



Please be as honest and accurate as you can throughout. Try not to let your response to one statement influence your responses to other statements. There are no "correct" or "incorrect" answers. Answer according to your own feelings, rather than how you think "most people" would answer.

Try and remember how much distress you felt during your cancer treatment, and use the scale above.

"Distress" includes all side effects, such as pain, nausea, hair loss, trouble swallowing, diarrhea, etc. The scale above is provided to help with answering the questions.

1. How severe was the **total** amount of distress you experienced from the entire cancer treatment? This includes any surgery and chemotherapy. (0-10)
2. How bad was the distress from treatment at its **worst** point? (0-10)
3. How unpleasant was your cancer treatment? (0-10)
4. How much distress are you in today? (0-10)

For each question, circle the letter that best describes how you feel. You can use any letter as many times as you want.

- A** I disagree a lot
- B** I disagree a little
- C** I neither agree nor disagree
- D** I agree a little
- E** I agree a lot

A B. C. D. E. 5. I feel that I had a choice when making decisions for my cancer treatment.

A B. C. D. E. 6. My cancer treatment was valuable to me.

A B. C. D. E. 7. I am confident that I have "beaten/defeated" my cancer by undergoing this treatment.

A B. C. D. 8. Over the last 2 weeks, how often have you taken strong prescription-only pain medications? (A [Not at all] – D [Nearly every day])