

SUPPLEMENTARY APPENDIX: ACCESS AND USE OF MENTAL HEALTH RESOURCES AMONG ADOLESCENT
AND YOUNG ADULT SURVIVORS OF CHILDHOOD CANCER

Adolescent/Young Adult Survey

Question 1

Do you have insurance?

- (1) Yes; what type (e.g., Medicaid, Blue Cross/Blue Shield, etc.)?

- (2) No
- (3) Don't know

Question 2

Do you have a primary care provider (e.g., family doctor or nurse practitioner) available to you?

- (1) Yes (2) No (3) Don't know

Question 3

If you *do* have an available primary care provider (e.g., family doctor or nurse practitioner), how often do you see them?

- (1) More than once a year
- (2) Once a year
- (3) Less than once a year
- (4) Never
- (5) I don't have a primary care provider

Question 4

A. If you were interested, is there a *psychologist, counselor, therapist, or someone at a mental health clinic* you could talk to about difficulties with nerve or mood, such as feeling worried, anxious, sad, or down, you've had since your cancer diagnosis?

- (1) Yes (2) No (3) Don't know

B. If you were interested, is there *someone in your place of worship (e.g., pastor)* you could talk to about difficulties with nerve or mood, such as feeling worried, anxious, sad, or down, you've had since your cancer diagnosis?

- (1) Yes (2) No (3) Don't know

C. If you were interested, is there a *support group* you could visit and talk to about difficulties with nerve or mood, such as feeling worried, anxious, sad, or down, you've had since your cancer diagnosis?

- (1) Yes (2) No (3) Don't know

D. If you were interested, do you have *friends or family* you could talk to about difficulties with nerve or mood, such as feeling worried, anxious, sad, or down, you've had since your cancer diagnosis?

- (1) Yes (2) No (3) Don't know

Question 5

A. Have you ever talked to a *psychologist, counselor, therapist, or someone at a mental health clinic* about difficulties with nerve or mood, such as feeling worried, anxious, sad, or down, you've had since your cancer diagnosis?

- (1) Yes (2) No (3) Don't know

B. Have you ever talked to *someone in your place of worship (e.g., pastor)* about difficulties with nerve or mood, such as feeling worried, anxious, sad, or down, you've had since your cancer diagnosis?

- (1) Yes (2) No (3) Don't know

C. Have you ever talked to a *support group* about difficulties with nerve or mood, such as feeling worried, anxious, sad, or down, you've had since your cancer diagnosis?

- (1) Yes (2) No (3) Don't know

D. Have you ever talked to *friends or family members* about difficulties with nerve or mood, such as feeling worried, anxious, sad, or down, you've had since your cancer diagnosis?

- (1) Yes (2) No (3) Don't know

Question 6

A. Have you ever been prescribed medication for nerve or mood difficulties (e.g., feeling worried, anxious, sad, down) you've had as a result of your cancer diagnosis?

- (1) Yes (2) No

B. Are you currently taking medication for nerve or mood difficulties (e.g., feeling worried, anxious, sad, down) you've had as a result of your cancer diagnosis?

- (1) Yes (2) No

Question 7

A. Which of the following make it difficult to visit your *primary care practitioner* (e.g., family doctor or nurse practitioner)? (check all that apply)

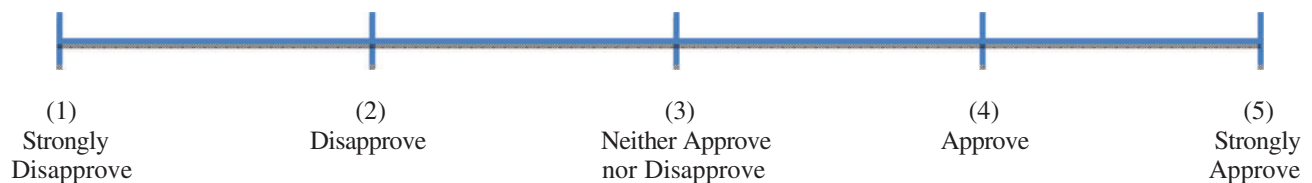
- Limited financial resources
- Do not have insurance *or* providers do not accept my insurance
- Do not have reliable transportation
- Have to travel a long way
- Work/family/school schedule
- Do not know of any available resources
- Other: _____
- None

B. Which of the following make it difficult to see a *mental healthcare provider* such as a psychologist, counselor, therapist, or someone at a mental health clinic? (check all that apply)

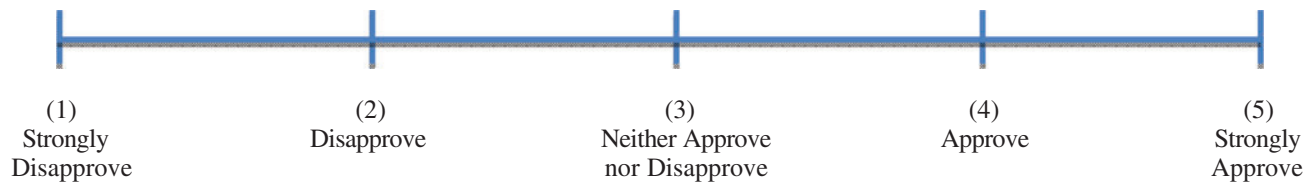
- Limited financial resources
- Do not have insurance *or* providers do not accept my insurance
- Do not have transportation
- Have to travel a long way
- Work/family/school schedule
- Do not know of any available resources
- Other: _____
- None

Question 8

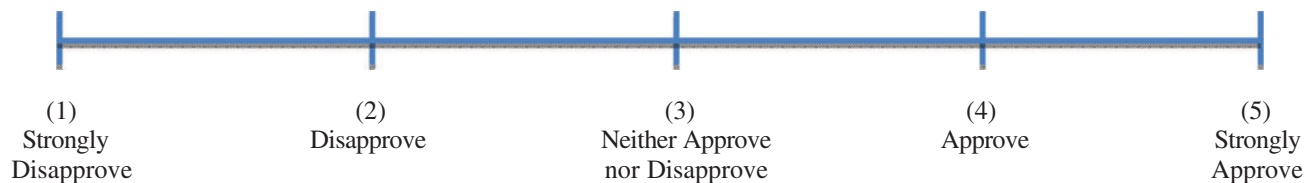
A. How do you feel about talking to a *psychologist, counselor, therapist, or someone at a mental health clinic* about difficulties with nerve or mood, such as feeling worried, anxious, sad, or down, you've had since your cancer diagnosis? (circle one)



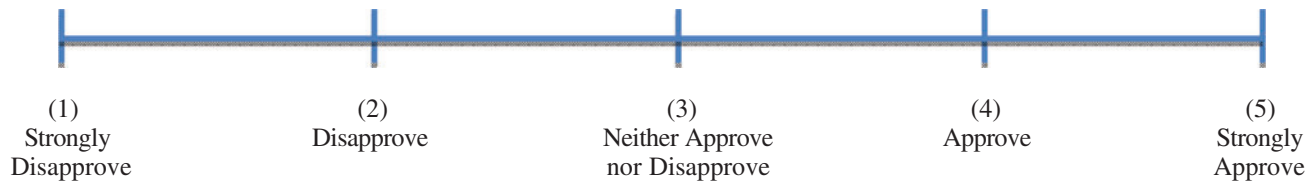
B. How do you feel about talking to *someone in your place of worship (e.g., pastor)* about difficulties with nerve or mood, such as feeling worried, anxious, sad, or down, you've had since your cancer diagnosis? (circle one)



C. How do you feel about talking to a *support group* about difficulties with nerve or mood, such as feeling worried, anxious, sad, or down, you've had since your cancer diagnosis? (circle one)

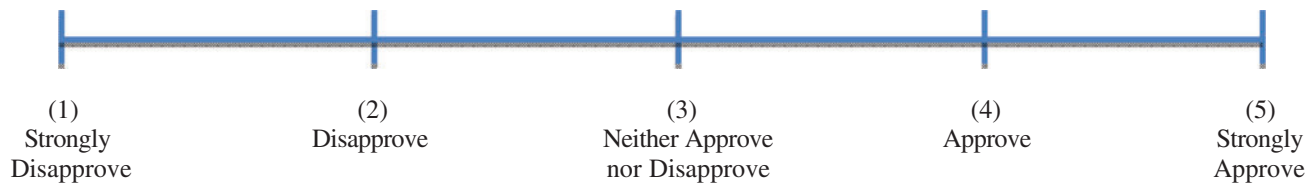


D. How do you feel about talking to *friends or family members* about difficulties with nerve or mood, such as feeling worried, anxious, sad, or down, you've had since your cancer diagnosis? (circle one)

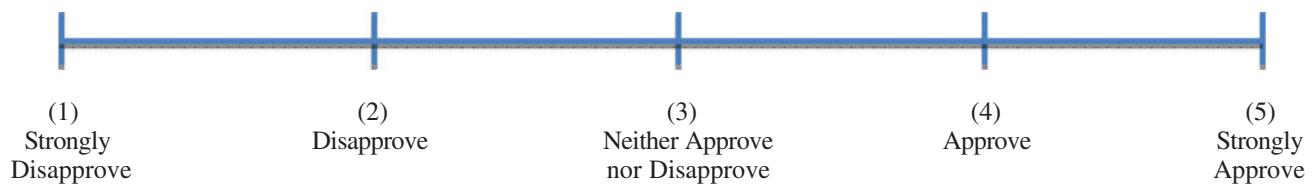


Question 9

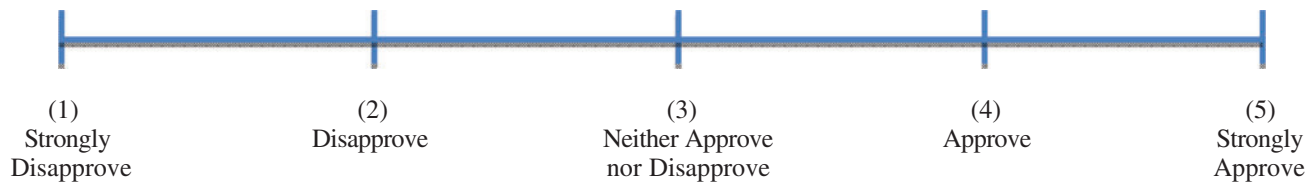
A. What would the people who are important in your life think about you talking to a *psychologist, counselor, therapist, or mental health professional* about difficulties with nerve or mood, such as feeling worried, anxious, sad, or down, you've had since your cancer diagnosis? (circle one)



B. What would the people who are important to you think about you talking to *someone in your place of worship (e.g., pastor)* about difficulties with nerve or mood, such as feeling worried, anxious, sad, or down, you've had since your cancer diagnosis? (circle one)



C. What would the people who are important to you think about you talking to a *support group* about difficulties with nerve or mood, such as feeling worried, anxious, sad, or down, you've had since your cancer diagnosis? (circle one)



Question 10

A. If you wanted to, would you be able to talk to and share your feelings and concerns a *psychologist, counselor, therapist, or mental health professional* about difficulties with nerve or mood, such as feeling worried, anxious, sad, or down, you've had since your cancer diagnosis?

- (1) Yes (2) No

B. If you wanted to, would you be able to talk to *someone in your place of worship (e.g., pastor)* about difficulties with nerve or mood, such as feeling worried, anxious, sad, or down, you've had since your cancer diagnosis?

- (1) Yes (2) No

C. If you wanted to, would you be able to talk to a *support group* about difficulties with nerve or mood, such as feeling worried, anxious, sad, or down, you've had since your cancer diagnosis?

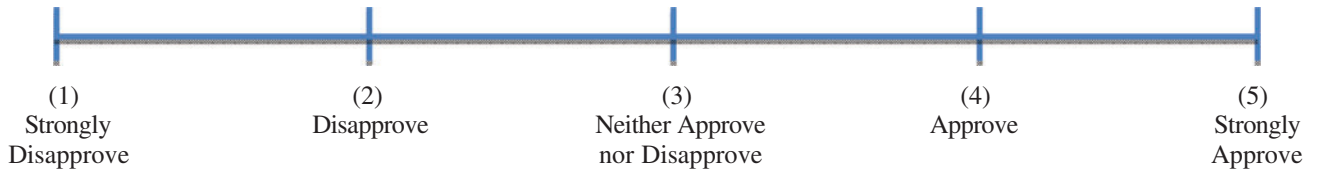
- (1) Yes (2) No

D. If you wanted to, would you be able to talk to *friends or family members* about difficulties with nerve or mood, such as feeling worried, anxious, sad, or down, you've had since your cancer diagnosis?

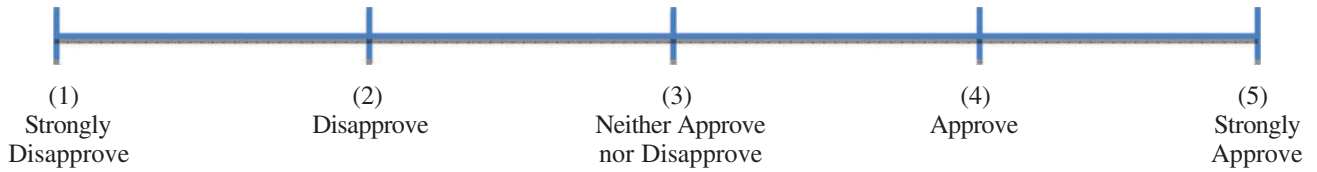
- (1) Yes (2) No

Question 11

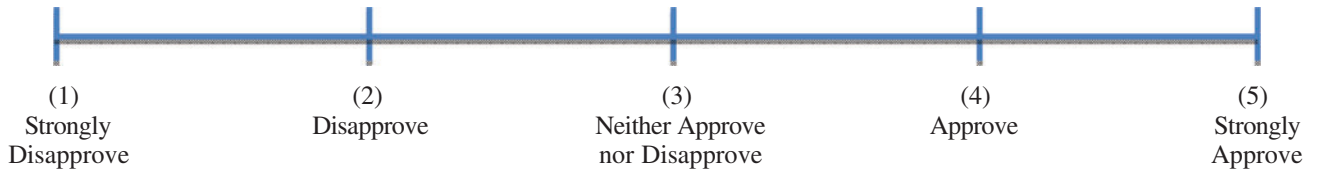
A. My family's opinion of talking to a *psychologist, counselor, therapist, or someone at a mental health clinic* would influence my decision to use this resource. (circle one)



B. My family's opinion of talking to *someone in the church (e.g., pastor)* would influence my decision to use this resource. (circle one)



C. My family's opinion of talking to a *support group* would influence my decision to use this resource. (circle one)



End of survey. Thank you!