

CALD-UNS¹¹

For every item on the following pages, put a circle around the number which best indicates whether you have needed help with this issue within the **last six months** as a result of having cancer. There are 5 possible answers to choose from:

INSTRUCTIONS

No Need	1	Not relevant to me	- This was not a problem for me as a result of having cancer.
	2	Satisfied with help received	- I did need help with this, but my need for help was satisfied at the time.
Some Need	3	Needed a little more help	- This item caused me concern or discomfort. I had a little need for additional help.
	4	Needed some more help	- This item caused me concern or discomfort. I had some need for additional help.
	5	Needed a lot more help	- This item caused me concern or discomfort. I had a strong need for additional help.

SCNS-SF34⁸

INSTRUCTIONS

To help us plan better services for people diagnosed with cancer, we are interested in whether or not needs which you may have faced as a result of having cancer have been met. For every item on the following pages, indicate whether you have needed help with this issue within the last month as a result of having cancer. Put a circle around the number which best describes whether you have needed help with this in the last month. There are 5 possible answers to choose from:

NO NEED	1	Not applicable – This was not a problem for me as a result of having cancer.
	2	Satisfied - I did need help with this, but my need for help was satisfied at the time.
SOME NEED	3	Low need - This item caused me little concern or discomfort. I had little need for additional help.
	4	Moderate need – This item caused me some concern or discomfort. I had some need for additional help.
	5	High need - This item caused me a lot of concern or discomfort. I had a strong need for additional help.