Breast Cancer Worry Questionnaire

Please circle the response which best describes your feelings.
Worry Frequency
1. How worried are you about getting breast cancer someday?
1 = not at all; 2 = rarely; 3 = sometimes; 4 = often; 5 = almost all the time
Worry Impact
2. How much does your worry affect your mood?
1 = not at all; $2 = a little$; $3 = somewhat$; $4 = a lot$
3. How much does your worry affect your ability to perform your daily activities?
1 = not at all; $2 = a little$; $3 = somewhat$; $4 = a lot$

Study ID:______ Date: _____

Patient ID#:	Da	ate:		
]	Health Statu	s Questionnai	re (HSQ-12)	
1. In general, would you say you	ır health is: (Ci	rcle one number)		
Excellent				
The following items are about activitation activities? If so, how much? (Circle			l day. Does your hea	alth now limit you in these
2. Lifting or carrying groceries3. Climbing several flights of stairs4. Walking several blocks	1	Yes, limited a little 2 2 2	No, not limited at all 3 3 3 3	
5. During the past 4 weeks how much of your physical health? (Circle one None at all		you have doing y	our work or other re	gular daily activities as a result
6. During the past 4 weeks, to what activities as a result of emotional pro None at all				
7. During the past 4 weeks, to what social activities with family, friends. None at all				s interfered with your normal

Q	Hown	auch l	hodily	nain hav	a wou had	during	the nact 1	weeks?	(Circle one number)	١
٥.	пом п	luch	boany	pam nav	e you nac	a during	me past 4	weeks:	(Circle one number))

None	1
Very mild	2
Mild	
Moderate	4
Severe	5
Very severe	6

These questions are about how you feel things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks... (Circle one number on each line)

	All of the	Most of the	A good bit	Some of	Little of	None of
	time	time	of the time	the time	the time	the time
9. Have you felt calm and peaceful?	1	2	3	4	5	6
10. Did you have a lot of energy?	1	2	3	4	5	6
11. Have you felt downhearted and blue?	1	2	3	4	5	6
12. Have you been happy?	1	2	3	4	5	6

	time	time	of the time	the time	the time	the time
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12. Have you been happy?	1	2	3	4	5	6

Version date, June 26, 2014

The Penn State Worry Questionnaire (PSWQ)

Instructions: Rate each of the following statements on a scale of 1 ("not at all typical of me") to 5 ("very typical of me"). Please do not leave any items blank.

		Not at all typical of me				Very typical of me
1.	If I do not have enough time to do everything, I do not worry about it.	1	2	3	4	5
2.	My worries overwhelm me.	1	2	3	4	5
3.	I do not tend to worry about things.	1	2	3	4	5
4.	Many situations make me worry.	1	2	3	4	5
5.	I know I should not worry about things, but I just cannot help it.	1	2	3	4	5
6.	When I am under pressure I worry a lot.	1	2	3	4	5
7.	I am always worrying about something.	1	2	3	4	5
8.	I find it easy to dismiss worrisome thoughts.	1	2	3	4	5
9.	As soon as I finish one task, I start to worry about everything else I have to do.	1	2	3	4	5
10.	I never worry about anything.	1	2	3	4	5
11.	When there is nothing more I can do about a concern, I do not worry about it any more.	1	2	3	4	5
12.	I have been a worrier all my life.	1	2	3	4	5
13.	I notice that I have been worrying about things.	1	2	3	4	5
14.	Once I start worrying, I cannot stop.	1	2	3	4	5
15.	I worry all the time.	1	2	3	4	5
16.	I worry about projects until they are all done.	1	2	3	4	5