



Dear LTFU Study Participant,

Thank you for agreeing to take part in our new research study. Through participation in past studies, you have helped us understand many of the experiences and issues faced by adults who had cancer during childhood. In this new study, you can help us learn about a very important issue—heart health after treatment for childhood cancer. We specifically want to understand what factors influence how adult survivors take care of their heart. We will use what we learn to help you and other survivors stay healthy.

We drew your name in a random sampling of adults in the LTFU Study who received treatment for childhood cancer that can have an effect on long-term heart health. As always, your responses are important to our research. They matter even more in this study because only a small group of survivors will be invited to participate.

As you complete the questionnaire, keep this in mind: For your responses to be helpful, we need to know what you really think and *not* what you think we want to hear. Please consider each question carefully and respond in a way that tells us the most about you.

Sincerely,

*Melissa M. Hudson, M.D.
Departments of Oncology and Epidemiology*

*Cheryl L. Cox, RN, PhD
Department of Epidemiology*

The questions in this booklet relate to:

Today's date: / /

m m d d y y y y



St. Jude Children's Research Hospital | 262 Danny Thomas Place | Memphis, TN 38105

TO

Please! Do not mark below this line

INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE

Please follow these rules in completing this questionnaire. If you have any questions about completing this questionnaire, please call 1-800-775-2167.

1. Use a black ballpoint pen or a number 2 black pencil. Do not use a felt-tip or roller-ball pen. These may cause smudging.
2. When marking boxes, make an x inside the box (see examples below).
3. Make no stray marks of any kind. Please keep the form as clean as possible.
4. Written responses must stay within the boxes provided:

CORRECT

Grape

INCORRECT

Grape

MARKING EXAMPLES

Below are some examples of how to fill out this questionnaire. Please look these over before you begin.

1. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, bicycling, swimming, wheelchair basketball, or walking for exercise?

No Yes

2. Have you ever taken. . .

- a. BIRTH CONTROL PILLS such as Demulen, Lo-Ovral, Loestrin, Norinyl, Norplant, Ortho-Novum, Ovral, Triphasil-----

If yes, specify the name of the drug(s) or indicate you do not know the specific name

- b. MEDICATIONS TO LOWER CHOLESTEROL OR TRIGLYCERIDES, such as Zocor, Pravachol, Lipitor, Colestid (colestipol), Tricor, Lescol, Lopid (gemfibrozil), Mevacor, niacin, or Lorelco-----

If yes, specify the name of the drug(s) or indicate you do not know the specific name

MEVACOR

3. When was this condition diagnosed?

04

Month (mm)

1995

Year (yyyy)

Not sure	If yes, age at first use
Yes	↓
No	years
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; justify-content: space-between;"> 3 4 </div>

Please! Do not mark below this line

1. What is your marital status? Are you:

- Married
- Never married
- Divorced
- A member of an unmarried couple
- Widowed
- Separated

2. How many adults are living with you in your household?

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3. What is the adult/adult's relationship to you?

--

4. How many children are living with you in your household?

--	--

5. What is the child/children's relationship to you?

--

6. How many ill adult/adults living in your household require care?

--	--

7. How many ill child/children living in your household require care?

--	--

8. What is the highest grade or level of schooling you have now 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

<i>If other, please describe.</i>

9. Over the past 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

10. What is your current employment status? Include unpaid work in the family business or farm.

(Mark all that apply)

- 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

<i>If other, please describe.</i>

11. The following questions are about your present occupation. Please write your job title and brief details of what you do.

11a. Current job title:

11b. Please briefly describe your primary job tasks:

12. How many hours do you work each week?

--	--	--

hours

13. Do you currently have health insurance coverage?

- Yes
- No

14. Do you have access to health care?

- Yes
- No

15. Which of the following health care providers do you regularly see or talk to for medical care? (This includes routine and sick care.) **Mark all that apply.**

- None
- Physician
- Nurse Practitioner/Physician's Assistant
- Nurse
- Chiropractor
- Physical therapist
- Other

If other, please describe.

AD

Please read the following statements and mark the answer that best corresponds to how you feel about the statement.

	Strongly disagree		Disagree		Agree
		Neither Agree or Disagree			Strongly agree
1. Members of my immediate family think I should get a heart muscle function test (MUGA/ECHO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I want to do what members of my immediate family think I should do about heart muscle function tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My close friends think I should have a heart muscle function test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I want to do what my close friends think I should do about heart muscle function tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My relatives think I should have a heart muscle function test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I want to do what my relatives think I should do about getting a heart muscle function test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I have made a commitment to get a heart muscle function test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Getting a heart muscle function test is not in my plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I intend to get a heart muscle function test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I have no intention of getting a heart muscle function test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BRFSS

1. Would you say that in general your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

During the past 7 days, how much were you distressed by:

	Not at all	A little bit	Moderately	Quite a bit	Extremely
2. Faintness or dizziness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Pains in the heart or chest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Nausea or upset stomach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Trouble getting your breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Numbness or tingling in parts of your body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Feeling weak in parts of your body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Nervousness or shakiness inside.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Feeling fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Feeling tense or keyed up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Spells of terror or panic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Feeling so restless you couldn't sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Suddenly scared for no reason.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Thoughts of ending your life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Feeling lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Feeling blue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Feeling no interest in things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Feeling hopeless about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Feelings of worthlessness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cancer Treatment

1. For what kind of cancer were you treated?

2. Where in your body was the cancer?

3a. Did you receive surgery as part of your treatment?

- Yes
- No → Go to Question 4a.
- Not Sure → Go to Question 4a.

3b. If yes, where on your body was surgery performed?

4a. Did you receive radiation as part of your treatment for cancer?

- Yes
- No → **Go to Question 5a.**
- Not Sure → **Go to Question 5a.**

4b. If yes, which part of your body received radiation?

5a. Were you treated with chemotherapy?

- Yes
- No → **Go to next section (HDF).**
- Not Sure → **Go to next section (HDF).**

5b. If yes, which drugs did you receive?

HDF

	T	F
1. A person always knows when they have heart disease.	<input type="checkbox"/>	<input type="checkbox"/>
2. Anyone treated for childhood cancer is at increased risk of having heart disease in the future. . .	<input type="checkbox"/>	<input type="checkbox"/>
3. The longer the time since childhood cancer treatment, the less the risk for heart disease	<input type="checkbox"/>	<input type="checkbox"/>
4. Smoking is a risk factor for heart disease in cancer survivors	<input type="checkbox"/>	<input type="checkbox"/>
5. A former cancer patient who stops smoking will lower their risks for heart disease	<input type="checkbox"/>	<input type="checkbox"/>
6. High blood pressure is not a risk factor for heart disease for cancer survivors.	<input type="checkbox"/>	<input type="checkbox"/>
7. Childhood cancer survivors who were treated with anthracyclines are at increased risk for heart disease. .	<input type="checkbox"/>	<input type="checkbox"/>
8. Childhood cancer survivors who were treated with chest radiation are not at increased risk for heart disease.	<input type="checkbox"/>	<input type="checkbox"/>
9. Keeping blood pressure under control will reduce a survivor's risk of developing heart disease.	<input type="checkbox"/>	<input type="checkbox"/>
10. High cholesterol is not a risk factor for developing heart disease in cancer survivors	<input type="checkbox"/>	<input type="checkbox"/>
11. Eating fatty foods does not affect blood cholesterol levels.	<input type="checkbox"/>	<input type="checkbox"/>
12. If your 'good' cholesterol (HDL) is high you are at risk for heart disease.	<input type="checkbox"/>	<input type="checkbox"/>
13. If your 'bad' cholesterol (LDL) is high you are at risk for heart disease.	<input type="checkbox"/>	<input type="checkbox"/>
14. Being overweight does not increase a cancer survivor's risk of heart disease.	<input type="checkbox"/>	<input type="checkbox"/>
15. Regular physical activity will not lower a cancer survivor's chances of developing heart disease	<input type="checkbox"/>	<input type="checkbox"/>

- | | | |
|---|--------------------------|--------------------------|
| | T | F |
| 16. Walking and gardening are considered exercises that will help lower a cancer survivor's chances of developing heart disease | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Survivors with diabetes are at increased risk for developing heart disease | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Childhood cancer survivors who have heart disease have definite signs and symptoms of heart problems | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Fatigue and shortness of breath are always signs of heart disease in a childhood cancer survivor. | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Heart disease in a cancer survivor can only be detected during a physical examination. | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Keeping your weight under control will reduce survivors' risk of heart disease. | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. All childhood cancer survivors should have a heart muscle function test (MUGA/ECHO) every year. | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Only childhood cancer survivors who were treated with chest radiation should have a heart muscle function test | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Excessive alcohol consumption is a risk for developing heart disease in childhood cancer survivors. | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. A normal physical examination means that there is no heart disease. | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. A survivor may know that they have heart disease before their doctor does. | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. All childhood cancer survivors should have a heart muscle function test every year to detect heart disease. | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. The risks for heart disease in childhood cancer survivors can be reduced. | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. How often a survivor should have a heart muscle function test is based on how much anthracycline and/or how much chest radiation the survivor received during cancer treatment. | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. All childhood cancer survivors should have a physical examination by a doctor or nurse practitioner every year. | <input type="checkbox"/> | <input type="checkbox"/> |

PS

In your opinion, how serious would it be for you to have any of the following problems because of your cancer treatment?

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | | Very serious | | |
| | | Somewhat serious | | |
| | | A little serious | | |
| | | Not serious at all | | |
| 1. Vision/hearing problems. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Lung damage. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Problems with infections. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Increased risk of second cancers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Learning or memory problems. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Low hormone levels. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Heart damage. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Kidney damage. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Difficulty getting pregnant or fathering children. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Increased cancer risk for child (unborn child). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Growth problems. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PSUS

In your opinion, how likely is it that you will someday experience any of the following problems because of your cancer treatment?

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | | Very likely | | |
| | | Likely | | |
| | | Don't know | | |
| | | Unlikely | | |
| | | Very unlikely | | |
| 1. Vision/hearing problems. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Lung damage. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Problems with infections. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Increased risk of second cancers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Learning or memory problems. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Low hormone levels. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Heart damage. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Kidney damage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Difficulty getting pregnant or fathering children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Increased cancer risk for child (or unborn child). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Growth problems. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please! Do not mark below this line

Medical Follow-up

1. During the *past two years*, did you go to a doctor for a "routine medical check-up"?

- Yes
- No

2. In the *next two years*, what are the chances that you will go to a doctor to check and see if you have any health problems caused by your previous cancer treatment?

- Very unlikely
- Unlikely
- Possibly
- Likely
- Very likely

TSRQ

The following question relates to the reasons why you would have a heart muscle function test (MUGA/ECHO). Different people have different reasons for doing this, and we want to know how true each of the following reasons is for you.

The reason I get a heart muscle function test is:	Not true at all		Somewhat true			Very true	
	1	2	3	4	5	6	7
1. Because I feel that I want to take responsibility for my own health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Because I would feel guilty or ashamed of myself if I did not have the test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Because I personally believe it is the best thing for my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Because others would be upset with me if I did not have the test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I really don't think about getting a heart muscle function test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Because I have carefully thought about it and believe it is very important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Because I would feel bad about myself if I did not get the test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Because it is an important choice I really want to make for my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Because I feel pressure from others to have the test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Because it is easier to do what I am told than to think about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Because it is consistent with my health goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Because I want others to approve of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Because it is very important for being as healthy as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Because I want others to see I can do it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I don't really know why.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please! Do not mark below this line

SE

Please read the following statements and mark the answer that best corresponds to how you feel about the statement.

	Strongly disagree	Disagree	Neither Agree or Disagree	Agree	Strongly agree
1. I can arrange transportation to get a heart muscle function test (MUGA/ECHO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I can arrange other things in my life to have a heart muscle function test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I can talk to people at the heart muscle function testing center about my concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can get a heart muscle function test even if I am worried.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I can get a heart muscle function test even if I don't know what to expect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I can find a way to pay for a heart muscle function test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I can make an appointment for a heart muscle function test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I know for sure I can get a heart muscle function test if I really want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I know how to go about getting a heart muscle function test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I can find a place to have a heart muscle function test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IM

Please indicate how true each of the following statements is for you.

PC

	Not true at all		Somewhat true			Very true	
	1	2	3	4	5	6	7
1. I think I am pretty good at taking care of my heart health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Compared to others I know, I think I do a good job of managing my heart health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am satisfied with my ability to manage my heart health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am pretty skilled at managing my heart health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Managing my heart health is something I cannot do very well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EI

	Not true at all		Somewhat true			Very true	
	1	2	3	4	5	6	7
1. I put a lot of effort into making sure I get my heart muscle function test (MUGA/ECHO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I don't try very hard to get my heart muscle function test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I try very hard to get my heart muscle function test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. It is important to me to get my heart muscle function test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I don't put much energy into getting a heart muscle function test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please! Do not mark below this line

PCH

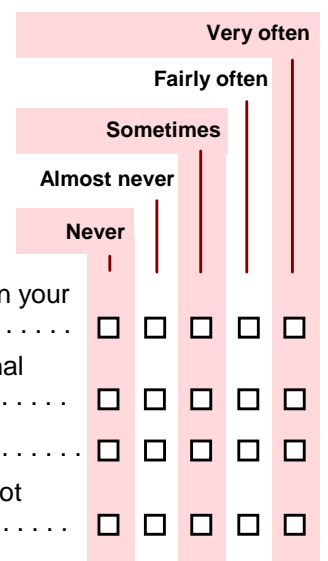
	Not true at all		Somewhat true			Very true	
	1	2	3	4	5	6	7
1. I believe I had some choice about getting a heart muscle function test. . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. It felt like it was not my own choice to have a heart muscle function test. . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I didn't really have a choice about getting a heart muscle function test. . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I felt like I had to get a heart muscle function test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I will get a heart muscle function test because I have no choice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I will get a heart muscle function test because I want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I will get a heart muscle function test because I have to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VU

	Not true at all		Somewhat true			Very true	
	1	2	3	4	5	6	7
1. I believe a heart muscle function test could be of some value to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I think that a heart muscle function test is useful to detect potential problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I think a heart muscle function test is important because it can protect my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I would be willing to get a heart muscle function test because it has some value to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I think a heart muscle function test could help me to live longer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I believe a heart muscle function test could be beneficial to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I think a heart muscle function test is an important activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BPS

The questions in this scale ask you about your feelings and thoughts during the *last month*. In each case, please indicate how often you felt or thought a certain way.



1. In the last month, how often have you felt that you were unable to control important things in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In the last month, how often have you felt that things were going your way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please! Do not mark below this line

Concerns

Please indicate how true each of the following statements is for you.

	Almost never	Not very often	Sometimes	Very Often	Almost Always
1. Do you ever feel uncertain about your future health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you ever worry that your cancer will come back?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you ever worry that a problem with your health will be discovered if you go to a doctor for a routine check-up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PACIC

Staying healthy can be difficult when you are a cancer survivor. We would like to learn about the type of help you get from your health care team. This might include your regular doctor, his or her nurse, or physician's assistant who treats you. Your answers will be kept confidential and will not be shared with your physician or clinic.

1. Have you visited a doctor, nurse practitioner, physician assistant, or nurse in the past 6 months?

Yes

No → **Go to section "DM" on the next page.**

Over the past 6 months, when I received health care, I was:

	None of the time	A little of the time	Some of the time	Most of the time	Always
2. Asked for my ideas when we made a treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Given choices about treatment to think about.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Asked to talk about any problems with my medicines or their effects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Given a written list of things I should do to improve my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Satisfied that my care was well organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Over the past 6 months, when I received cancer follow-up care, I was:

	None of the time	A little of the time	Some of the time	Most of the time	Always
7. Shown how what I did to take care of myself influenced my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Asked to talk about my goals in care for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Helped to set specific goals to improve my eating or exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Given a copy of my treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Encouraged to go to a specific group or class to help me cope with my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Asked questions, either directly or on a survey, about my health habits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Sure that my doctor or nurse thought about my values, beliefs, and traditions when they recommended treatments to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Helped to make a treatment plan that I could carry out in my daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Helped to plan ahead so I could take care of myself even in hard times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Asked how having had cancer affects my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Contacted after a visit to see how things were going.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Encouraged to attend programs in the community that could help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Referred to a dietitian, health educator, or counselor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Told how my visits with other types of doctors, like an eye doctor or surgeon, could help my treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Asked how my visits with other doctors were going.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please! Do not mark below this line

HCC

This section contains items that are related to your visits with your doctor. Physicians have different styles in dealing with patients, and we would like to know more about how you have felt about your encounters with your physician. Your responses are confidential. Please be honest and candid. Please mark the response that indicates the extent to which each reason is true for you.

During the past 6 months:

	Not true at all		Somewhat true			Very true	
	1	2	3	4	5	6	7
1. I felt that my physician provided me choices and options.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I felt understood by my physician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I was able to be open with my physician at our meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My physician conveyed confidence in my ability to make changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I felt that my physician accepted me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My physician made sure I really understand about my cancer treatment and heart disease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My physician has made sure I really understood about what I needed to do to reduce my heart disease risks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My physician encouraged me to ask questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I felt a lot of trust in my physician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My physician answered my questions fully and carefully.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My physician listened to how I would like to do things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My physician handled my emotions very well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I felt that my physician cared about me as a person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. My physician tried to understand how I saw things before suggesting a new way to do things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I felt able to share my feelings with my physician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DM

Please read the following statements and mark the answer that best corresponds to how you feel about the statement.

	Strongly agree				
	Agree		Neither Agree or Disagree		Disagree
			Strongly disagree		
1. I want to make the decisions about how to protect my heart health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I want to make the decisions about how to protect my heart health, but I will consider my doctor's opinion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I want to share the decision with my doctor about how to protect my heart health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I want my doctor to decide about how to protect my heart health, but I want my opinion to be considered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I want my doctor to decide about how to protect my heart health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please! Do not mark below this line

ECHOS APN Telephone Interaction Evaluation Tool

Observation/Audiotape

APN: Brenda Steen
 Susan Ogg

Date: / /
M M D D Y Y Y Y

Evaluator: _____

Study ID

Date of survivor interaction: / /
M M D D Y Y Y Y

Instructions: Circle the number that corresponds to the quality with which the APN performs for the stated objective in the telephone counseling session.

1. AUTONOMY SUPPORT				
A. Offers choices and options as a matter of interaction style				
0 -Failed to offer options and choices throughout the encounter <input type="checkbox"/>	1 -Failed to acknowledge survivor as an active decision maker in relation to CV screening <input type="checkbox"/>	2 -Acknowledged survivor- initiated dialogue relative to active decision making about CV screening <input type="checkbox"/>	3 -Encouraged survivor to express preferences/ choices in initiating CV screening <input type="checkbox"/>	4 -Consistently used language to support survivor choice in all aspects of initiating CV screening <input type="checkbox"/>
B. Avoids controlling or coercive language				
0 -Failed to omit controlling or coercive language from interaction with survivor <input type="checkbox"/>	1 -Some coercive language, but failed to maintain neutral position in interacting with survivor <input type="checkbox"/>	2 -Avoided most coercive language, and adopted a neutral stance in regard to survivor's initiating CV screening <input type="checkbox"/>	3 -For the most part, eliminated coercive language, controlling mannerisms and dialogue from conversation <input type="checkbox"/>	4 -Avoided all coercive/controlling language from interaction and was consistently neutral in position relative to CV screening <input type="checkbox"/>
C. Supports survivor's perspective				
0 -Failed to incorporate survivor's perspective during interaction <input type="checkbox"/>	1 -Some acknowledgement of survivor's perspective <input type="checkbox"/>	2 -Listened to, but did not incorporate survivor's suggestions <input type="checkbox"/>	3 -Encouraged survivor to ask questions <input type="checkbox"/>	4 -Entire interaction reflected support of survivor perspective <input type="checkbox"/>
2. RELATEDNESS				
A. Demonstrates care/concern for survivor				
0 -Failed to demonstrate concern for survivor <input type="checkbox"/>	1 -Demonstrated minimal concern for survivor <input type="checkbox"/>	2 -Expressed moderate concern for survivor <input type="checkbox"/>	3 -Made an effort to demonstrate concern for survivor <input type="checkbox"/>	4 -Consistently through verbal and non-verbal language, demonstrated care, acceptance and concern for survivor <input type="checkbox"/>

B. Communication around tailored content					
0 -Failed to engage in meaningful communication with survivor <input type="checkbox"/>	1 -Made weak attempts to assist survivor in understanding their risks and strategies to modify their risk of cardiac sequelae <input type="checkbox"/>	2 -Uses language that is understood by survivor, but does not attempt to validate understanding <input type="checkbox"/>	3 -Encourages survivor to ask questions about cardiac screening and their risk status <input type="checkbox"/>	4 -Consistently encourages survivor perspective <input type="checkbox"/>	5 -Relies on OARS in interaction style <input type="checkbox"/>

C. Trust			
0 -Failed to make an effort to establish trust between self and survivor <input type="checkbox"/>	1 -Makes a weak effort to be emotionally open with survivor <input type="checkbox"/>	2 -Demonstrates moderate effort to be open with survivor in addressing queries and concerns <input type="checkbox"/>	3 -Demonstrates open communication while sharing meaningful, relevant, data-based facts with survivor, avoiding factual-based errors in communication or generalizations <input type="checkbox"/>

3. COMPETENCY
A. Conveys confidence in survivor's ability to make changes

0 -Failed to express confidence in survivor's ability to initiate cardiac screening <input type="checkbox"/>	1 -Slight acknowledgment of survivor's ability to initiate cardiac screening <input type="checkbox"/>	2 -Moderate expression of survivor's skill level in initiating and following through with cardiac screening <input type="checkbox"/>	3 -Active, goal directed effort to support survivor competence <input type="checkbox"/>	4 -Consistent provision of informational rewards to validate survivor's effort and ability <input type="checkbox"/>
--	---	--	---	---

B. Supports internal causality for CV screening participation

0 -Failed to establish link between survivor behavior and cardiac screening outcome <input type="checkbox"/>	1 -Compliments survivor behavior attempts <input type="checkbox"/>	2 -Makes effort to link survivor behavior to steps taken toward obtaining cardiac screening <input type="checkbox"/>	3 -Engages survivor deliberately and purposefully to identify positive health outcomes secondary to participation in cardiac screening <input type="checkbox"/>	4 -Consistently establishes the link between survivor's efforts and targeted cardiac screening outcome; reinforces this link using deliberate competency supportive language <input type="checkbox"/>
--	--	--	---	---

Notes:

Heart Disease Facts

	T	F		T	F
1. A person always knows when they have heart disease.	<input type="checkbox"/>	<input type="checkbox"/>	16. Walking and gardening are considered exercises that will help lower a cancer survivor's chances of developing heart disease	<input type="checkbox"/>	<input type="checkbox"/>
2. Anyone treated for childhood cancer is at increased risk of having heart disease in the future. . .	<input type="checkbox"/>	<input type="checkbox"/>	17. Survivors with diabetes are at increased risk for developing heart disease	<input type="checkbox"/>	<input type="checkbox"/>
3. The longer the time since childhood cancer treatment, the less the risk for heart disease	<input type="checkbox"/>	<input type="checkbox"/>	18. Childhood cancer survivors who have heart disease have definite signs and symptoms of heart problems	<input type="checkbox"/>	<input type="checkbox"/>
4. Smoking is a risk factor for heart disease in cancer survivors	<input type="checkbox"/>	<input type="checkbox"/>	19. Fatigue and shortness of breath are always signs of heart disease in a childhood cancer survivor.	<input type="checkbox"/>	<input type="checkbox"/>
5. A former cancer patient who stops smoking will lower their risks for heart disease	<input type="checkbox"/>	<input type="checkbox"/>	20. Heart disease in a cancer survivor can only be detected during a physical examination.	<input type="checkbox"/>	<input type="checkbox"/>
6. High blood pressure is not a risk factor for heart disease for cancer survivors.	<input type="checkbox"/>	<input type="checkbox"/>	21. Keeping your weight under control will reduce survivors' risk of heart disease.	<input type="checkbox"/>	<input type="checkbox"/>
7. Childhood cancer survivors who were treated with anthracyclines are at increased risk for heart disease. .	<input type="checkbox"/>	<input type="checkbox"/>	22. All childhood cancer survivors should have a heart muscle function test (MUGA/ECHO) every year.	<input type="checkbox"/>	<input type="checkbox"/>
8. Childhood cancer survivors who were treated with chest radiation are not at increased risk for heart disease.	<input type="checkbox"/>	<input type="checkbox"/>	23. Only childhood cancer survivors who were treated with chest radiation should have a heart muscle function test	<input type="checkbox"/>	<input type="checkbox"/>
9. Keeping blood pressure under control will reduce a survivor's risk of developing heart disease.	<input type="checkbox"/>	<input type="checkbox"/>	24. Excessive alcohol consumption is a risk for developing heart disease in childhood cancer survivors.	<input type="checkbox"/>	<input type="checkbox"/>
10. High cholesterol is not a risk factor for developing heart disease in cancer survivors	<input type="checkbox"/>	<input type="checkbox"/>	25. A normal physical examination means that there is no heart disease.	<input type="checkbox"/>	<input type="checkbox"/>
11. Eating fatty foods does not affect blood cholesterol levels.	<input type="checkbox"/>	<input type="checkbox"/>	26. A survivor may know that they have heart disease before their doctor does.	<input type="checkbox"/>	<input type="checkbox"/>
12. If your 'good' cholesterol (HDL) is high you are at risk for heart disease.	<input type="checkbox"/>	<input type="checkbox"/>	27. All childhood cancer survivors should have a heart muscle function test every year to detect heart disease.	<input type="checkbox"/>	<input type="checkbox"/>
13. If your 'bad' cholesterol (LDL) is high you are at risk for heart disease.	<input type="checkbox"/>	<input type="checkbox"/>	28. The risks for heart disease in childhood cancer survivors can be reduced.	<input type="checkbox"/>	<input type="checkbox"/>
14. Being overweight does not increase a cancer survivor's risk of heart disease.	<input type="checkbox"/>	<input type="checkbox"/>	29. How often a survivor should have a heart muscle function test is based on how much anthracycline and/or how much chest radiation the survivor received during cancer treatment.	<input type="checkbox"/>	<input type="checkbox"/>
15. Regular physical activity will not lower a cancer survivor's chances of developing heart disease	<input type="checkbox"/>	<input type="checkbox"/>	30. All childhood cancer survivors should have a physical examination by a doctor or nurse practitioner every year.	<input type="checkbox"/>	<input type="checkbox"/>

Please! Do not mark below this line



The questions in this form relate to:

Today's date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M		D	D		Y	Y	Y	Y

As part of this study you had **two phone calls or emails with an ECHOS study nurse**. Please think about these phone calls and your conversations with the study nurse as you respond to the questions below.

Your study nurse was:

1. During our phone calls/emails my study nurse offered me options and choices about caring for my heart.

Very true	somewhat true	neither true nor not true	somewhat not true	not true at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. During our phone calls/emails my study nurse recognized me as the primary decision-maker for my own heart health.

Very true	somewhat true	neither true nor not true	somewhat not true	not true at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. During our phone calls/emails my study nurse encouraged me to express my feelings and choices about my heart health.

Very true	somewhat true	neither true nor not true	somewhat not true	not true at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. During our phone calls/emails my study nurse showed care and concern.

Very true	somewhat true	neither true nor not true	somewhat not true	not true at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. During our phone calls/emails the information the study nurse gave to me about heart health was accurate.

Very accurate	somewhat accurate	neither accurate nor not accurate	not very accurate	not accurate at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. During our phone calls/emails my study nurse was knowledgeable about heart health screening.

Very knowledgeable	somewhat knowledgeable	neither knowledgeable nor not knowledgeable	not very knowledgeable	not knowledgeable at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please! Do not mark below this line

Behavioral Checklist to be Completed After Each Phone Counseling Session

CCSSID:

Date: / /
M M D D Y Y Y Y

APN: _____

Call 1 Call 2

Instructions: Mark the response that corresponds to the quality with which you performed the stated objective in the telephone counseling session.

Objectives

I. AUTONOMY SUPPORT

A. Offers choices and options as a matter of interaction style

- Failed to offer options and choices throughout the encounter
- Failed to acknowledge survivor as an active decision maker in relation to CV screening
- Acknowledged survivor-initiated dialogue relative to active decision making about CV screening
- Encouraged survivor to express preferences/choices in initiating CV screening
- Consistently used language to support survivor choice in all aspects of initiating CV screening

B. Avoids controlling or coercive language

- Failed to omit controlling or coercive language from interaction with survivor
- Some coercive language, but failed to maintain neutral position in interacting with survivor
- Avoided most coercive language, and adopted a neutral stance in regard to survivor's initiating CV screening
- For the most part, eliminated coercive language, controlling mannerisms and dialogue from conversation
- Avoided all coercive/controlling language from interaction and was consistently neutral in position relative to CV screening

C. Supports survivor's perspective

- Failed to incorporate survivor's perspective during interaction
- Some acknowledgement of survivor's perspective
- Listened to, but did not incorporate survivor's suggestions
- Encouraged survivor to ask questions
- Entire interaction reflected support of survivor perspective

II. RELATEDNESS

A. Demonstrates care/concern for survivor

- Failed to demonstrate concern for survivor
- Demonstrated minimal concern for survivor
- Expressed moderate concern for survivor
- Made an effort to demonstrate concern for survivor
- Consistently through verbal and non-verbal language, demonstrated care, acceptance, and concern for survivor

B. Communication around tailored content

- Failed to engage in meaningful communication with survivor
- Made weak attempts to assist survivor in understanding their risks and strategies to modify their risk of cardiac sequelae
- Uses language that is understood by survivor, but does not attempt to validate understanding
- Encourages survivor to ask questions about cardiac screening and their risk status
- Consistently encourages survivor perspective
- Relies on OARS in interaction style

C. Trust

- Failed to make an effort to establish trust between self and survivor
- Makes a weak effort to be emotionally open with survivor
- Demonstrates moderate effort to be open with survivor in addressing queries and concerns
- Consistent in effort to be open with survivor; demonstrates some inconsistencies in factual-based information
- Demonstrates open communication while sharing meaningful, relevant, data-based facts with survivor, avoiding factual-based errors in communication or generalizations

D. Competency

A. Conveys confidence in survivor's ability to make changes

- Failed to express confidence in survivor's ability to initiate cardiac screening
- Slight acknowledgement of survivor's ability to initiate cardiac screening
- Moderate expression of survivor's skill level in initiating and following through with cardiac screening
- Active, goal directed effort to support survivor competence
- Consistent provision of informational rewards to validate survivor's effort and ability

E. Supports internal causality for CV screening participation

- Failed to establish link between survivor behavior and cardiac screening outcome
- Compliments survivor behavior attempts
- Makes effort to link survivor behavior to steps taken toward obtaining cardiac screening
- Engages survivor deliberately and purposefully to identify positive health outcomes secondary to participation in cardiac screening
- Consistently establishes the link between survivor's efforts and targeted cardiac screening outcome; reinforces this link using deliberate competency supportive language



The questions in this form relate to: <input style="width: 100%; height: 20px;" type="text"/>	Today's date: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td></td> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td></td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>			/			/					M	M		D	D		Y	Y	Y	Y
		/			/																
M	M		D	D		Y	Y	Y	Y												

Please respond to the following questions about any heart health testing (Cardiovascular [CV] screening) you may have had in the past year.

1. Have you had any type of heart screening in the past year?

yes (if you respond "yes" to this question please respond to **Questions 2-5 and Questions 7-16**)

no (if you respond "no" to this question please respond to **Questions 6-16**)

2. If you responded "yes" to Question 1, please indicate which type of heart screening you had. Check all that apply.

Echocardiogram (ECHO)

Multi Gated Acquisition Scan (MUGA)

Magnetic Resonance Imaging (MRI)

Electrocardiogram (EKG)

Other _____

Not sure ↘

If you are not sure which type of heart screening you received, please describe the test to the best of your ability:

3. Please give the date this test was performed. If you are not sure of the exact date, please give the month and year.

		/			/				
M	M		D	D		Y	Y	Y	Y

4. Please write *where* this test was performed (name of hospital, clinic or physician's office). Provide the *phone and fax* numbers if you have this information.

5. Please give the name and specialty of the physician who ordered this test for you (e.g., primary care, cardiologist).

Name of Physician: _____

Physician Specialty: _____

Physician Street Address: _____

Physician City/State: _____

Please! Do not mark below this line

6. If you responded "no" to Question 1, please check the reasons why you did not have heart health screening (cardiovascular [CV] screening). You may choose more than one response.

- I do not think heart screening is important
- I think heart screening is important but did not have time to have the test
- I think heart screening is important but I do not have insurance
- I think heart screening is important but my insurance will not pay for this test
- I think heart screening is important but my physician would not order this test
- Other: please describe below

Please respond to questions 7 through 16 **whether or not you had heart screening tests (CV screening) in the past year.**

7. Did you receive a laminated card with a summary of your cancer treatment and newsletter from the ECHOS study?

- yes
- no

8. Did you read the information about your cancer treatment on the laminated card?

- yes
- no

9. Did you read the information in the newsletter?

- yes
- no

10. a) How *clear* was the information in the treatment summary?

- | | | | | |
|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|
| Very clear | somewhat clear | neither clear nor not clear | somewhat unclear | Not clear at all |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

b) How *clear* was the information in the newsletter?

- | | | | | |
|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|
| Very clear | somewhat clear | neither clear nor not clear | somewhat unclear | Not clear at all |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. a) How much did you *trust* the information in your treatment summary?

- | | | | | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|
| Very trustworthy | somewhat trustworthy | neither trustworthy nor not trustworthy | somewhat not trustworthy | Not trustworthy at all |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

b) How much did you *trust* the information in the newsletter?

- | | | | | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|
| Very trustworthy | somewhat trustworthy | neither trustworthy nor not trustworthy | somewhat not trustworthy | Not trustworthy at all |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. a) How *important to you* was the information in your treatment summary?

Very relevant
To me

somewhat
relevant to me

neither relevant to me
nor not relevant to me

somewhat not
relevant to me

Not relevant
to me at all

b) How *important to you* was the information in the newsletter?

Very relevant
To me

somewhat
relevant to me

neither relevant to me
nor not relevant to me

somewhat not
relevant to me

Not relevant
to me at all

13. a) How *useful* did you find the information in the treatment summary?

Very
useful

somewhat
useful

neither useful
nor not useful

somewhat
not useful

Not useful
at all

b) How *useful* did you find the information in the newsletter?

Very
useful

somewhat
useful

neither useful
nor not useful

somewhat
not useful

Not useful
at all

14. Please describe which sections or information you found MOST useful.

15. Please describe which sections or information you found LEAST useful.

16. Please suggest any changes you think would improve the newsletter and the treatment summary:

Please use back page for additional comments if needed.

Please! Do not mark below this line

**We are always interested in your input.
Use this space for any additional comments you may have:**



Please! Do not mark below this line



Dear ECHOS participant,

Thank you for your continued participation in the ECHOS study. Your response to the enclosed questionnaire is your FINAL step in the study! When you return your questionnaire, we will send you another check or gift card, whichever you prefer.

As you complete the questionnaire, please keep in mind that we are interested in what YOU really think. Please consider each question carefully and respond in a way that tells us the most about you. Be sure to respond to all items in the booklet, even if there are no changes since you last responded to the questions and statements.

Your participation in this study continues to help us learn about how best to help childhood cancer survivors take care of their heart health. Know that the help you have given us will let us take action to improve health care for survivors now and well into the future.

THANK YOU!

Sincerely,

Melissa M. Hudson, M.D.
Departments of Oncology and Epidemiology

Cheryl L. Cox, RN, PhD
Department of Epidemiology

The questions in this booklet relate to:

Today's date: / /
m m d d y y y y



St. Jude Children's Research Hospital | 262 Danny Thomas Place | Memphis, TN 38105

T1

Please! Do not mark below this line

INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE

Please follow these rules in completing this questionnaire. If you have any questions about completing this questionnaire, please call 1-800-775-2167.

1. Use a black ballpoint pen or a number 2 black pencil. Do not use a felt-tip or roller-ball pen. These may cause smudging.
2. When marking boxes, make an x inside the box (see examples below).
3. Make no stray marks of any kind. Please keep the form as clean as possible.
4. Written responses must stay within the boxes provided:

CORRECT

Grape

INCORRECT

Grape

MARKING EXAMPLES

Below are some examples of how to fill out this questionnaire. Please look these over before you begin.

1. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, bicycling, swimming, wheelchair basketball, or walking for exercise?

No Yes

2. Have you ever taken. . .

- a. BIRTH CONTROL PILLS such as Demulen, Lo-Ovral, Loestrin, Norinyl, Norplant, Ortho-Novum, Ovral, Triphasil-----

If yes, specify the name of the drug(s) or indicate you do not know the specific name

- b. MEDICATIONS TO LOWER CHOLESTEROL OR TRIGLYCERIDES, such as Zocor, Pravachol, Lipitor, Colestid (colestipol), Tricor, Lescol, Lopid (gemfibrozil), Mevacor, niacin, or Lorelco-----

If yes, specify the name of the drug(s) or indicate you do not know the specific name

MEVACOR

3. When was this condition diagnosed?

04

Month (mm)

1995

Year (yyyy)

<p>Not sure</p> <p>Yes</p> <p>No</p>	<p>If yes, age at first use</p> <p>years</p>		
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 40px; height: 20px; margin: auto;"> <tr><td> </td><td> </td></tr> </table>		
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 40px; height: 20px; margin: auto;"> <tr><td>3</td><td>4</td></tr> </table>	3	4
3	4		

Please! Do not mark below this line

1. What is your marital status? Are you:

- Married
- Never married
- Divorced
- A member of an unmarried couple
- Widowed
- Separated

2. How many adults are living with you in your household?

--	--

3. What is the adult/adult's relationship to you?

--

4. How many children are living with you in your household?

--	--

5. What is the child/children's relationship to you?

--

6. How many ill adult/adults living in your household require care?

--	--

7. How many ill child/children living in your household require care?

--	--

8. What is the highest grade or level of schooling you have now 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

<i>If other, please describe.</i>

9. Over the past 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

10. What is your current employment status? Include unpaid work in the family business or farm.

(Mark all that apply)

- 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

<i>If other, please describe.</i>

11. The following questions are about your present occupation. Please write your job title and brief details of what you do.

11a. Current job title:

11b. Please briefly describe your primary job tasks:

12. How many hours do you work each week?

--	--	--

hours

13. Do you currently have health insurance coverage?

- Yes
- No

14. Do you have access to health care?

- Yes
- No

15. Which of the following health care providers do you regularly see or talk to for medical care? (This includes routine and sick care.) **Mark all that apply.**

- None
- Physician
- Nurse Practitioner/Physician's Assistant
- Nurse
- Chiropractor
- Physical therapist
- Other

If other, please describe.

AD

Please read the following statements and mark the answer that best corresponds to how you feel about the statement.

		Strongly disagree	Disagree	Neither Agree or Disagree	Agree
					Strongly agree
1. Members of my immediate family think I should get a heart muscle function test (MUGA/ECHO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I want to do what members of my immediate family think I should do about heart muscle function tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My close friends think I should have a heart muscle function test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I want to do what my close friends think I should do about heart muscle function tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My relatives think I should have a heart muscle function test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I want to do what my relatives think I should do about getting a heart muscle function test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I have made a commitment to get a heart muscle function test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Getting a heart muscle function test is not in my plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I intend to get a heart muscle function test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I have no intention of getting a heart muscle function test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BRFSS

1. Would you say that in general your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

During the past 7 days, how much were you distressed by:

	Not at all	A little bit	Moderately	Quite a bit	Extremely
2. Faintness or dizziness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Pains in the heart or chest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Nausea or upset stomach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Trouble getting your breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Numbness or tingling in parts of your body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Feeling weak in parts of your body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Nervousness or shakiness inside.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Feeling fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Feeling tense or keyed up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Spells of terror or panic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Feeling so restless you couldn't sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Suddenly scared for no reason.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Thoughts of ending your life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Feeling lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Feeling blue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Feeling no interest in things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Feeling hopeless about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Feelings of worthlessness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cancer Treatment

1. For what kind of cancer were you treated?

2. Where in your body was the cancer?

3a. Did you receive surgery as part of your treatment?

- Yes
- No → Go to Question 4a.
- Not Sure → Go to Question 4a.

3b. If yes, where on your body was surgery performed?

4a. Did you receive radiation as part of your treatment for cancer?

- Yes
- No → **Go to Question 5a.**
- Not Sure → **Go to Question 5a.**

4b. If yes, which part of your body received radiation?

5a. Were you treated with chemotherapy?

- Yes
- No → **Go to next section (HDF).**
- Not Sure → **Go to next section (HDF).**

5b. If yes, which drugs did you receive?

HDF

	T	F
1. A person always knows when they have heart disease.	<input type="checkbox"/>	<input type="checkbox"/>
2. Anyone treated for childhood cancer is at increased risk of having heart disease in the future. . .	<input type="checkbox"/>	<input type="checkbox"/>
3. The longer the time since childhood cancer treatment, the less the risk for heart disease	<input type="checkbox"/>	<input type="checkbox"/>
4. Smoking is a risk factor for heart disease in cancer survivors	<input type="checkbox"/>	<input type="checkbox"/>
5. A former cancer patient who stops smoking will lower their risks for heart disease	<input type="checkbox"/>	<input type="checkbox"/>
6. High blood pressure is not a risk factor for heart disease for cancer survivors.	<input type="checkbox"/>	<input type="checkbox"/>
7. Childhood cancer survivors who were treated with anthracyclines are at increased risk for heart disease. .	<input type="checkbox"/>	<input type="checkbox"/>
8. Childhood cancer survivors who were treated with chest radiation are not at increased risk for heart disease.	<input type="checkbox"/>	<input type="checkbox"/>
9. Keeping blood pressure under control will reduce a survivor's risk of developing heart disease.	<input type="checkbox"/>	<input type="checkbox"/>
10. High cholesterol is not a risk factor for developing heart disease in cancer survivors	<input type="checkbox"/>	<input type="checkbox"/>
11. Eating fatty foods does not affect blood cholesterol levels.	<input type="checkbox"/>	<input type="checkbox"/>
12. If your 'good' cholesterol (HDL) is high you are at risk for heart disease.	<input type="checkbox"/>	<input type="checkbox"/>
13. If your 'bad' cholesterol (LDL) is high you are at risk for heart disease.	<input type="checkbox"/>	<input type="checkbox"/>
14. Being overweight does not increase a cancer survivor's risk of heart disease.	<input type="checkbox"/>	<input type="checkbox"/>
15. Regular physical activity will not lower a cancer survivor's chances of developing heart disease	<input type="checkbox"/>	<input type="checkbox"/>

- | | | |
|---|--------------------------|--------------------------|
| | T | F |
| 16. Walking and gardening are considered exercises that will help lower a cancer survivor's chances of developing heart disease | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Survivors with diabetes are at increased risk for developing heart disease | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Childhood cancer survivors who have heart disease have definite signs and symptoms of heart problems | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Fatigue and shortness of breath are always signs of heart disease in a childhood cancer survivor. | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Heart disease in a cancer survivor can only be detected during a physical examination. | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Keeping your weight under control will reduce survivors' risk of heart disease. | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. All childhood cancer survivors should have a heart muscle function test (MUGA/ECHO) every year. | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Only childhood cancer survivors who were treated with chest radiation should have a heart muscle function test | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Excessive alcohol consumption is a risk for developing heart disease in childhood cancer survivors. | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. A normal physical examination means that there is no heart disease. | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. A survivor may know that they have heart disease before their doctor does. | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. All childhood cancer survivors should have a heart muscle function test every year to detect heart disease. | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. The risks for heart disease in childhood cancer survivors can be reduced. | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. How often a survivor should have a heart muscle function test is based on how much anthracycline and/or how much chest radiation the survivor received during cancer treatment. | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. All childhood cancer survivors should have a physical examination by a doctor or nurse practitioner every year. | <input type="checkbox"/> | <input type="checkbox"/> |

PS

In your opinion, how serious would it be for you to have any of the following problems because of your cancer treatment?

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | | Very serious | | |
| | | Somewhat serious | | |
| | | A little serious | | |
| | | Not serious at all | | |
| 1. Vision/hearing problems. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Lung damage. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Problems with infections. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Increased risk of second cancers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Learning or memory problems. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Low hormone levels. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Heart damage. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Kidney damage. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Difficulty getting pregnant or fathering children. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Increased cancer risk for child (unborn child). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Growth problems. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PSUS

In your opinion, how likely is it that you will someday experience any of the following problems because of your cancer treatment?

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | | Very likely | | |
| | | Likely | | |
| | | Don't know | | |
| | | Unlikely | | |
| | | Very unlikely | | |
| 1. Vision/hearing problems. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Lung damage. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Problems with infections. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Increased risk of second cancers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Learning or memory problems. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Low hormone levels. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Heart damage. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Kidney damage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Difficulty getting pregnant or fathering children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Increased cancer risk for child (or unborn child). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Growth problems. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please! Do not mark below this line

Medical Follow-up

1. During the *past two years*, did you go to a doctor for a "routine medical check-up"?

- Yes
- No

2. In the *next two years*, what are the chances that you will go to a doctor to check and see if you have any health problems caused by your previous cancer treatment?

- Very unlikely
- Unlikely
- Possibly
- Likely
- Very likely

TSRQ

The following question relates to the reasons why you would have a heart muscle function test (MUGA/ECHO). Different people have different reasons for doing this, and we want to know how true each of the following reasons is for you.

The reason I get a heart muscle function test is:	Not true at all		Somewhat true			Very true	
	1	2	3	4	5	6	7
1. Because I feel that I want to take responsibility for my own health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Because I would feel guilty or ashamed of myself if I did not have the test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Because I personally believe it is the best thing for my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Because others would be upset with me if I did not have the test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I really don't think about getting a heart muscle function test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Because I have carefully thought about it and believe it is very important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Because I would feel bad about myself if I did not get the test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Because it is an important choice I really want to make for my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Because I feel pressure from others to have the test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Because it is easier to do what I am told than to think about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Because it is consistent with my health goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Because I want others to approve of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Because it is very important for being as healthy as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Because I want others to see I can do it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I don't really know why.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please! Do not mark below this line

SE

Please read the following statements and mark the answer that best corresponds to how you feel about the statement.

	Strongly disagree	Disagree	Neither Agree or Disagree	Agree	Strongly agree
1. I can arrange transportation to get a heart muscle function test (MUGA/ECHO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I can arrange other things in my life to have a heart muscle function test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I can talk to people at the heart muscle function testing center about my concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can get a heart muscle function test even if I am worried.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I can get a heart muscle function test even if I don't know what to expect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I can find a way to pay for a heart muscle function test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I can make an appointment for a heart muscle function test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I know for sure I can get a heart muscle function test if I really want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I know how to go about getting a heart muscle function test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I can find a place to have a heart muscle function test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IM

Please indicate how true each of the following statements is for you.

PC

	Not true at all		Somewhat true			Very true	
	1	2	3	4	5	6	7
1. I think I am pretty good at taking care of my heart health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Compared to others I know, I think I do a good job of managing my heart health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am satisfied with my ability to manage my heart health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am pretty skilled at managing my heart health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Managing my heart health is something I cannot do very well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EI

	Not true at all		Somewhat true			Very true	
	1	2	3	4	5	6	7
1. I put a lot of effort into making sure I get my heart muscle function test (MUGA/ECHO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I don't try very hard to get my heart muscle function test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I try very hard to get my heart muscle function test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. It is important to me to get my heart muscle function test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I don't put much energy into getting a heart muscle function test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please! Do not mark below this line

PCH

	Not true at all		Somewhat true			Very true	
	1	2	3	4	5	6	7
1. I believe I had some choice about getting a heart muscle function test. . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. It felt like it was not my own choice to have a heart muscle function test. . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I didn't really have a choice about getting a heart muscle function test. . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I felt like I had to get a heart muscle function test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I will get a heart muscle function test because I have no choice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I will get a heart muscle function test because I want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I will get a heart muscle function test because I have to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VU

	Not true at all		Somewhat true			Very true	
	1	2	3	4	5	6	7
1. I believe a heart muscle function test could be of some value to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I think that a heart muscle function test is useful to detect potential problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I think a heart muscle function test is important because it can protect my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I would be willing to get a heart muscle function test because it has some value to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I think a heart muscle function test could help me to live longer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I believe a heart muscle function test could be beneficial to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I think a heart muscle function test is an important activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BPS

The questions in this scale ask you about your feelings and thoughts during the *last month*. In each case, please indicate how often you felt or thought a certain way.

1. In the last month, how often have you felt that you were unable to control important things in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In the last month, how often have you felt that things were going your way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please! Do not mark below this line

Concerns

Please indicate how true each of the following statements is for you.

	Almost never	Not very often	Sometimes	Very Often	Almost Always
1. Do you ever feel uncertain about your future health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you ever worry that your cancer will come back?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you ever worry that a problem with your health will be discovered if you go to a doctor for a routine check-up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PACIC

Staying healthy can be difficult when you are a cancer survivor. We would like to learn about the type of help you get from your health care team. This might include your regular doctor, his or her nurse, or physician's assistant who treats you. Your answers will be kept confidential and will not be shared with your physician or clinic.

1. Have you visited a doctor, nurse practitioner, physician assistant, or nurse in the past 6 months?

Yes

No → **Go to section "DM" on the next page.**

Over the past 6 months, when I received health care, I was:

	None of the time	A little of the time	Some of the time	Most of the time	Always
2. Asked for my ideas when we made a treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Given choices about treatment to think about.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Asked to talk about any problems with my medicines or their effects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Given a written list of things I should do to improve my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Satisfied that my care was well organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Over the past 6 months, when I received cancer follow-up care, I was:

	None of the time	A little of the time	Some of the time	Most of the time	Always
7. Shown how what I did to take care of myself influenced my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Asked to talk about my goals in care for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Helped to set specific goals to improve my eating or exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Given a copy of my treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Encouraged to go to a specific group or class to help me cope with my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Asked questions, either directly or on a survey, about my health habits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Sure that my doctor or nurse thought about my values, beliefs, and traditions when they recommended treatments to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Helped to make a treatment plan that I could carry out in my daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Helped to plan ahead so I could take care of myself even in hard times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Asked how having had cancer affects my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Contacted after a visit to see how things were going.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Encouraged to attend programs in the community that could help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Referred to a dietitian, health educator, or counselor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Told how my visits with other types of doctors, like an eye doctor or surgeon, could help my treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Asked how my visits with other doctors were going.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please! Do not mark below this line

HCC

This section contains items that are related to your visits with your doctor. Physicians have different styles in dealing with patients, and we would like to know more about how you have felt about your encounters with your physician. Your responses are confidential. Please be honest and candid. Please mark the response that indicates the extent to which each reason is true for you.

During the past 6 months:

	Not true at all		Somewhat true			Very true	
	1	2	3	4	5	6	7
1. I felt that my physician provided me choices and options.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I felt understood by my physician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I was able to be open with my physician at our meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My physician conveyed confidence in my ability to make changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I felt that my physician accepted me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My physician made sure I really understand about my cancer treatment and heart disease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My physician has made sure I really understood about what I needed to do to reduce my heart disease risks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My physician encouraged me to ask questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I felt a lot of trust in my physician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My physician answered my questions fully and carefully.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My physician listened to how I would like to do things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My physician handled my emotions very well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I felt that my physician cared about me as a person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. My physician tried to understand how I saw things before suggesting a new way to do things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I felt able to share my feelings with my physician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DM

Please read the following statements and mark the answer that best corresponds to how you feel about the statement.

	Strongly agree				
	Agree				
	Neither Agree or Disagree				
	Disagree				
	Strongly disagree				
1. I want to make the decisions about how to protect my heart health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I want to make the decisions about how to protect my heart health, but I will consider my doctor's opinion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I want to share the decision with my doctor about how to protect my heart health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I want my doctor to decide about how to protect my heart health, but I want my opinion to be considered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I want my doctor to decide about how to protect my heart health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please! Do not mark below this line