Childhood Cancer Survivor Study - Survey Question Sets

QUESTION TOPICS	BASELINE AND FOLLOW-UP QUESTIONNAIRES																										ANCILLARY STUDY QUESTIONNAIRES																					
	Original Baseline Adult	Original Baseline Minor	Original Baseline Sibling Adult	Original Baseline Sibling Minor	Follow-Up 1	Follow-Up 1 Sibling	Follow-Up 2	Follow-Up 2 Sibling	Follow-Up 2 Sibling w/ Psychosocial	Follow-Up 3	Follow-Up 4	Follow-Up 4 Sibling	Expansion Baseline Adult	Expansion Baseline Minor	Expansion Baseline Sibling Adult	Expansion Baseline Sibling Minor	Follow-Up 5 Adult	Follow-Up 5 Sibling Adult	Follow-Up 5 Minor	Follow-Up 6 Short	Follow-Up 6 Medium	Follow-Up 6 Long	Follow-Up 6 Sibling Short	Follow-Up 6 Sibling Medium	Follow-Up 6 Sibling Long	Follow-Up 6 Sibling Minor	ASK	Bone Study	Breast Cancer	ECHOS	EMPOWER	Family History	Health Care Needs	Health Information	Health Insurance	Home Sample Pilot	INSURE	Mammogram	Mammogram Sibling	Men's Health	Men's Health Sibling	Participation Feasibility	Pregnancy - Female	Pregnancy - Male	Project Vision	Recurrent Stroke	Sleep Survey	Teen Health	Women's Health
Alcohol	●	●	●	●							●	●	●		●		●	●																														
Alternative Medicine or Complementary Healing Techniques					●	●																																										
Attitudes About Checking Your Skin																											●																					
Bone Health							●	●	●																																							
Breast Cancer Diagnosis and Treatment Information																																																
Breast Cancer Risk																													●		●						●	●										
Cancer, Leukemia or Tumor	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				●																		
Chemotherapy Treatment (Survivor- subsequent cancer, Sibling-first and subsequent cancer)											●						●	●	●																													
Conditions Present at Birth					●	●							●	●	●	●	●	●	●																													
Demographics	●	●	●	●			●	●	●		●	●	●	●	●	●	●	●	●			●			●					●	●					●	●	●	●									●	
Dental Health							●	●	●																																							
Education	●	●	●	●	●	●	●	●	●		●	●	●	●	●	●	●	●	●											●	●						●											●	
Employment	●	●	●	●	●	●	●	●	●		●	●	●	●	●	●	●	●	●											●	●				●		●											
Erectile Dysfunction Therapy																																							●	●								
Family History Information	●	●	●		●	●	●	●	●		●	●	●	●																		●																	
Fatigue/Sleeping					●	●																																										
Fertility																																							●	●								
Genetic Conditions					●	●							●	●	●	●	●	●	●																													
Health and Experiences with Family and Friends																																	●															
Health Care Coverage & Costs																					●			●											●													
Health Care Views																													●		●		●					●	●									
Health Information																											●						●	●				●	●						●				
Health Practices/Medical Screening Tests	●	●	●	●			●	●	●		●	●	●	●	●	●	●	●	●			●			●		●		●		●							●	●									
Hospitalizations					●	●		●	●	●							●	●	●			●			●																							
Income	●	●	●	●			●	●	●		●	●	●	●	●	●	●	●	●											●	●				●		●											
Insurance	●	●	●	●	●	●	●	●	●		●	●	●	●	●	●	●	●	●								●			●	●						●											
Internet related question(s)					●		●	●	●	●	●	●	●	●	●	●	●	●	●															●											●				
Marital Status	●	●	●	●	●	●	●	●	●		●	●	●	●	●	●	●	●	●											●	●				●		●											
Medical Care	●	●	●	●			●	●	●		●	●	●	●	●	●	●	●	●			●			●		●		●	●	●		●		●	●	●	●	●	●	●				●				
Medical Conditions	●	●	●	●	●	●					●	●	●	●	●	●	●	●	●																	●													
Medications	●	●	●	●	●	●	●	●	●		●	●	●	●	●	●	●	●	●																	●													
Menstrual History	●	●	●	●	●	●					●	●	●		●		●	●	●										●		●							●	●										
Offspring/Pregnancy History	●	●	●	●	●	●	●	●	●		●	●	●	●	●	●	●	●	●																							●	●					
Other Issues	●	●	●	●							●	●	●	●	●	●	●	●	●											●																			
Pain/Anxieties/Fears	●	●					●		●		o		●	●			●		●																														
Participation Feasibility																																									●							
Perceptions-Infertility, low testosterone levels, sexual dysfunction																																							●									
Physical Activity	●	●	●	●			●	●	●		●	●	●	●	●	●	●	●	●			●			●																							
Puberty and Sexual Development																																							●	●								
Radiation Treatment (Survivor- subsequent cancer, Sibling-first and subsequent cancer)					●	●					●	●					●	●	●																													
Religion	●	●	●	●																																												
Sexual Activity/Intimacy																																							●	●								
Skin Cancer Knowledge/Risk Factors																											●		●																			
Skin Cancer Self-Checks																											●																					
Smoking	●	●	●	●			●	●	●		●	●	●		●		●	●	●												●																	
Sperm Preservation																																							●									
Stroke-Related Problems																													●																	●		
Sun & Tanning Behavior																											●																					
Sun Sensitivity							●	●	●																																							
Testosterone Therapy																																							●	●								
Treatment Summary (Patient indicates whether they have a treatment summary)							●										●		●			●							●		●		●					●											
STANDARDIZED QUESTIONNAIRES AND SCALES																																																
Adherence Determinants Questionnaire (ADQ) (Adapted to refer to the survivor's long-term follow-up)																														o																			
Behavior Problems Index		●		●										●		●			●																														
Brief Symptom Inventory-18 (BSI-18)	●		●				●	●	●		●	●	●		●		●	●												●	●																		
Cantril Ladder of Life							●		●																																								
Child Behavior Checklist		o		o										o		o			o																														
Child Health and Illness Profile-Adolescent Edition (CHIP-AE)																																															●	
Childhood Cancer Survivor Study-Needs Assessment Questionnaire (CCSS-NAQ)																																				●												
Childhood Cancer Survivor Study-Neurocognitive Questionnaire (CCSS-NCQ)							●		●								●	●				●			●																							
COPE																																						o	o										
Epworth Sleepiness Scale																																														●		
EQ-5D-3L																															o																	
Functional Assessment of Chronic Illness Therapy-Fatigue (FACIT-Fatigue)																																							o	o						●		
Health Care Climate Questionnaire (HCCQ)																														●																		
International Index of Erectile Function Questionnaire (IIEF)																																							●	●								
Intrinsic Motivation Inventory (IMI)																														o																		
Modified version of Posttraumatic Growth Inventory (PTGI)							●		●																																							
Multidimensional Health Locus of Control (MHLC) Form A																																	●					●	●									
Patient Activation Measure (PAM)																											●																					
Patient Assessment of Chronic Illness Care (PACIC)																														●																		
Perceived Stress Scale 4 (PSS-4)																														●																		
Pittsburgh Sleep Quality Index (PSQI)																				●	●	●	●	●	●	o																					●		
Posttraumatic Stress Diagnostic Scale (PDS)							●		●																																							
Profile of Mood States (POMS)																																												●				
Pros and Cons of Mammography																															●							●	●									
Quality of Life Scale/CANCER PATIENT/CANCER SURVIVOR																												●																				
Reintegration to Normal Living Index (RNLI)																												●																				
Self-Efficacy Scale for Mammography																															o																	
Self-Efficacy Scale for Mammography (Adapted to heart muscle function test (MUGA/ECHO))																														●																		
Sexual Functioning Questionnaire (SFQ)																																																●
Sexual Self-Schema Scale (SSS)																																																●
SF-36™ Health Survey							●	o	●																																							●
SF-36v2™ Health Survey											o	o					●	●				●			●														o	o								
Short-Form Patient Satisfaction Questionnaire (PSQ-18)																																												●				
The Heart Disease Fact Questionnaire (Adapted to childhood cancer survivors at risk for cardiac sequelae)																														●																		
Toronto Extremity Salvage Score (TESS) Lower Extremity Questionnaire																												●																				
Treatment Self-Regulation Questionnaire (TSRQ) (Modified version)																														●																		
Women's Health Questionnaire (WHQ)																																																●

● Question set is present on survey

o Question set is partially on survey