Below is a list of questions that describe situations and experiences of individuals who have or had cancer. Please indicate the extent to which you agree or disagree during the <u>past month</u>.

	Not at all	A little	A fair amount	Much	Very much	Not applicable
I have a better idea about what serious illness is since having had cancer	0	0	0	0	0	0
I feel a guiding energy in my life which has my best interest in mind.	0	0	0	0	0	0
Since having had cancer, I have a greater appreciation for the time I spend with my friends and family.	0	0	0	0	0	0
I follow my inner voice when making health decisions.	0	0	0	0	0	0
I have intuitive experiences that reassure me about my health care choices.	0	0	0	0	0	0
I receive subtle cues that give me confidence in my health decisions.	0	0	0	0	0	0
I am sympathetic with family/friends who have major illnesses, such as heart or kidney disease since my cancer.	0	0	0	0	0	0
Since having had cancer, I tend to notice things in nature more, such as sunsets, raindrops and spring flowers.	0	0	0	0	0	0
I feel an inner direction that helps me make wise decisions.	0	0	0	0	0	0
I have become closer with some family members/friends since having had cancer.	0	0	0	0	0	0
Since having had cancer, I don't take life's little things for granted.	0	0	0	0	0	0
Regular exercise keeps me healthy, so I am less likely to get cancer again.	0	0	0	0	0	0
Exercise helps me feel healthy.	0	0	0	0	0	0
I exercise more frequently.	0	0	0	0	0	0
Exercise helps decrease my fatigue.	0	0	0	0	0	0
Exercise helps me feel energetic.	0	0	0	0	0	0

## We have some questions about how severe your symptoms have been, over the $\underline{\text{past}}$ $\underline{\text{month}}$ .

	Not										As bad
	present										as you can
											imagine
	0	1	2	3	4	5	6	7	8	9	10
Your pain at its WORST?	0	0	0	0	0	0	0	0	0	0	0
Your fatigue (tiredness) at its WORST?	0	0	0	0	0	0	0	0	О	0	0
Your nausea at its WORST?	0	0	0	0	0	0	0	0	0	0	0
Your disturbed sleep at its WORST?	0	0	0	0	0	0	0	0	0	0	0
Your feelings of being <b>distressed</b> ( <b>upset</b> ) at its WORST?	0	0	0	0	0	0	0	0	0	0	0
Your shortness of breath at its WORST?	0	0	0	0	0	0	0	0	О	0	0
Your problem with <b>remembering things</b> at its WORST?	0	0	0	0	0	0	0	0	0	0	0
Your problem with <b>lack of appetite</b> at its WORST?	0	0	0	0	0	0	0	0	0	0	0
Your <b>feeling drowsy</b> ( <b>sleepy</b> ) at its WORST?	0	0	0	0	0	0	0	0	0	0	0
Your having <b>dry mouth</b> at its WORST?	0	0	0	0	0	0	0	0	0	0	0
Your feeling sad at its WORST?	0	0	0	0	0	0	0	0	О	0	0
Your vomiting at its WORST?	0	0	0	0	0	0	0	0	О	0	0
Your <b>numbness</b> or <b>tingling</b> at its WORST?	0	0	0	0	0	0	0	0	0	0	0
Your diarrhea at its WORST?	0	0	0	0	0	0	0	0	0	0	0
Your constipation at its WORST?	0	0	0	0	0	0	0	0	0	0	0
Your sore mouth at its WORST?	0	0	0	0	0	0	0	0	0	0	0
Your rash at its WORST?	0	0	0	0	0	0	0	0	0	0	0
Your hair loss at its WORST?	0	0	0	0	0	0	0	0	0	О	0
Your cough at its WORST?	0	0	0	0	0	0	0	0	0	0	0

## We have some questions about how symptoms have interfered with your life, over the <u>past month</u>.

	Did not interfere	1	2	3	4	5	6	7	8	9	Interfered completely <b>10</b>
General activity?	0	0	0	0	0	0	0	0	0	0	0
Mood?	0	0	0	0	0	0	0	0	0	0	0
Work (including around the house)?	0	0	0	0	0	0	0	0	0	0	0
Relations with other people?	0	0	0	0	0	0	0	0	0	0	0
Walking?	0	0	0	0	0	0	0	0	0	0	0
Enjoyment of life?	0	0	0	0	0	0	0	0	0	0	0

Next, we have a few questions about your current cancer and treatment.
Please check all that are true of your breast cancer diagnosis.  O Bilateral (both breasts)  O Unilateral (one breast)  O Recurrent  O Metastatic  O Inflammatory  O I have been told that I inherited the gene BRAC1 or BRAC2  O I have been told that my cancer cells are hormone receptor positive  O I have been told that my cancer cells are hormone receptor triple negative  O My mother was diagnosed with breast cancer  O My maternal grandmother (mother's mother) was diagnosed with breast cancer  O My paternal grandmother (father's mother) was diagnosed with breast cancer  O Don't know
How old were you when you were diagnosed with cancer? Please answer in years, for example "45".  Age (in years):
Which stage of cancer were you in at the time of diagnosis?
O Stage 0 O Stage I O Stage II O Stage III O Stage IV
Please select all the treatments that you have had for your breast cancer.
O Chemotherapy O Radiation O Surgery O Hormonal therapy O Targeted therapy O Immunotherapy O Complementary therapies (e.g. reflexology, meditation) O None

O Yes
O No
O Not applicable O Not so far
Last, we have a few questions about your demographics.
How old are you today? Please answer in years, for example "65".
Age (in years):
What is your gender?  O Male O Female
What is your ethnicity? You may select any that apply.
O White
O Hispanic or Latino
O Black or African American
O Native American or American Indian
O Native American or American Indian O Asian/Pacific Islander

<sup>\*</sup>p.6-9 of Coping with COVID through nature: Evidence from breast cancer patients and the output from the intake form