

Childhood Cancer Survivor Study - Survey Question Sets

Question group	Baseline: 10/92 – 12/02	Baseline < 18: 10/92 – 12/02	Baseline Sibling: 3/96 – 10/05	Baseline Sibling < 18: 3/96 – 10/05	Bone Tumors: 11/00 – 7/02	Family History: 8/95 – 12/04	Follow-Up 2000: 2/00 – 12/02	Follow-Up 2000 Sibling: 8/01 – 3/04	Follow-Up 2003: 11/02 – 04/05	Follow-Up 2003 Sibling: 3/04 – 10/06	Follow-Up 2003 Sibling w/Psychosocial: 3/04 – 8/05	Follow-Up 2005: 4/05 – 11/06	Follow-Up 2007: 7/07 – 11/09	Follow-Up 2007 Sibling: 7/08 – 12/09	Health Care Needs: 2/01 – 10/01	Health Information Survey: 11/05 – 8/06	Mammogram: 6/05 – 08/06	Mammogram Sibling: 6/05 – 08/06	Men's Health: 02/08 – 11/09	Men's Health Sibling: 02/08 – 11/09	Pregnancy - Female: 8/95 – 9/04	Pregnancy - Male: 8/95 – 9/04	Project Vision: 1/03 – 12/05	Sleep Survey: 11/02 – 2/04	Teen: 12/01 – 2/03	Women's Health: 6/01 – 1/03	Expansion Baseline: 5/08 – Present	Expansion Baseline < 18: 5/08 – Present			
Demographics	X	X	X	X			X	X	X	X	X		X	X			X	X					X		X		X	X			
Medical Care	X	X	X	X					X	X	X		X	X	X		X	X											X	X	
Medications	X	X	X	X			X	X	X	X	X		X	X															X	X	
Medical Conditions	X	X	X	X			X	X					X	X															X	X	
Brief Symptom Inventory-18 (BSI-18)	X		X						X	X	X		X	X															X		
Behavior Problems Index		X		X																										X	
Pain/Anxieties/Fears (as a result of your/your brother's/sister's cancer, leukemia, tumor or similar illness, or its treatment)	X	X							X		X		X															X	X		
Cancer, Leukemia or Tumors	X	X	X	X			X	X	X	X	X	X	X	X														X	X		
Marital Status	X	X	X	X			X	X	X	X	X		X	X														X	X		
Offspring/Pregnancy History	X	X	X	X			X	X	X	X	X		X	X								E	E					X	X		
Smoking	X	X	X	X					X	X	X		X	X															X		
Alcohol	X	X	X	X									X	X															X		
Physical Activity	X	X	X	X					X	X	X		X	X															X	X	
Health Practices/Medical Screening Tests	X	X	X	X					X	X	X		X	X			X	X											X	X	
School History	X	X	X	X			X	X	X	X	X		X	X											X			X	X		
Employment History	X	X	X	X			X	X	X	X	X		X	X											X			X	X		
Family History Information (may include Genetic Conditions and Conditions Present at Birth)	X	X	X			X	X	X	X	X	X		X	X														X	X		
Genetic Conditions							X	X																					X	X	
Conditions Present at Birth							X	X																					X	X	
Insurance	X	X	X	X			X	X	X	X	X		X	X															X	X	
Religion	X	X	X	X																											
Income	X	X	X	X					X	X	X		X	X															X	X	
Other Issues	X	X	X	X									X	X															X	X	
Future planning, updated address, and contact info	X	X	X	X			X	X	X	X	X	X	X	X															X	X	
Childhood Cancer Survivor Study-Neurocognitive Questionnaire (CCSS-NCO)									X		X																				
Profile of Mood States (POMS)																								X							
Alternative Medicine or Complementary Healing Techniques							X	X																							
Dental Health									X	X	X																				
Sun Sensitivity									X	X	X																				
Radiation Treatment (2nd cancer)							X	X					X	X																	
Chemotherapy Treatment (2nd cancer)													X	X																	
Hospitalizations							X	X		X	X	X																			
Internet related question(s)							X		X	X	X	X	X	X		X	X	X					X					X	X		
General Comments							X	X	X	X	X	X	X	X		X	X	X	X	X	X	X						X			
SF-36™ Health Survey									X	P	X																		P		
SF-36v2™ Health Survey													P	P						P	P								P	P	
Posttraumatic Growth Inventory (PTGI)									X		X																				
Cantril Ladder of Life									X		X																				
Posttraumatic Stress Disorder Symptom Scale (PSS)									X		X																				
Bone Health									X	X	X																				
LTFU Newsletter									X						X																
Health Care Views														X			X	X													
Health and Experiences with Family and Friends														X			X	X													
Treatment Summary (patient indicates whether they have a treatment summary)									X					X			X														
Multidimensional Health Locus of Control (MHLC) Form A														X			X	X													
Health Information							X							X	X	X	X	X	X				X								
Pros and cons of mammography																	X	X													
Breast Cancer Risk																	X	X													
COPE																	P	P													
Short-Form Patient Satisfaction Questionnaire (PSQ-18)																							X								
Women's Health Questionnaire (WHQ)																													X		
Sexual Self-Schema Scale																													X		
Sexual Function/Intimacy																				X	X								X		
Puberty and Sexual Development																				X	X										
Fertility																				X	X										
Sperm Preservation																				X											
Perceptions-Infertility, low testosterone levels, sexual dysfunction																				X											
Testosterone Therapy																				X	X										
Erectile Dysfunction Therapy																				X	X										
Pittsburgh Sleep Quality Index (PSQI)																										X					
Epworth Sleepiness Scale																									X						
Fatigue/Sleeping							X	X																X							
Functional Assessment of Chronic Illness Therapy-Fatigue (FACIT-F) (version 4)																										P	P				
Child Health and Illness Profile-Adolescent Edition (CHIP-AE)																											X				
Brief Index of Sexual Functioning for Women (BISF-W)																													P		
Quality of Life Scale/CANCER PATIENT/CANCER SURVIVOR					X																										
Toronto Extremity Salvage Score (TESS)					X																										
Reintegration to Normal Living Index (RNLI)					X																										
International Index of Erectile Function Questionnaire (IIEF)																				X	X										
Menstrual History	X	X	X	X			X	X					X	X			X	X											X		

X: Question set is present on the survey
P: Question set is presented partially on the survey
E: Question set is present with additional related questions on the survey