

Over the past week:

	<i>Not at all</i>	<i>Occasionally</i>	<i>Sometimes</i>	<i>Most of the time</i>	<i>Always</i>
Q3. Have you been feeling anxious or worried about your illness or treatment?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Q4. Have any of your family or friends been anxious or worried about you?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Q5. Have you been feeling depressed?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

	<i>Always</i>	<i>Most of the time</i>	<i>Sometimes</i>	<i>Occasionally</i>	<i>Not at all</i>
Q6. Have you felt at peace?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Q7. Have you been able to share how you are feeling with your family or friends as much as you wanted?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Q8. Have you had as much information as you wanted?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

	<i>Problems addressed/ No problems</i>	<i>Problems mostly addressed</i>	<i>Problems partly addressed</i>	<i>Problems hardly addressed</i>	<i>Problems not addressed</i>
Q9. Have any practical problems resulting from your illness been addressed? (such as financial or personal)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

	<i>On my own</i>	<i>With help from a friend or relative</i>	<i>With help from a member of staff</i>
Q10. How did you complete this questionnaire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are worried about any of the issues raised on this questionnaire then please speak to your doctor or nurse