

Name _____

Date _____

FCR-7

Please answer the following questions by checking a box to indicate your response to each question.

	Not at all	A little	Sometimes	A lot	All the time						
	1	2	3	4	5						
1. I am afraid that my cancer may recur.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
2. I am worried or anxious about the possibility of cancer recurrence..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
3. How often have you worried about the possibility of getting cancer again?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
4. I get waves of strong feelings about the cancer coming back.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
5. I think about the cancer returning when I didn't mean to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
6. I examine myself to see if I have physical signs of cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	Not at all				A great deal						
7. To what extent does worry about getting cancer again spill over or intrude on your thoughts and activities?	0	1	2	3	4	5	6	7	8	9	10

Scoring

To determine your total score, please add numeric values that correspond with your response to each of the 7 questions above. Total scores range from 6 to 40, with higher scores representing greater fear of recurrence. Total scores ≥ 17 are considered 'clinically significant' on this measure. Please let your health care team know if your score is ≥ 17 .