

2010 Adult Pre-Program Survey

Why do you want to attend River Discovery's river adventure program?

What do you expect to learn from the experience?

What physical changes if any from treatment/surgery do you experience/find hard?

What have you learned from your experience with cancer? How would you apply those lessons to other places in your life?

How do you see yourself one year from now?

2010 Adult Pre-Program Survey

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
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Do you exercise/play sports:

Daily				
Weekly				
Monthly				

What kind of exercise/sports do you do? How long do you spend each time?

Are you on any teams? Which ones?

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How much time per day (*minutes or hours*) do you spend at:

Computer _____ Texting _____ TV _____ Reading _____
 Video Games _____ Exercising _____ Other _____

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
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Rate any physical symptoms from cancer you still experience:

Fatigue				
Nausea				
Pain				
Diarrhea				

What helps?

What are your favorite non-junk foods?

What are your favorite junk foods?

Do you eat your favorite non-junk foods:

Daily				
Weekly				
Monthly				

Do you eat your favorite junk foods:

Daily				
Weekly				
Monthly				

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Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
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Do you drink pop/soda:

Daily

Weekly

Monthly

Do you eat fruit:

Daily

Weekly

Monthly

Do you eat organic fruit?

Do you eat non-organic fruit?

Do you eat fresh fruit?

Do you eat canned fruit?

Do you eat vegetables:

Daily

Weekly

Monthly

Do you eat organic vegetables?

Do you eat non-organic vegetables?

Do you eat fresh vegetables?

Do you eat canned vegetables?

Do you/your spouse read food labels?

How often do you eat a meal cooked from scratch?

Daily

Weekly

Monthly

What do you consider a healthy dinner?

Do you feel comfortable in a group?
Are you comfortable in a group of people you do not know?

Do you like yourself?

When you try something new are you:

Quiet

Take Charge

Comfortable

Nervous

Scared

Excited

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Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
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Do you feel confident when you are with/doing/at:

Friends				
Playing sports				
Work				
Strangers				
New situations				
New people				

When you think about your life after cancer, do you feel:

Hopeful				
Worried				
Excited				
Frustrated				
Excited				
Scared				
Hopeless				

Other (explain):

Do you ever feel:

Scared				
Frustrated				
Numb				
Down				
Angry				
Sad				
Hopeless				

What helps when you feel that way?

- Do live with your parents? Yes _____ No _____
- Do you live with a:
- roommate Yes _____ No _____
- spouse Yes _____ No _____
- neither Yes _____ No _____
- Do you support yourself? Yes _____ No _____
- Do you work full-time? Yes _____ No _____
- Do you work part-time? Yes _____ No _____
- Are you a full-time student? Yes _____ No _____
- Are you on disability? Yes _____ No _____