



The LILAC Study

Life and Longevity after Cancer

Thank you for completing the survey we sent last year. This year we are asking questions about how you are doing since your cancer treatment. Please answer each question as best you can. Thank you for help as we try to better understand cancer survivors' quality of life.

OFFICE USE ONLY	
Date Received: <input type="text"/> - <input type="text"/> - <input type="text"/> (MM/DD/YY)	- Barcode Label -
Reviewed By: <input type="text"/>	
Contact Type: <input type="radio"/> ₁ Phone <input type="radio"/> ₂ Mail <input type="radio"/> FCR <input type="radio"/> OUI	

1. In the past year, has your doctor ever told you that your cancer came back (a recurrence), that it had spread, or that you now have another cancer of this same type?

- ₁ Yes ₀ No
₉ Don't know
- ↓ } → **Go to question 2.**

1.1 Did you receive any of the following for this cancer? (Mark all that apply.)		
<input type="radio"/> ₁ Surgery	<input type="radio"/> ₄ Radiation therapy	<input type="radio"/> ₉ Do not know
<input type="radio"/> ₂ Chemotherapy	<input type="radio"/> ₅ No treatment	
<input type="radio"/> ₃ Hormone-related (pills such as Tamoxifen, Arimidex, Femara, Megace)		

These next questions refer to the present time.

2. Do you often feel sad or depressed? (Mark the best answer.)

- ₁ Yes ₀ No

3. Please rate your pain by marking one circle that best describes your pain at its worst in the last 24 hours.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	5	6	7	8	9	10
No Pain										Pain as bad as you can imagine

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