

**Study: Exercise Recommendations
During & Following Cancer Treatment**

Anna Schwartz, PhD, FNP, Cancer Research Chair at the Virginia G. Piper Cancer Center and a professor in the College of Nursing and Healthcare Innovation at Arizona State University, is conducting a research study to learn more about what cancer patients and survivors are told about exercise and physical activity.

This opportunity goes out to everyone that is a part of our Stay Connected Group at the Virginia G. Piper Cancer Center. All patients and survivors are invited to participate in this survey. The survey should take less than 15 minutes to complete.

Your participation in this study is voluntary and anonymous. The results of this study may be used in reports, presentations, or publications but your name will not be known. Results from the survey will be presented in aggregate form, so there is no way anyone could identify you. You can skip questions if you wish.

If you have any questions concerning the research study, please contact the research team at 480-627-9354. If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Institutional Review Board, through the ASU Research Compliance Office, at 480-965-6788.

Return of the questionnaire is your consent to participate. Thank you for contributing to science, humanity and our efforts to improve the care of cancer patients.

Exercise Recommendations During & Following Cancer Treatment

1. What type of cancer do you have? _____
2. How old are you?
3. What stage of cancer do you have? (*check one*)
 - Stage I
 - Stage II
 - Stage III
 - Stage IV
4. Are you currently receiving treatment? Yes No
5. What type of treatment did you, or are you, receiving? (please check all that apply)
 - Surgery
 - Chemotherapy
 - Immunotherapy
 - Radiation Therapy
6. Did you exercise regularly before your cancer diagnosis? Yes No
7. What information, if any, did you receive about exercise *DURING* your treatment?

8. If you have completed treatment, what information, if any, did you receive about exercise *AFTER* your treatment ended?

9. If you received information about exercise, who recommend exercise? (*circle all that apply*)
 - A. No one told me about exercise
 - B. My doctor(s). What type of doctor(s)? _____
 - C. My nurse
 - D. A physical therapist
 - E. A pulmonary therapist
 - F. Someone in my support group

10. Did you exercise during your treatment? Yes No
If yes, please answer the following questions.

- A. How many days per week? _____
- B. What type(s) of exercise do/did you do? _____

- C. How many minutes do you exercise at a time? _____
- D. On a scale of 0 – 10, how hard do/did you exercise when in treatment, with “0” being no effort and 10 being the hardest effort imaginable? _____
- E. Do/did you have any problems exercising during treatment?

- F. Do you have any ongoing problems that limit or affect how you exercise during treatment?

- G. What were/are the problems that limit your exercise?

11. Do you exercise now? Yes No If yes, please answer the following questions.

- A. How many days per week? _____
- B. What type(s) of exercise do you do? _____

- C. How many minutes do you exercise at a time? _____
- D. On a scale of 0 – 10, how hard do you exercise, with “0” being no effort and 10 being the hardest effort imaginable? _____
- E. Did you have any problems exercising during treatment?

F. Do you have any ongoing problems that limit your exercise?

G. What are the problems that limit your exercise? _____

12. What information would be helpful for patients to know about exercise during and following cancer treatment?

13. Please tell us any other information you think might be helpful for patients or healthcare providers to know or tell you about during and following treatment.

Thank you for your time and answers to these questions.

Please mail your completed survey to:

Attn: Maddy Williams
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