Appendix A
EMA Survey Items

Fear of Cancer Recurrence (2 items – EoD survey only)
→ How many times today did you think about cancer?
→ Response options:
  ▪ 0, No times
  ▪ 1, One time
  ▪ 2, Two times
  ▪ 3, Three times
  ▪ 4, Four or more times
→ How much did you worry about cancer today?
→ Response options:
  ▪ 0, Not at all
  ▪ 1, A little bit
  ▪ 2, Somewhat
  ▪ 3, Quite a bit
  ▪ 4, A whole lot

Cancer Self-Checking Behavior (1 item; EoD survey only)
→ Today, did you examine yourself physically for signs or symptoms of cancer?
→ Response options:
  ▪ 0, No
  ▪ 1, Yes

Negative Affect (5 items)
→ Since the last survey, to what extent have you felt:
  o Irritable
  o Mad
  o Nervous
  o Scared
  o Sad
→ Response options for each:
  ▪ 0, Not at all
  ▪ 1, A little bit
  ▪ 2, Somewhat
  ▪ 3, Quite a bit
  ▪ 4, A whole lot

Positive Affect (5 items)
→ Since the last survey, to what extent have you felt:
  o Excited
  o Joyful
  o Happy
  o Proud
  o Strong
Response options for each:
- 0, Not at all
- 1, A little bit
- 2, Somewhat
- 3, Quite a bit
- 4, A whole lot

Stress (3 items)
Since the last survey, to what extent have you felt:
- Stressed
- That you can cope with things *(reverse scored)*
- That you’re on top of things *(reverse scored)*

Response options for each:
- 0, Not at all
- 1, A little bit
- 2, Somewhat
- 3, Quite a bit
- 4, A whole lot

Bodily Threat Monitoring (2 items)
Since the last survey, to what extent did you do the following:
- I monitored my body for signs that something is wrong
- I worried about my bodily sensations

Response options for each:
- 0, Not at all
- 1, A little bit
- 2, Somewhat
- 3, Quite a bit
- 4, A whole lot

Somatic Sensations (14 items)
Since the last survey, to what extent have you felt:
- A headache
- A stomachache
- Chest tightness
- Sore throat or cough
- A runny or congested nose
- Faint or dizzy
- Shortness of breath
- Stiff or sore muscles
- Tired
- Nauseous or like you could vomit
- Numbness or tingling
- Itchy skin
- Heart pounding or racing
- Another bodily sensation or symptom (please write below)
Response options for each:
- 0-10 scale (“Not at all” to “Worst possible”)

Social Connectedness (2 items)
- Since the last survey, how many times did you interact with someone else [e.g., spent more than five minutes talking/communicating with someone else]?”
- Response options:
  - 0, No interactions
  - 1, 1 interaction
  - 2, 2 interactions
  - 3, 3 interactions
  - 4, 4 or more interactions
- Since the last survey, to what extent have you felt connected to other people?
- Response options:
  - 0, Not at all
  - 1, A little bit
  - 2, Somewhat
  - 3, Quite a bit
  - 4, A whole lot