

Adult Adventure 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?

Adult Adventure Pre-Program Survey

		Neither Agree or Disagree		
Strongly Agree	Agree		Disagree	Strongly Disagree

Do you exercise/play sports:

Daily				
Weekly				
Monthly				

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

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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 _____

		Neither Agree or Disagree		
Strongly Agree	Agree		Disagree	Strongly Disagree

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				

Adult Adventure Pre-Program Survey

		Neither Agree or Disagree		
Strongly Agree	Agree		Disagree	Strongly Disagree

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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		Neither Agree or Disagree		
Strongly Agree	Agree		Disagree	Strongly Disagree

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?

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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 _____