

SURVEY

SOCIODEMOGRAPHIC DETAILS

Age:

Type of cancer diagnosis:

Stage:

Type/s of treatment:

Surgery conducted:

Any side effects of treatment:

Physical changes experienced (TICK):

Hair loss

Changes in body image

Numbness or tingling

Fatigue

Hot flushes

Any other physical changes:

Height:

Weight:

Menopausal status:

How long ago was your last period:

Age at the last period:

Have you been told you are post-menopausal?

Education level (Circle highest qualification level):

No formal schooling

Primary school completion

High school completion

Trade/apprenticeship

Certificate/Diploma

University degree

Higher university degree (Masters, PhD)

Work:

Were you working at diagnosis?

What work did you do at diagnosis?

How many hours per week?

Did you continue to work during treatment?

Did you reduce your working hours?

Did you give up work?

Family support/responsibilities:

What family/other support do you have to help you?:

Are there people that you are responsible for?:

Living arrangements:

Who lives with you (tick all that apply):

No-one – live alone

Partner/spouse

Own children

Someone else's children

Parents

Other adult relatives

Other adults – not family members

Access to healthcare facilities for treatment from home:

What was the travel time for your cancer treatment (chemotherapy, radiation etc)

How did you travel for your cancer treatment? (tick):

Public transport

Own transport

Taxi

Other:

Who have you consulted during your cancer treatment? (tick):

Family doctor

Hospital doctor

Specialist (oncologist)

Allied health professional:

Physiotherapist

Occupational therapist

Dietician

Counsellor

Psychologist

Alternative health practitioner:

Traditional Chinese medicine

Acupuncture

Other:

Financial issues

How do you manage on the income you have available since breast cancer diagnosis and treatment?
(Circle one):

It is impossible

It is difficult all the time

It is difficult some of the time

It is not too bad

It is easy

How have you found the cost of breast cancer treatment?:

Brief Symptom Inventory BSA

“Here I have a list of problems people sometimes have. As I read each one to you, I want you to tell me **HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY**. These are the answers I want you to use. *[Hand card and read answers.]*

Do you have any questions?”

0 = Not at all
 1 = A little bit
 2 = Moderately
 3 = Quite a bit
 4 = Extremely
 R = Refused

DURING THE PAST 7 DAYS, how much were you distressed by:

1. Nervousness or shakiness inside	0	1	2	3	4	R
2. Faintness or dizziness	0	1	2	3	4	R
3. The idea that someone else can control your thoughts	0	1	2	3	4	R
4. Feeling others are to blame for most of your troubles	0	1	2	3	4	R
5. Trouble remembering things	0	1	2	3	4	R
6. Feeling easily annoyed or irritated	0	1	2	3	4	R
7. Pains in the heart or chest	0	1	2	3	4	R
8. Feeling afraid in open spaces	0	1	2	3	4	R
9. Thoughts of ending your life	0	1	2	3	4	R

DURING THE PAST 7 DAYS, how much were you distressed by:

10. Feeling that most people cannot be trusted	0	1	2	3	4	R
11. Poor appetite	0	1	2	3	4	R
12. Suddenly scared for no reason	0	1	2	3	4	R
13. Temper outbursts that you could not control	0	1	2	3	4	R
14. Feeling lonely even when you are with people	0	1	2	3	4	R
15. Feeling blocked in getting things done	0	1	2	3	4	R
16. Feeling lonely	0	1	2	3	4	R
17. Feeling blue	0	1	2	3	4	R
18. Feeling no interest in things	0	1	2	3	4	R

0 = Not at all

1 = A little bit

2 = Moderately

3 = Quite a bit

4 = Extremely

R = Refused

DURING THE PAST 7 DAYS, how much were you distressed by:

19. Feeling fearful	0	1	2	3	4	R
20. Your feelings being easily hurt	0	1	2	3	4	R
21. Feeling that people are unfriendly or dislike you	0	1	2	3	4	R
22. Feeling inferior to others	0	1	2	3	4	R
23. Nausea or upset stomach	0	1	2	3	4	R
24. Feeling that you are watched or talked about by others	0	1	2	3	4	R
25. Trouble falling asleep	0	1	2	3	4	R
26. Having to check and double check what you do	0	1	2	3	4	R
27. Difficulty making decisions	0	1	2	3	4	R

DURING THE PAST 7 DAYS, how much were you distressed by:

28. Feeling afraid to travel on buses, subways, or trains	0	1	2	3	4	R
29. Trouble getting your breath	0	1	2	3	4	R
30. Hot or cold spells	0	1	2	3	4	R
31. Having to avoid certain things, places, or activities because they frighten you	0	1	2	3	4	R
32. Your mind going blank	0	1	2	3	4	R
33. Numbness or tingling in parts of your body	0	1	2	3	4	R
34. The idea that you should be punished for your sins	0	1	2	3	4	R
35. Feeling hopeless about the future	0	1	2	3	4	R
36. Trouble concentrating	0	1	2	3	4	R

0 = Not at all
1 = A little bit
2 = Moderately
3 = Quite a bit
4 = Extremely
R = Refused

DURING THE PAST 7 DAYS, how much were you distressed by:

37. Feeling weak in parts of your body	0	1	2	3	4	R
38. Feeling tense or keyed up	0	1	2	3	4	R
39. Thoughts of death or dying	0	1	2	3	4	R
40. Having urges to beat, injure, or harm someone	0	1	2	3	4	R
41. Having urges to break or smash things	0	1	2	3	4	R
42. Feeling very self-conscious with others	0	1	2	3	4	R
43. Feeling uneasy in crowds	0	1	2	3	4	R
44. Never feeling close to another person	0	1	2	3	4	R
45. Spells of terror or panic	0	1	2	3	4	R

DURING THE PAST 7 DAYS, how much were you distressed by:

46. Getting into frequent arguments	0	1	2	3	4	R
47. Feeling nervous when you are left alone	0	1	2	3	4	R
48. Others not giving you proper credit for your achievements	0	1	2	3	4	R
49. Feeling so restless you couldn't sit still	0	1	2	3	4	R
50. Feelings of worthlessness	0	1	2	3	4	R
51. Feeling that people will take advantage of you if you let them	0	1	2	3	4	R
52. Feeling of guilt	0	1	2	3	4	R
53. The idea that something is wrong with your mind	0	1	2	3	4	R

Hospital Anxiety and Depression Scale (HADS)

Tick the box beside the reply that is closest to how you have been feeling in the past week.
Don't take too long over you replies: your immediate is best.

D	A		D	A	
		I feel tense or 'wound up':			I feel as if I am slowed down:
	3	Most of the time	3		Nearly all the time
	2	A lot of the time	2		Very often
	1	From time to time, occasionally	1		Sometimes
	0	Not at all	0		Not at all
		I still enjoy the things I used to enjoy:			I get a sort of frightened feeling like 'butterflies' in the stomach:
0		Definitely as much		0	Not at all
1		Not quite so much		1	Occasionally
2		Only a little		2	Quite Often
3		Hardly at all		3	Very Often
		I get a sort of frightened feeling as if something awful is about to happen:			I have lost interest in my appearance:
	3	Very definitely and quite badly	3		Definitely
	2	Yes, but not too badly	2		I don't take as much care as I should
	1	A little, but it doesn't worry me	1		I may not take quite as much care
	0	Not at all	0		I take just as much care as ever
		I can laugh and see the funny side of things:			I feel restless as I have to be on the move:
0		As much as I always could		3	Very much indeed
1		Not quite so much now		2	Quite a lot
2		Definitely not so much now		1	Not very much
3		Not at all		0	Not at all
		Worrying thoughts go through my mind:			I look forward with enjoyment to things:
	3	A great deal of the time	0		As much as I ever did
	2	A lot of the time	1		Rather less than I used to
	1	From time to time, but not too often	2		Definitely less than I used to
	0	Only occasionally	3		Hardly at all
		I feel cheerful:			I get sudden feelings of panic:
	3	Not at all		3	Very often indeed
	2	Not often		2	Quite often
	1	Sometimes		1	Not very often
	0	Most of the time		0	Not at all
		I can sit at ease and feel relaxed:			I can enjoy a good book or radio or TV program:
	0	Definitely	0		Often
	1	Usually	1		Sometimes
	2	Not Often	2		Not often
	3	Not at all	3		Very seldom

Please check you have answered all the questions

Scoring:

Total score: Depression (D) _____ Anxiety (A) _____

0-7 = Normal

8-10 = Borderline abnormal (borderline case)

11-21 = Abnormal (case)

FACT-Cognitive Function (Version 3)

Below is a list of statements that other people with your condition have said are important. **Please circle or mark one number per line to indicate your response as it applies to the past 7 days.**

		Never	About once a week	Two to three times a week	Nearly every day	Several times a day
<u>PERCEIVED COGNITIVE IMPAIRMENTS</u>						
CogA1	I have had trouble forming thoughts	0	1	2	3	4
CogA3	My thinking has been slow	0	1	2	3	4
CogC7	I have had trouble concentrating	0	1	2	3	4
CogM9	I have had trouble finding my way to a familiar place.....	0	1	2	3	4
CogM10	I have had trouble remembering where I put things, like my keys or my wallet	0	1	2	3	4
CogM12	I have had trouble remembering new information, like phone numbers or simple instructions	0	1	2	3	4
CogV13	I have had trouble recalling the name of an object while talking to someone	0	1	2	3	4
CogV15	I have had trouble finding the right word(s) to express myself	0	1	2	3	4
CogV16	I have used the wrong word when I referred to an object	0	1	2	3	4
CogV17b	I have had trouble saying what I mean in conversations with others	0	1	2	3	4
CogF19	I have walked into a room and forgotten what I meant to get or do there	0	1	2	3	4
CogF23	I have had to work really hard to pay attention or I would make a mistake	0	1	2	3	4
CogF24	I have forgotten names of people soon after being introduced	0	1	2	3	4

FACT-Cog (Version 3)

Please circle or mark one number per line to indicate your response as it applies to the past 7 days.

		Never	About once a week	Two to three times a week	Nearly every day	Several times a day
CogF25	My reactions in everyday situations have been slow.....	0	1	2	3	4
CogC31	I have had to work harder than usual to keep track of what I was doing	0	1	2	3	4
CogC32	My thinking has been slower than usual	0	1	2	3	4
CogC33a	I have had to work harder than usual to express myself clearly	0	1	2	3	4
CogC33c	I have had to use written lists more often than usual so I would not forget things	0	1	2	3	4
CogMT1	I have trouble keeping track of what I am doing if I am interrupted.....	0	1	2	3	4
CogMT2	I have trouble shifting back and forth between different activities that require thinking	0	1	2	3	4

Please circle or mark one number per line to indicate your response as it applies to the past 7 days.

		Never	About once a week	Two to three times a week	Nearly every day	Several times a day
<u>COMMENTS FROM OTHERS</u>						
CogO1	Other people have told me I seemed to have trouble <u>remembering information</u>	0	1	2	3	4
CogO2	Other people have told me I seemed to have trouble <u>speaking clearly</u>	0	1	2	3	4
CogO3	Other people have told me I seemed to have trouble <u>thinking clearly</u>	0	1	2	3	4
CogO4	Other people have told me I seemed <u>confused</u>	0	1	2	3	4

FACT-Cog (Version 3)

Please circle or mark one number per line to indicate your response as it applies to the past 7 days.

		Not at all	A little bit	Some- what	Quite a bit	Very much
<u>PERCEIVED COGNITIVE ABILITIES</u>						
Cog PC1	I have been able to concentrate	0	1	2	3	4
Cog PVI	I have been able to bring to mind words that I wanted to use while talking to someone	0	1	2	3	4
Cog PM1	I have been able to remember things, like where I left my keys or wallet	0	1	2	3	4
Cog PM2	I have been able to remember to do things, like take medicine or buy something I needed.....	0	1	2	3	4
Cog PF1	I am able to pay attention and keep track of what I am doing without extra effort.....	0	1	2	3	4
Cog PCH 1	My mind is as sharp as it has always been.....	0	1	2	3	4
Cog PCH 2	My memory is as good as it has always been	0	1	2	3	4
Cog PMT 1	I am able to shift back and forth between two activities that require thinking	0	1	2	3	4
Cog PMT 2	I am able to keep track of what I am doing, even if I am interrupted	0	1	2	3	4

Please circle or mark one number per line to indicate your response as it applies to the past 7 days.

		Not at all	A little bit	Some- what	Quite a bit	Very much
<u>IMPACT ON QUALITY OF LIFE</u>						
CogQ35	I have been upset about these problems.....	0	1	2	3	4
CogQ37	These problems have interfered with my ability to work	0	1	2	3	4
CogQ38	These problems have interfered with my ability to do things I enjoy.....	0	1	2	3	4
CogQ41	These problems have interfered with the quality of my life	0	1	2	3	4

HOPKINS VERBAL LEARNING TEST

Form 1: four-legged animals, precious stones, human dwellings

Part A: Free Recall

	Trial 1	Trial 2	Trial 3
EMERALD	_____	_____	_____
HORSE	_____	_____	_____
TENT	_____	_____	_____
SAPPHIRE	_____	_____	_____
HOTEL	_____	_____	_____
CAVE	_____	_____	_____
OPAL	_____	_____	_____
TIGER	_____	_____	_____
PEARL	_____	_____	_____
COW	_____	_____	_____
HUT	_____	_____	_____
# CORRECT	_____	_____	_____

HORSE	ruby*	CAVE	balloon	coffee	LION
house*	OPAL	TIGER	boat	scarf	PEARL
HUT	EMERALD	SAPPHIRE	dog*	apartment*	penny
TENT	mountain	cat*	HOTEL	COW	diamond*

Part B: Recognition:

True-Positives: _____/12

False-Positive Errors: Related: _____/6 Unrelated: _____/6

Discrimination Index: (# True-Positives) – (# False-Positives) = _____

HOPKINS VERBAL LEARNING TEST
Form 2: kitchen utensils, alcoholic beverages, weapons

Part A: Free Recall

	Trial 1	Trial 2	Trial 3
FORK	_____	_____	_____
RUM	_____	_____	_____
PAN	_____	_____	_____
PISTOL	_____	_____	_____
SWORD	_____	_____	_____
SPATULA	_____	_____	_____
BOURBON	_____	_____	_____
VODKA	_____	_____	_____
POT	_____	_____	_____
COW	_____	_____	_____
HUT	_____	_____	_____
WINE	_____	_____	_____
# CORRECT	_____	_____	_____

Part B: Recognition:

spoon*	PISTOL	doll	whiskey*	FORK	POT
harmonica	can opener*	SWORD	pencil	gun*	VODKA
knife*	RUM	trout	BOMB	PAN	gold
WINE	lemon	SPATULA	BOURBON	beer*	RIFLE

True-Positives: _____/12

False-Positive Errors: Related: _____/6 Unrelated: _____/6

Discrimination Index: (# True-Positives) – (# False-Positives) = _____

HOPKINS VERBAL LEARNING TEST
Form 3: musical instruments, fuels, food flavorings

Part A: Free Recall

	Trial 1	Trial 2	Trial 3
SUGAR	_____	_____	_____
TRUMPET	_____	_____	_____
VIOLIN	_____	_____	_____
COAL	_____	_____	_____
GARLIC	_____	_____	_____
KEROSINE	_____	_____	_____
VANILLA	_____	_____	_____
WOOD	_____	_____	_____
CLARINET	_____	_____	_____
FLUTE	_____	_____	_____
CINNAMON	_____	_____	_____
GASOLINE	_____	_____	_____
# CORRECT	_____	_____	_____

Part B: Recognition:

pepper*	GARLIC	WOOD	drum*	oil*	SUGAR
Harmonica	salt*	priest	chair	COAL	CLARINET
TRUMPET	basement	CINNAMON	FLUTE	electricity*	Moon
KEROSINE	VANILLA	GASOLINE	sand	piano*	VIOLIN

True-Positives: _____/12

False-Positive Errors: Related: _____/6 Unrelated: _____/6

Discrimination Index: (# True-Positives) – (# False-Positives) = _____

HOPKINS VERBAL LEARNING TEST
Form 4: birds, articles of clothing, carpenter's tools

Part A: Free Recall

	Trial 1	Trial 2	Trial 3
CANARY	_____	_____	_____
SHOES	_____	_____	_____
EAGLE	_____	_____	_____
BLOUSE	_____	_____	_____
NAILS	_____	_____	_____
CROW	_____	_____	_____
BLUEBIRD	_____	_____	_____
SCREWDRIVER	_____	_____	_____
PANTS	_____	_____	_____
CHISEL	_____	_____	_____
SKIRT	_____	_____	_____
WRENCH	_____	_____	_____
# CORRECT	_____	_____	_____

Part B: Recognition:

BLUEBIRD	shirt*	CHISEL	EAGLE	chocolate	robin*
chapel	SCREWDRIVER	CROW	sparrow*	WRENCH	PANTS
NAILS	socks*	child	SHOES	hair	hammer*
CANARY	apple	SKIRT	saw*	silver	BLOUSE

True-Positives: _____/12

False-Positive Errors: Related: _____/6 Unrelated: _____/6

Discrimination Index: (# True-Positives) – (# False-Positives) = _____

HOPKINS VERBAL LEARNING TEST
Form 5: occupations/professions, sports, vegetables

Part A: Free Recall

	Trial 1	Trial 2	Trial 3
TEACHER	_____	_____	_____
BASKETBALL	_____	_____	_____
LETTUCE	_____	_____	_____
DENTIST	_____	_____	_____
TENNIS	_____	_____	_____
BEAN	_____	_____	_____
ENGINEER	_____	_____	_____
POTATO	_____	_____	_____
PROFESSOR	_____	_____	_____
GOLF	_____	_____	_____
CORN	_____	_____	_____
SOCCER	_____	_____	_____
# CORRECT	_____	_____	_____

Part B: Recognition:

True-Positives: _____/12

TENNIS	football*	PROFESSOR	spinach*	lawyer*	submarine
GOLF	DENTIST	LETTUCE	spider	water	BEAN
BASKETBALL	doctor*	CORN	baseball*	TEACHER	snake
carrot*	ENGINEER	glove	SOCCER	POTATO	tulip

False-Positive Errors: Related: _____/6 Unrelated: _____/6

Discrimination Index: (# True-Positives) – (# False-Positives) = _____

HOPKINS VERBAL LEARNING TEST
Form 6: fish, parts of a building, phenomems

Part A: Free Recall

	Trial 1	Trial 2	Trial 3
SHARK	_____	_____	_____
WALL	_____	_____	_____
HERRING	_____	_____	_____
RAIN	_____	_____	_____
FLOOR	_____	_____	_____
HAIL	_____	_____	_____
CATFISH	_____	_____	_____
ROOF	_____	_____	_____
SALMON	_____	_____	_____
STORM	_____	_____	_____
CEILING	_____	_____	_____
SNOW	_____	_____	_____
# CORRECT	_____	_____	_____

Part B: Recognition:

True-Positives: _____/12

HAIL	bass*	SNOW	bank	FLOOR	mustard
window*	CEILING	canyon	RAIN	ladder	STORM
HERRING	SALMON	tornado*	trout*	melon	ROOF
SHARK	hurricane*	elbow	CATFISH	WALL	door*

False-Positive Errors: Related: _____/6 Unrelated: _____/6

Discrimination Index: (# True-Positives) – (# False-Positives) = _____

Trail Making Test (TMT) Parts A & B

Instructions:

Both parts of the Trail Making Test consist of 25 circles distributed over a sheet of paper. In Part A, the circles are numbered 1 – 25, and the patient should draw lines to connect the numbers in ascending order. In Part B, the circles include both numbers (1 – 13) and letters (A – L); as in Part A, the patient draws lines to connect the circles in an ascending pattern, but with the added task of alternating between the numbers and letters (i.e., 1-A-2-B-3-C, etc.). The patient should be instructed to connect the circles as quickly as possible, without lifting the pen or pencil from the paper. Time the patient as he or she connects the "trail." If the patient makes an error, point it out immediately and allow the patient to correct it. Errors affect the patient's score only in that the correction of errors is included in the completion time for the task. It is unnecessary to continue the test if the patient has not completed both parts after five minutes have elapsed.

- Step 1: Give the patient a copy of the Trail Making Test Part A worksheet and a pen or pencil.
- Step 2: Demonstrate the test to the patient using the sample sheet (Trail Making Part A – *SAMPLE*).
- Step 3: Time the patient as he or she follows the "trail" made by the numbers on the test.
- Step 4: Record the time.
- Step 5: Repeat the procedure for Trail Making Test Part B.

Scoring:

Results for both TMT A and B are reported as the number of seconds required to complete the task; therefore, higher scores reveal greater impairment.

	Average	Deficient	Rule of Thumb
Trail A	29 seconds	> 78 seconds	Most in 90 seconds
Trail B	75 seconds	> 273 seconds	Most in 3 minutes

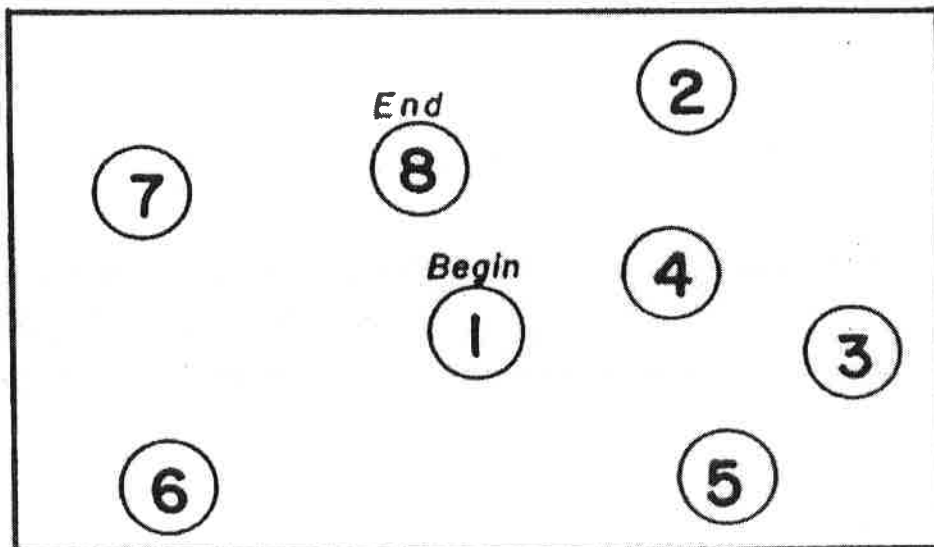
Sources:

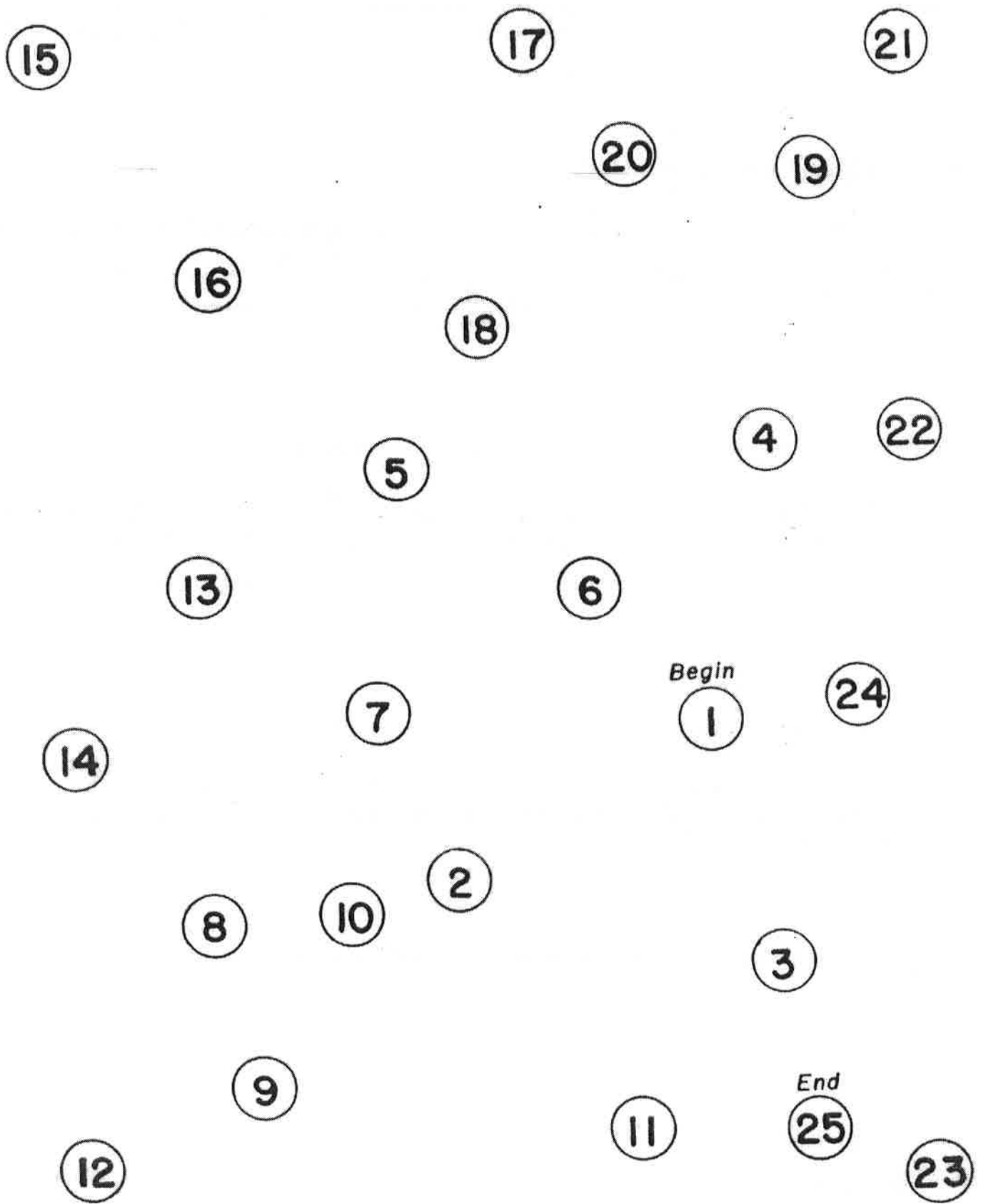
- Corrigan JD, Hinkeldey MS. Relationships between parts A and B of the Trail Making Test. *J Clin Psychol.* 1987;43(4):402–409.
- Gaudino EA, Geisler MW, Squires NK. Construct validity in the Trail Making Test: what makes Part B harder? *J Clin Exp Neuropsychol.* 1995;17(4):529-535.
- Lezak MD, Howieson DB, Loring DW. *Neuropsychological Assessment.* 4th ed. New York: Oxford University Press; 2004.
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TRAIL MAKING

Part A

SAMPLE

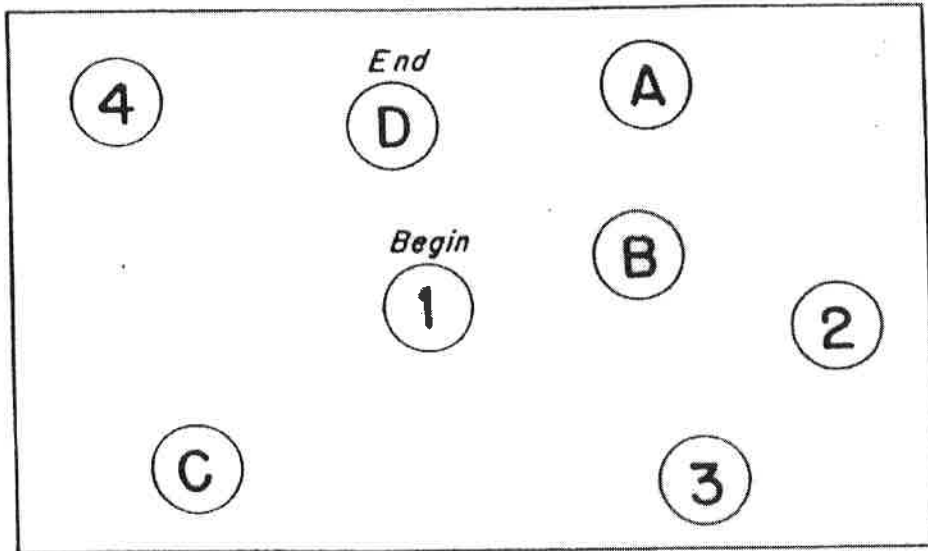




TRAIL MAKING

Part B

SAMPLE



End
13

10

8

9

I

D

B

4

3

Begin

1

7

5

H

C

12

G

A

J

2

6

L

E

F

K

11