

Below is a list of problems faced by many parents of children with cancer. Please review each item and indicate how much of a problem it has been for **you** during the **last week**.

**How much of a problem has this been during the last week?**

	None	Minor	Moderate	Major	Overwhelming
<b>I. Managing the ill child's needs</b>					
1. Managing the child's physical needs	0	1	2	3	4
2. Providing emotional support	0	1	2	3	4
3. Meeting school, social, recreational needs	0	1	2	3	4
4. Being overprotective	0	1	2	3	4
5. Learning more about the child's disease, treatment, side effects, prognosis	0	1	2	3	4
6. Communicating with health care professionals	0	1	2	3	4

**How much of a problem has this been during the last week?**

**II. Managing the needs of the immediate family (spouse and other children)**

7. Providing supervision and making arrangements for the other children	0	1	2	3	4
8. Meeting emotional needs of my spouse/the other children	0	1	2	3	4
9. Communication between family members	0	1	2	3	4
10. Conflicts with my spouse	0	1	2	3	4

**III. Financial / occupational problems**

11. Medical bills	0	1	2	3	4
12. Non-medical bills	0	1	2	3	4
13. Insurance problems	0	1	2	3	4
14. Job pressure	0	1	2	3	4
15. Reduction in income (job loss, going part-time)	0	1	2	3	4

	None	Minor	Moderate	Major	Overwhelming
<b>IV. Social problems</b>					
16. Communicating with friends/associates	0	1	2	3	4
17. Isolation from family and friends	0	1	2	3	4
18. Participating in social activities	0	1	2	3	4
19. Conflict with friends	0	1	2	3	4
<b>V. Personal physical health</b>					
20. Exhaustion	0	1	2	3	4
21. Sleep difficulties	0	1	2	3	4
22. Using drugs or alcohol	0	1	2	3	4
23. Gaining or losing weight	0	1	2	3	4
24. Aches and pains	0	1	2	3	4
25. Sexual functioning	0	1	2	3	4
26. Dizziness / faintness	0	1	2	3	4
27. Hot or cold spells	0	1	2	3	4
28. Heart pounding or racing	0	1	2	3	4
<b>VI. Personal emotional problems</b>					
29. Anxiety	0	1	2	3	4
30. Anger	0	1	2	3	4
31. Grief	0	1	2	3	4
32. Sadness/depression	0	1	2	3	4
33. Hopelessness	0	1	2	3	4
34. Guilt or self-doubt	0	1	2	3	4
35. Worry	0	1	2	3	4
36. Being stressed	0	1	2	3	4
37. Feeling helpless	0	1	2	3	4

	None	Minor	Moderate	Major	Overwhelming
38. Poor attention and concentration	0	1	2	3	4
39. Questioning faith and beliefs	0	1	2	3	4
40. Frequent ups and downs	0	1	2	3	4

**VII. Managing daily activities**

41. Transportation	0	1	2	3	4
42. Child care	0	1	2	3	4

**How much of a problem has this been during the last week?**

43. Household management (e.g., food, cleaning, laundry)	0	1	2	3	4
44. Time management	0	1	2	3	4
45. Making decisions	0	1	2	3	4

**Please check whether or not each of the following events happened during the last week:**

**VIII. Other daily life issues**

	Yes(01)	No(02)
46. Change in living arrangements	_____	_____
47. Hassled by neighbors	_____	_____
48. Death or serious illness of family member or close friend	_____	_____
49. Legal problems	_____	_____
50. Auto or other accident	_____	_____

**How much of a problem has this been during the last week?**

IX Other Problems Not Listed Above

51. _____	0	1	2	3	4
52. _____	0	1	2	3	4
53. _____	0	1	2	3	4
54. _____	0	1	2	3	4
55. _____	0	1	2	3	4

Thank you