

Matrix of measures and questions in HORIZONS

(* denotes changes in measure – e.g. module(s)/items/questions/sub-scales added or removed)

Measure / Question name		Pilot Baseline	Pilot 3mo	Baseline	3mo	12mo	18mo	24mo	36mo	48mo	60mo
Quality of Life in Adult Cancer Survivors	QLACS	X	X	X	X	X*	X*	X*	X*	X*	X*
	• QLACS part 1	X	X	X	X	X	X	X	X	X	X
	• QLACS part 2					X	X	X	X	X	X
Body Image Scale (<i>see supplemental matrices, p.9, for more information</i>)	BIS	X	X	X	X	X		X			
Brief Illness Perception Questionnaire	BIPQ					X		X			
Caring responsibilities (for <18 y.o., others, yourself)		X		X			X				
Co-morbidities (List and impact on day-to-day tasks)		X		X				X			
Connor-Davidson Resilience Scale 2-items	CD-RISC2	X	X	X	X	X		X			
European Organisation for Research and Treatment (EORTC) Quality of Life Questionnaire Core 30 items	EORTC-QLQ-C30	X	X	X	X	X	X	X		X	X
EORTC QLQ Spiritual Well-being module: Items 22, 31 & 32	EORTC-QLQ-SWB32	X		X							
EORTC-QLQ Breast cancer module	EORTC-QLQ-BR24	X	X	X	X	X	X	X	X	X	X
EORTC-QLQ Breast Reconstruction module	EORTC-QLQ-BRR24						X				
EORTC-QLQ Cervical cancer module	EORTC-QLQ-CX24	X	X	X	X	X	X	X	X	X	X
EORTC-QLQ Endometrial cancer module	EORTC-QLQ-EN24	X	X	X	X	X	X	X	X	X	X

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EORTC-QLQ Non-Hodgkin's lymphoma high grade module	EORTC-QLQ-NHL-HG29	X	X	X	X	X	X	X	X	X	X
EORTC-QLQ Ovarial cancer module	EORTC-QLQ-OV28	X	X	X	X	X	X	X	X	X	X
EORTC-QLQ Vulval cancer module	EORTC-QLQ-VU34			X	X	X	X	X	X	X	X
EuroQoL 5 Dimensions 5 Levels & Visual Analogue Scale	EQ-5D-5L & VAS	X	X	X	X	X	X	X	X	X	X
Family history of cancer		X									
Family history of cardiac health							X				
Genetic testing for cancer		X									
Health literacy screening questions		X		X							
Health service use (Brief version)		X		X							
Health service use (Full version), travel costs & other expenses			X		X	X		X			
Hobbies, Interests & Supporting Others question				X		X		X			
Hospital Anxiety and Depression Scale	HADS	X	X	X	X	X	X	X	X	X	X
Health Education Impact Questionnaire	heiQ	X	X	X	X			X			
Medical Outcomes Study (MOS) – Social Support Survey	MOS-SSS	X	X	X	X	X	X	X	X	X	X
Menopause status				X			X				
Number of close friends & family		X	X	X	X	X		X			
Patient Experience with Treatment & Self-Management	PETS		X		X	X	X	X*			

Measure / Question name		Pilot Baseline	Pilot 3mo	Baseline	3mo	12mo	18mo	24mo	36mo	48mo	60mo
Personal Wellbeing Index (Adult)	PWI-A	X	X								
Program on Research for Integrating Services for the Maintenance of Autonomy	PRISMA-7						X				
Scale of Chemotherapy-Induced Neurotoxicity	SCIN						X				
Self-Efficacy for Managing Chronic Diseases & Cancer Survivors Self-Efficacy Scale	SEMCD	X	X	X	X	X	X	X	X	X	X
	CS-SES		X		X	X	X	X	X	X	X
The General Health Survey Questionnaire, Short Form 12 Ver 2.0	SF-12v2					X		X			
Supportive Care Needs Survey	SCNS-SF34					X		X			
Use of Complementary and Alternative Medicines (CAMs)			X		X	X		X			
Work and Social Adjustment Scale	WSAS		X		X	X	X				
Worry of Cancer Scale – Revised	WOC-R					X	X	X			
Your Social Network question		X	X	X	X	X		X			
Lifestyle questions											
Alcohol intake self-assessment		X	X	X	X	X		X			
Body Mass Index • Height (cm) • Weight (kg)	BMI	X	X*	X	X*	X*		X*			
		X		X							
		X	X	X	X	X		X			
Diet		X	X	X	X	X		X			

Measure / Question name		Pilot Baseline	Pilot 3mo	Baseline	3mo	12mo	18mo	24mo	36mo	48mo	60mo
e-Cigarette use self-assessment		X	X	X	X	X		X			
Fruit & vegetable screening log		X	X	X	X	X		X			
Use of food supplements											
Godin-Shephard Leisure-Time Exercise Questionnaire	LTEQ	X	X	X	X	X		X			
Lifestyle advice or information			X		X	X		X			
Smoking self-assessment		X	X	X	X	X		X			
Strength & Resistance Exercise Measure		X	X	X	X	X		X			
Socio- demographic and-economic questions											
Accommodation type		X		X				X			
Age		X		X							
Car use/ownership		X		X							
Changes to job type											
Domestic/Marital Status		X		X			X				
Employment status		X		X		X		X			
Ethnicity		X		X							
Gender		X		X							
Highest level of education attained		X		X				X			
Household composition		X		X			X				
Internet / Online use		X		X							
Number of children (<18 years old) caring for				X			X				

Measure / Question name	Pilot Baseline	Pilot 3mo	Baseline	3mo	12mo	18mo	24mo	36mo	48mo	60mo
Pre-tax (gross) salary / Income			X		X		X			
Receipt of benefits & pension			X		X		X			
Relationship status (supplement to Domestic status)						X				
Return to work										
Sexual orientation			X							
Sickness leave (number of days taken)			X		X		X			
Weekly hours worked			X		X		X			
Additional single EORTC items from EORTC item bank (see supplemental matrices, p.7-8, for more information)										
Aches & pains			X	X	X	X	X			
Burden of disease		X	X	X	X	X	X			
Burden of treatment				X	X	X				
Concern for fertility		X	X	X	X	X	X			
Headaches			X	X	X	X	X			
Impact on work & education: Disruption		X	X	X	X	X	X			
Impact on work & education: Problems		X	X	X	X	X	X			
Peripheral Neuropathy			X	X	X	X	X			
Radiotherapy-specific adverse effects: Skin problems				X	X	X	X			
Symptoms of the menopause: Hot flushes			X	X	X	X	X			
Symptoms of the menopause: Night sweats			X	X	X	X	X			
Worry about future health		X	X	X	X	X	X			
Sexual function: Sexual activity			X	X	X	X	X			

Measure / Question name	Pilot Baseline	Pilot 3mo	Baseline	3mo	12mo	18mo	24mo	36mo	48mo	60mo
Sexual function: Sexual enjoyment			X	X	X	X	X			
Sexual function: Sexual interest			X	X	X	X	X			
Sexual function: Sexual pain			X	X	X	X	X			
Sexual function: Vaginal dryness			X	X	X	X	X			
Sexual function: Vaginal shortening / stenosis			X	X	X	X	X			
Sexual function: Ejaculation problems			X	X	X	X	X			
Sexual function: Erectile dysfunction			X	X	X	X	X			
Sexual function: Ability to reach orgasm						X	X			
Open-ended questions										
Life Events open-ended question	X	X	X	X	X	X	X	X	X	X
Anything else we ought to know?	X	X	X	X	X	X	X	X	X	X
Experiences of self-management open-ended questions					X	X	X			
Participant feedback question	X	X					X			
Additional questions										
Follow-up mode of completion	X	X	X	X	X	X	X	X	X	X
Opinions on collection of saliva and blood samples	X									

Supplemental matrices of HORIZONS measures

EORTC additional items taken from the item bank/library

('X' denotes item included as part of cancer specific module)

EORTC item	Question	Breast	Cervical	Endometrial	NHL	Ovarian	Vulval	Original EORTC Item
Aches & pains	Have you had aches or pains in your muscles or joints?	X	X				X	EN24 item 44 NHL-HG29 item 32 OV28 item 44
Burden of disease	How much has your disease been a burden to you?	X	X	X	X		X	OV28 item 52
Burden of treatment	How much has your treatment been a burden to you?	X	X	X	X		X	OV28 item 53
Changes in bowel habit (NHL specific)	Did you experience change in bowel habit as a result of your disease or treatment?	N/A	N/A	N/A	X		N/A	OV28 item 34
Changes in urinary habit: Frequency (NHL specific)	Have you passed urine frequently?	N/A			X	N/A		CX24 item 34 EN24 item 35 VU34 item 52
Changes in urinary habit: urgency (NHL specific)	When you felt the urge to pass urine, did you have to hurry to get to the toilet?	N/A	N/A		X	N/A		EN24 item 34 VU34 item 52
Concern for fertility	If applicable: Have you been concerned about your ability to have children?	X	X	X		X	X	NHL-HG29 item 59
Headaches	Did you have headaches?		X	X	X	X	X	BR23 item 38
Impact on work & education: Disruption	If applicable: Have you had problems at your work or place of study due to the disease?	X	X	X		X	X	NHL-HG29 item 57

EORTC item	Question	Breast	Cervical	Endometrial	NHL	Ovarian	Vulval	Original EORTC Item
Impact on work & education: Problems	If applicable: Have you worried about not being able to continue working or your education?	X	X	X		X	X	NHL-HG29 item 58
Leg lymphoedema (Gynae specific)	Have you had swelling in one or both legs?	N/A			N/A	X		CX24 item 38 EN24 item 31 VU34 item 44
Peripheral neuropathy	Have you had tingling or numbness in your hands or feet?	X					X	CX24 item 40 EN24 item 43 OV28 items 41/42 NHL-HG29 items 38/39
Radiotherapy-specific adverse effects: Skin problems	Have you had skin problems (e.g. itchy, dry)?		X	X	N/A		X	BR23 item 53 OV28 item 47
Symptoms of the menopause: Hot flushes	Have you had hot flushes?			X	X		X	BR23 item 37 OV28 item 48 CX24 item 44
Symptoms of the menopause: Night sweats	Did you have night sweats?	X		X	X		X	OV28 item 49 CX24 item 44
Worry about future health	Have you worried about your health in the future?		X	X			X	BR23 item 43 NHL-HG29 item 50 OV28 item 54
Sexual function: Sexual activity	To what extent were you sexually active? (with or without intercourse)				X			BR23 item 45 CX24 item 49 EN24 item 50 OV28 item 56

EORTC item	Question	Breast	Cervical	Endometrial	NHL	Ovarian	Vulval	Original EORTC Item
Sexual function: Sexual enjoyment	To what extent was sex enjoyable for you?				X			BR23 item 46 CX24 item 54 EN24 item 54 OV28 item 57
Sexual function: Sexual interest / desire	To what extent were you interested in sex?				X		X	BR23 item 44 CX24 item 54 EN24 item 49 OV28 item 55
Sexual function: Sexual pain	Have you had pain during sexual intercourse or other sexual activity?	X			X	X		CX24 item 53 EN24 item 53
Sexual function: Vaginal dryness	Has your vagina felt dry during sexual activity?	X			X			CX24 item 50 EN24 item 51 OV28 item 58
Sexual function: Vaginal shortening / stenosis	Has your vagina felt short and / or tight?	X			X	X		CX24 items 51/52 EN24 item 52
Sexual function: Ejaculation problems	Did you have ejaculation problems (e.g. dry ejaculation)	N/A	N/A	N/A	X	N/A	N/A	PR25 item 54 BML30 item 50
Sexual function: Erectile dysfunction	Did you have difficulty gaining or maintaining an erection?	N/A	N/A	N/A	X	N/A	N/A	PR25 item 53 BLM30 item 49
Sexual function: Ability to reach orgasm	Have you had a change in the ability to reach an orgasm since you received treatment for cancer?	X	X	X	X	X	X	SHQ item 5

Body Image Scale (BIS) – Item appearance

('X' denotes BIS item included, blank denotes equivalent item contained in the cancer specific module)

Question	Breast	Cervical	Endometrial	NHL	Ovarian	Vulval	Equivalent EORTC item
Have you been feeling self-conscious about your appearance?	X	X	X	X	X	X	
Have you felt less physically attractive as a result of your disease or treatment?				X			BR23 item 39 CX24 item 45 EN24 item 47 OV28 item 50 VU34 item 48
Have you been dissatisfied with your appearance when dressed?	X	X	X	X	X	X	
Have you been feeling less feminine/masculine as a result of your disease or treatment?				X	X		BR23 item 40 CX24 item 46 EN24 item 48 VU34 item 49
Did you find it difficult to look at yourself naked?		X	X	X	X	X	BR23 item 41
Have you been feeling less sexually attractive as a result of your disease or treatment?	X	X	X	X	X	X	
Did you avoid people because of the way you felt about your appearance?	X	X	X	X	X	X	
Have you been feeling the treatment has left your body less whole?	X	X	X	X	X	X	
Have you felt dissatisfied with your body?			X	X			BR23 item 42 CX24 item 47 OV28 item 51 VU34 item 50
Have you been dissatisfied with the appearance of your scar?	X	X	X	N/A	X	X	