

## **Appendix A**

### EMA Survey Items

#### **Fear of Cancer Recurrence (2 items – EoD survey only)**

→ How many times today did you think about cancer?

→ Response options:

- 0, No times
- 1, One time
- 2, Two times
- 3, Three times
- 4, Four or more times

→ How much did you worry about cancer today?

→ Response options:

- 0, Not at all
- 1, A little bit
- 2, Somewhat
- 3, Quite a bit
- 4, A whole lot

#### **Cancer Self-Checking Behavior (1 item; EoD survey only)**

→ Today, did you examine yourself physically for signs or symptoms of cancer?

→ Response options:

- 0, No
- 1, Yes

#### **Negative Affect (5 items)**

→ Since the last survey, to what extent have you felt:

- Irritable
- Mad
- Nervous
- Scared
- Sad

→ Response options for each:

- 0, Not at all
- 1, A little bit
- 2, Somewhat
- 3, Quite a bit
- 4, A whole lot

#### **Positive Affect (5 items)**

→ Since the last survey, to what extent have you felt:

- Excited
- Joyful
- Happy
- Proud
- Strong

→ Response options for each:

- 0, Not at all
- 1, A little bit
- 2, Somewhat
- 3, Quite a bit
- 4, A whole lot

### **Stress (3 items)**

→ Since the last survey, to what extent have you felt:

- Stressed
- That you can cope with things (*reverse scored*)
- That you're on top of things (*reverse scored*)

→ Response options for each:

- 0, Not at all
- 1, A little bit
- 2, Somewhat
- 3, Quite a bit
- 4, A whole lot

### **Bodily Threat Monitoring (2 items)**

→ Since the last survey, to what extent did you do the following:

- I monitored my body for signs that something is wrong
- I worried about my bodily sensations

→ Response options for each:

- 0, Not at all
- 1, A little bit
- 2, Somewhat
- 3, Quite a bit
- 4, A whole lot

### **Somatic Sensations (14 items)**

→ Since the last survey, to what extent have you felt:

- A headache
- A stomachache
- Chest tightness
- Sore throat or cough
- A runny or congested nose
- Faint or dizzy
- Shortness of breath
- Stiff or sore muscles
- Tired
- Nauseous or like you could vomit
- Numbness or tingling
- Itchy skin
- Heart pounding or racing
- Another bodily sensation or symptom (please write below)

- Response options for each:
- 0-10 scale (“Not at all” to “Worst possible”)

**Social Connectedness (2 items)**

→ Since the last survey, how many times did you interact with someone else [e.g., spent more than five minutes talking/communicating with someone else]?”

→ Response options:

- 0, No interactions
- 1, 1 interaction
- 2, 2 interactions
- 3, 3 interactions
- 4, 4 or more interactions

→ Since the last survey, to what extent have you felt connected to other people?

→ Response options:

- 0, Not at all
- 1, A little bit
- 2, Somewhat
- 3, Quite a bit
- 4, A whole lot