverage?

- ☐ No → *Go to Question F1, next page.*
- ☐ Yes

Please! Do not mark below this line

E6. How is this life insurance provided? ***(Mark all that apply)***

- ☐ Through your employer
- ☐ Through your spouse's or parent's policy
- ☐ Through a policy you have purchased yourself
- ☐ Other ***Specify.***

E6a. Does this life insurance plan have any exclusions or restrictions?

- ☐ Don't know
- ☐ No
- ☐ Yes ***Specify.***

E6b. Is there an extra premium charge on your life insurance policy because of your health history?

- ☐ Don't know
- ☐ No
- ☐ Yes

E6c. What is the total dollar value of your life insurance policy(ies)?

- ☐ Under $10,000
- ☐ $10,000 - $49,999
- ☐ $50,000 - $99,999
- ☐ $100,000 or more
- ☐ Don't know

SLEEP

Questions F1 to F8 relate to the <u>past 7 days</u>.

	Not at all	A little bit	Somewhat	Quite a bit	Very much
F1. My sleep was restless	☐	☐	☐	☐	☐
F2. I was satisfied with my sleep	☐	☐	☐	☐	☐
F3. My sleep was refreshing.	☐	☐	☐	☐	☐
F4. I had difficulty falling asleep.	☐	☐	☐	☐	☐

	Never	Rarely	Sometimes	Often	Always
F5. I had trouble staying asleep	☐	☐	☐	☐	☐
F6. I had trouble sleeping	☐	☐	☐	☐	☐
F7. I got enough sleep.	☐	☐	☐	☐	☐

	Very poor	Poor	Fair	Good	Very good
F8. My sleep quality was	☐	☐	☐	☐	☐

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FATIGUE

Questions G1 to G19 relate to the past 7 days.

	Not at all	A little bit	Somewhat	Quite a bit	Very much
G1. I feel fatigued	☐	☐	☐	☐	☐
G2. I feel weak all over	☐	☐	☐	☐	☐
G3. I feel listless ("washed out")	☐	☐	☐	☐	☐
G4. I feel tired	☐	☐	☐	☐	☐
G5. I have trouble starting things because I am tired	☐	☐	☐	☐	☐
G6. I have trouble finishing things because I am tired	☐	☐	☐	☐	☐
G7. I have energy	☐	☐	☐	☐	☐
G8. I am able to do my usual activities	☐	☐	☐	☐	☐
G9. I need to sleep during the day	☐	☐	☐	☐	☐
G10. I am too tired to eat	☐	☐	☐	☐	☐
G11. I need help doing my usual activities	☐	☐	☐	☐	☐
G12. I am frustrated by being too tired to do the things I want to do	☐	☐	☐	☐	☐
G13. I have to limit my social activity because I am tired	☐	☐	☐	☐	☐

PAIN INTERFERENCE

G14. How much did pain interfere with your day to day activities?	☐	☐	☐	☐	☐
G15. How much did pain interfere with work around the home?	☐	☐	☐	☐	☐
G16. How much did pain interfere with your ability to participate in social activities?	☐	☐	☐	☐	☐
G17. How much did pain interfere with your household chores?	☐	☐	☐	☐	☐
G18. How much did pain interfere with the things you usually do for fun?	☐	☐	☐	☐	☐
G19. How much did pain interfere with your enjoyment of social activities?	☐	☐	☐	☐	☐

G20. Do you currently have pain as a result of your cancer or similar illness, or its treatment?

- ☐ No pain
- ☐ Small amount of pain
- ☐ Medium amount of pain
- ☐ A lot of pain
- ☐ Very bad, excruciating pain

Please! Do not mark below this line

SOCIAL BEHAVIOR

For questions H1 to H12, please respond to each item by marking one box per row.

	Never	Rarely	Sometimes	Usually	Always
H1. Do you have someone to help you if you are confined to bed?	☐	☐	☐	☐	☐
H2. Do you have someone to take you to the doctor if you need it?	☐	☐	☐	☐	☐
H3. Do you have someone to help with your daily chores if you are sick?	☐	☐	☐	☐	☐
H4. Do you have someone to run errands if you need it?	☐	☐	☐	☐	☐
H5. Do you have someone to prepare your meals if you are unable to do it yourself?	☐	☐	☐	☐	☐
H6. Do you have someone to take over all of your responsibilities at home if you need it?	☐	☐	☐	☐	☐
H7. I feel left out	☐	☐	☐	☐	☐
H8. I feel that people barely know me.	☐	☐	☐	☐	☐
H9. I feel isolated from others.	☐	☐	☐	☐	☐
H10. I feel that people are around me but not with me.	☐	☐	☐	☐	☐
H11. I feel isolated even when I am not alone.	☐	☐	☐	☐	☐
H12. I feel that people avoid talking to me.	☐	☐	☐	☐	☐

Questions H13 to H20 relate to the <u>past 7 days</u>.

	Never	Rarely	Sometimes	Often	Always
H13. I had trouble controlling my temper	☐	☐	☐	☐	☐
H14. It was hard to control my behavior	☐	☐	☐	☐	☐
H15. I said or did things without thinking.	☐	☐	☐	☐	☐
H16. I got impatient with other people.	☐	☐	☐	☐	☐
H17. I was irritable around other people.	☐	☐	☐	☐	☐
H18. I was bothered by little things.	☐	☐	☐	☐	☐
H19. I became easily upset.	☐	☐	☐	☐	☐
H20. I was in conflict with others.	☐	☐	☐	☐	☐

WORRY

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

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I1. I have general fears about cancer	☐	☐	☐	☐	☐
I2. I am concerned about physical problems related to my cancer	☐	☐	☐	☐	☐
I3. I am worried about my appearance	☐	☐	☐	☐	☐
I4. I am worried about my cancer coming back	☐	☐	☐	☐	☐
I5. I mostly worry about my cancer and its treatment right before I go for a check-up	☐	☐	☐	☐	☐

Below is a list of problems people sometimes have. Please read each one carefully and mark the box that best describes how much that problem has <u>distressed or bothered you during the past 7 days</u> including today. *Mark only one answer for each problem and try not to skip any items.*

	Not at all	A little bit	Moderately	Quite a bit	Extremely
I6. Nervousness or shaking inside.	☐	☐	☐	☐	☐
I7. Faintness or dizziness.	☐	☐	☐	☐	☐
I8. Pains in heart or chest.	☐	☐	☐	☐	☐
I9. Thoughts of ending your life	☐	☐	☐	☐	☐
I10. Suddenly scared for no reason.	☐	☐	☐	☐	☐
I11. Feeling lonely.	☐	☐	☐	☐	☐
I12. Feeling blue.	☐	☐	☐	☐	☐
I13. Feeling no interest in things	☐	☐	☐	☐	☐
I14. Feeling fearful	☐	☐	☐	☐	☐
I15. Nausea or upset stomach.	☐	☐	☐	☐	☐
I16. Trouble getting your breath.	☐	☐	☐	☐	☐
I17. Numbness or tingling in parts of your body.	☐	☐	☐	☐	☐
I18. Feeling hopeless about the future.	☐	☐	☐	☐	☐
I19. Feeling weak in parts of your body	☐	☐	☐	☐	☐
I20. Feeling tense or keyed up.	☐	☐	☐	☐	☐
I21. Spells of terror or panic.	☐	☐	☐	☐	☐
I22. Feeling so restless you couldn't sit still.	☐	☐	☐	☐	☐
I23. Feelings of worthlessness.	☐	☐	☐	☐	☐

I24. Do you <u>currently</u> have anxieties/fears as a result of your cancer or similar illness, or its treatment?

☐ No anxiety/fears

☐ Small amount of anxiety/fears

☐ Medium amount of anxiety/fears

☐ A lot of anxiety/fears

☐ Very many, extreme anxiety/fears

Please! Do not mark below this line

J1. At any time in the past 12 months, that is up to and including today, did you seriously think about trying to kill yourself?

☐ No

☐ Yes

J2. During the past 12 months, did you make any plans to kill yourself?

☐ No

☐ Yes

J3. During the past 12 months, did you try to kill yourself?

☐ No

☐ Yes

J4. During the past 12 months, did you get medical attention from a doctor or health professional as a result of an attempt to kill yourself?

☐ No

☐ Yes

J5. During the past 12 months, did you stay in a hospital overnight or longer because you tried to kill yourself?

☐ No

☐ Yes

J6. The next questions ask 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. Please answer a few questions about your most stressful event or the event that bothers you the most. In a few words or a phrase, please write down the event.

J7. How long ago did the event described above happen? (please estimate if you are not sure)

Please! Do not mark below this line

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 you have been bothered by that problem in the past month.

In the past month, how much were you bothered by:

	Not at all	A little bit	Moderately	Quite a bit	Extremely
K1. Repeated, disturbing, and unwanted memories of the stressful experience?	☐	☐	☐	☐	☐
K2. Repeated, disturbing dreams of the stressful experience?	☐	☐	☐	☐	☐
K3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were *actually* back there *reliving* it)?	☐	☐	☐	☐	☐
K4. Feeling very upset when something reminded you of the stressful experience?	☐	☐	☐	☐	☐
K5. Having strong physical reactions when something reminded you of the stressful experience *(for example, heart pounding, trouble breathing, sweating)*?	☐	☐	☐	☐	☐
K6. Avoiding memories, thoughts, or feelings related to the stressful experience?	☐	☐	☐	☐	☐
K7. Avoiding external reminders of the stressful experience (*for example, people, places, conversations, activities, objects, or situations)*?	☐	☐	☐	☐	☐
K8. Trouble remembering important parts of the stressful experience?	☐	☐	☐	☐	☐
K9. Having strong negative beliefs about yourself, other people, or the world *(for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)*?	☐	☐	☐	☐	☐
K10. Blaming yourself or someone else for the stressful experience or what happened after it?	☐	☐	☐	☐	☐
K11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	☐	☐	☐	☐	☐
K12. Loss of interest in activities you used to enjoy?	☐	☐	☐	☐	☐
K13. Feeling distant or cut off from other people?	☐	☐	☐	☐	☐
K14. Trouble experiencing positive feelings *(for example, being unable to feel happiness or have loving feelings for people close to you)*?	☐	☐	☐	☐	☐
K15. Irritable behavior, angry outbursts, or acting aggressively?	☐	☐	☐	☐	☐
K16. Taking too many risks or doing things that could cause you harm?	☐	☐	☐	☐	☐
K17. Being "superalert" or watchful or on guard?	☐	☐	☐	☐	☐
K18. Feeling jumpy or easily startled?	☐	☐	☐	☐	☐
K19. Having difficulty concentrating?	☐	☐	☐	☐	☐
K20. Trouble falling or staying asleep?	☐	☐	☐	☐	☐

Please! Do not mark below this line

CANCER IMPACT

Looking back over time since your cancer diagnosis, how much of an impact did your cancer experiences have on the following areas of your life overall?

Mark only one answer for each statement and try not to skip any items.

	Very negative impact	Somewhat negative impact	No impact	Somewhat positive impact	Very positive impact
L1. Your educational plans (classes completed, degrees earned, goals achieved, etc.)	☐	☐	☐	☐	☐
L2. Your work life or career (promotion, mobility, work environment, etc.)	☐	☐	☐	☐	☐
L3. Your diet	☐	☐	☐	☐	☐
L4. Your family plans (finding a partner, divorce, marriage, having children, etc.)	☐	☐	☐	☐	☐
L5. Your social life (friendships, social activities)	☐	☐	☐	☐	☐
L6. Your living arrangements (moving in with relatives, selling a house, etc.)	☐	☐	☐	☐	☐
L7. Your financial situation	☐	☐	☐	☐	☐
L8. Your exercise activities	☐	☐	☐	☐	☐
L9. Your love life	☐	☐	☐	☐	☐
L10. Your religious beliefs (e.g., belief in a higher power)	☐	☐	☐	☐	☐
L11. Your religious activities (e.g., affiliation with a religious institution, participation in religious activities)	☐	☐	☐	☐	☐
L12. Other activities related to spirituality (e.g., meditation)	☐	☐	☐	☐	☐
L13. Your retirement plans	☐	☐	☐	☐	☐
L14. Your ability to care or provide for your children	☐	☐	☐	☐	☐
L15. Your ability to be a caregiver to others (e.g., aging parents, sick spouse)	☐	☐	☐	☐	☐
L16. Your ability to retain or to change your health care insurance	☐	☐	☐	☐	☐
L17. Your emotional or psychological needs	☐	☐	☐	☐	☐
L18. Other changes?	☐	☐	☐	☐	☐

Specify.

Please! Do not mark below this line

Below are some statements that people sometimes make when they talk about their health. Please indicate how much you agree or disagree with each statement as it applies to you personally by marking one box per row. Your answers should be what is true for you and not just what you think others want you to say. If the statement does not apply to you, mark N/A.

	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
M1. When all is said and done, I am the person who is responsible for taking care of my health	☐	☐	☐	☐	☐
M2. Taking an active role in my own health care is the most important thing that affects my health	☐	☐	☐	☐	☐
M3. I am confident I can help prevent or reduce problems associated with my health.	☐	☐	☐	☐	☐
M4. I know what each of my prescribed medications does	☐	☐	☐	☐	☐
M5. I am confident that I can tell whether I need to go to the doctor or whether I can take care of the health problem myself	☐	☐	☐	☐	☐
M6. I am confident that I can tell a doctor concerns I have even when he or she does not ask	☐	☐	☐	☐	☐
M7. I am confident that I can follow through on medical treatments I may need to do at home	☐	☐	☐	☐	☐
M8. I understand my health problems and what causes them	☐	☐	☐	☐	☐
M9. I know what treatments are available for my health problems	☐	☐	☐	☐	☐
M10. I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising.	☐	☐	☐	☐	☐
M11. I know how to prevent problems with my health.	☐	☐	☐	☐	☐
M12. I am confident I can figure out solutions when new problems arise with my health	☐	☐	☐	☐	☐
M13. I am confident that I can maintain lifestyle changes, like eating right and exercising, even during times of 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.

	Never	Almost never	Sometimes	Fairly often	Very often
N1. In the last month, how often have you felt that you were unable to control the important things in your life?	☐	☐	☐	☐	☐
N2. In the last month, how often have you felt confident about your ability to handle your personal problems?	☐	☐	☐	☐	☐
N3. In the last month, how often have you felt that things were going your way?	☐	☐	☐	☐	☐
N4. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	☐	☐	☐	☐	☐

Please! Do not mark below this line

O. Below is a list of statements that describe problems people can have. We would like to know if you have had any of these problems over the past 6 months. Please complete all items. Please think about yourself as you read these statements and mark one response on each line.

	Never a problem	Sometimes a problem	Often a problem
1. I get upset easily.	☐	☐	☐
2. It takes me longer to complete my work.	☐	☐	☐
3. I am disorganized.	☐	☐	☐
4. I forget instructions easily.	☐	☐	☐
5. I have problems completing my work.	☐	☐	☐
6. I have difficulty recalling things I had previously learned (e.g., names, places, events, activities).	☐	☐	☐
7. I get frustrated easily.	☐	☐	☐
8. My mood changes frequently.	☐	☐	☐
9. I have trouble finding things in my bedroom, closet or desk.	☐	☐	☐
10. I forget what I am doing in the middle of things.	☐	☐	☐
11. I have problems getting started on my own.	☐	☐	☐
12. I am easily overwhelmed.	☐	☐	☐
13. I have trouble doing more than one thing at a time.	☐	☐	☐
14. My desk/workspace is a mess.	☐	☐	☐
15. I have trouble remembering things, even for a few minutes (such as directions, phone numbers, etc.).	☐	☐	☐
16. I have trouble prioritizing my activities.	☐	☐	☐
17. I read slowly.	☐	☐	☐
18. I am slower than others when completing my work.	☐	☐	☐
19. I have trouble solving math problems in my head.	☐	☐	☐
20. I don't work well under pressure.	☐	☐	☐
21. I have trouble staying on the same topic when talking.	☐	☐	☐
22. I have a messy closet.	☐	☐	☐
23. People say I am easily distracted.	☐	☐	☐
24. I have angry outbursts.	☐	☐	☐
25. I have a short attention span.	☐	☐	☐
26. I overreact emotionally.	☐	☐	☐
27. I have trouble organizing work.	☐	☐	☐
28. I overreact to small problems.	☐	☐	☐
29. I have problems organizing activities.	☐	☐	☐
30. I have emotional outbursts for little reason.	☐	☐	☐
31. I leave the bathroom a mess.	☐	☐	☐
32. I react more emotionally to situations than my friends.	☐	☐	☐
33. I leave my room or home a mess.	☐	☐	☐

If you answered "Sometimes" or "Often" to any of the questions in Section O, to what extent do the problems you may have checked interfere with your ability to function?

	Never	Sometimes	Often	Not applicable
1. In your home.	☐	☐	☐	☐
2. At your job.	☐	☐	☐	☐
3. In social situations.	☐	☐	☐	☐
4. In educational activities.	☐	☐	☐	☐

OTHER ISSUES

Please rate how concerned you are about the following:

	Very concerned	Somewhat concerned	Concerned	Not very concerned	Not at all concerned
P1. Your future health	☐	☐	☐	☐	☐
P2. Your ability to have children	☐	☐	☐	☐	☐
P3. Developing another cancer	☐	☐	☐	☐	☐
P4. Your ability to get health insurance	☐	☐	☐	☐	☐
P5. Your ability to get life insurance	☐	☐	☐	☐	☐
P6. Your ability to cover expenses for health care	☐	☐	☐	☐	☐
P7. Your ability to cover expenses for prescribed medicine	☐	☐	☐	☐	☐
P8. Any other issues	☐	☐	☐	☐	☐

Specify.

Please! Do not mark below this line

Have you been diagnosed with any of the following medical problems?

Q1. Depression ☐ Yes ☐ No

If yes, did you ever receive treatment?

☐ Yes, in the past ☐ Yes, currently ☐ No

If yes, what type of treatment? *(Mark all that apply)*

☐ Behavior/talk therapy/counseling

☐ Hospitalization

☐ Medication

List medications:

Q2. Anxiety ☐ Yes ☐ No

If yes, did you ever receive treatment?

☐ Yes, in the past ☐ Yes, currently ☐ No

If yes, what type of treatment? *(Mark all that apply)*

☐ Behavior/talk therapy/counseling

☐ Hospitalization

☐ Medication

List medications:

Q3. Attention Deficit Disorder (with or without hyperactivity) ☐ Yes ☐ No

If yes, did you ever receive treatment?

☐ Yes, in the past ☐ Yes, currently ☐ No

If yes, what type of treatment? *(Mark all that apply)*

☐ Behavior/talk therapy/counseling

☐ Hospitalization

☐ Medication

List medications:

Q4. Bipolar Disorder ☐ Yes ☐ No

If yes, did you ever receive treatment?

☐ Yes, in the past ☐ Yes, currently ☐ No

If yes, what type of treatment? *(Mark all that apply)*

☐ Behavior/talk therapy/counseling

☐ Hospitalization

☐ Medication

List medications:

Q5. Oppositional Defiant/Conduct Disorder ☐ Yes ☐ No

If yes, did you ever receive treatment?

☐ Yes, in the past ☐ Yes, currently ☐ No

If yes, what type of treatment? *(Mark all that apply)*

☐ Behavior/talk therapy/counseling

☐ Hospitalization

☐ Medication

List medications:

Q6. Schizophrenia/Paranoia ☐ Yes ☐ No

If yes, did you ever receive treatment?

☐ Yes, in the past ☐ Yes, currently ☐ No

If yes, what type of treatment? *(Mark all that apply)*

☐ Behavior/talk therapy/counseling

☐ Hospitalization

☐ Medication

List medications:

Q7. Other psychiatric disorder (e.g. obsessive-compulsive disorder) ☐ Yes ☐ No

If yes, please specify the disorder:

If yes, did you ever receive treatment?

☐ Yes, in the past ☐ Yes, currently ☐ No

If yes, what type of treatment? *(Mark all that apply)*

☐ Behavior/talk therapy/counseling

☐ Hospitalization

☐ Medication

List medications:

Do any of these medical conditions prevent you from attending work (or school) or engaging in leisure activities on a regular basis (more days than not)?

☐ Yes ☐ No

If yes, which condition(s):

Please! Do not mark below this line