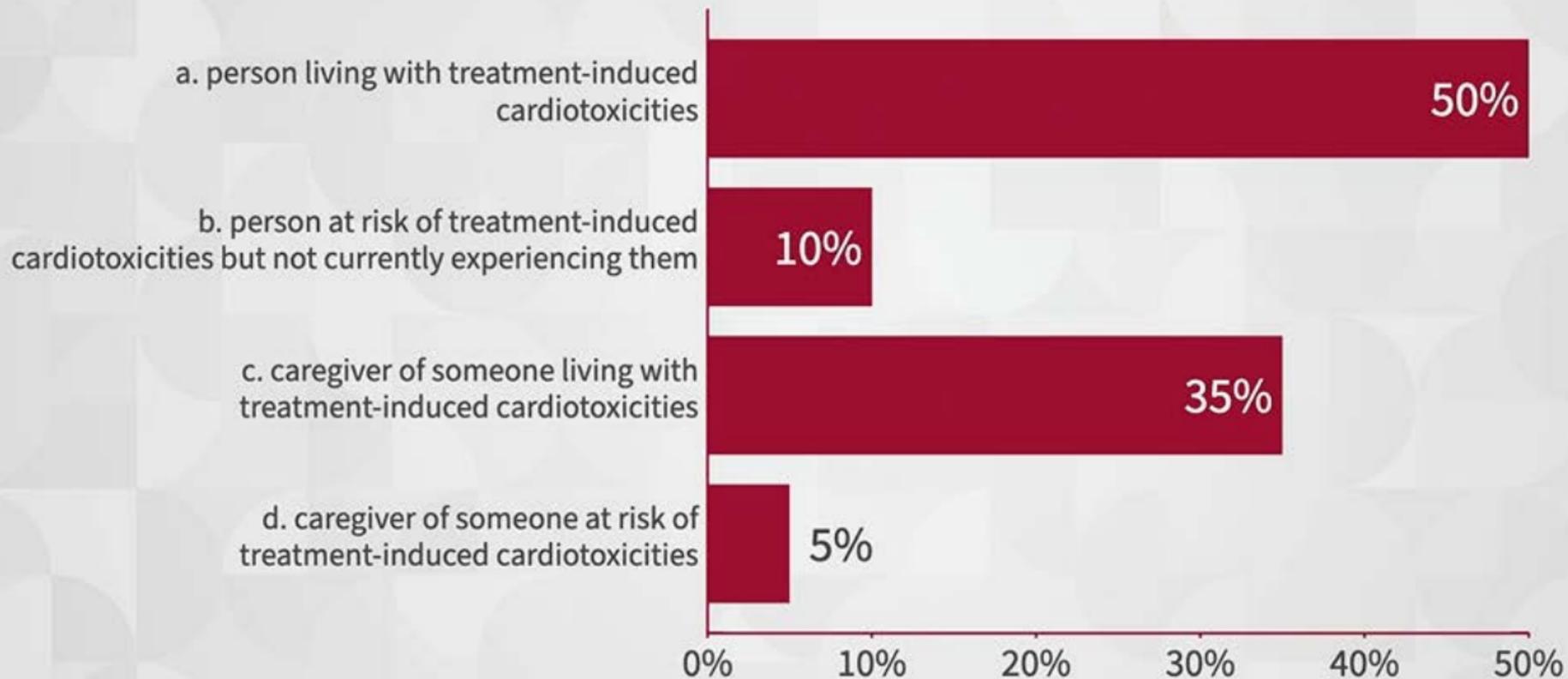
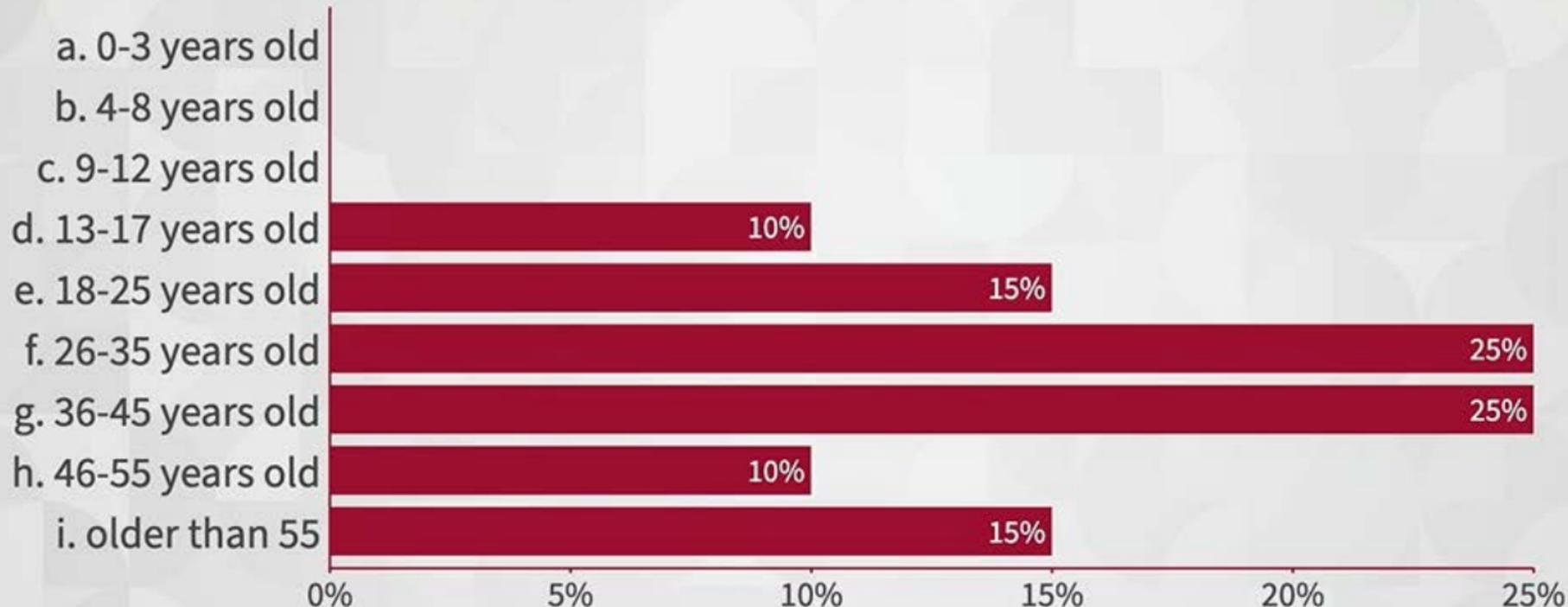


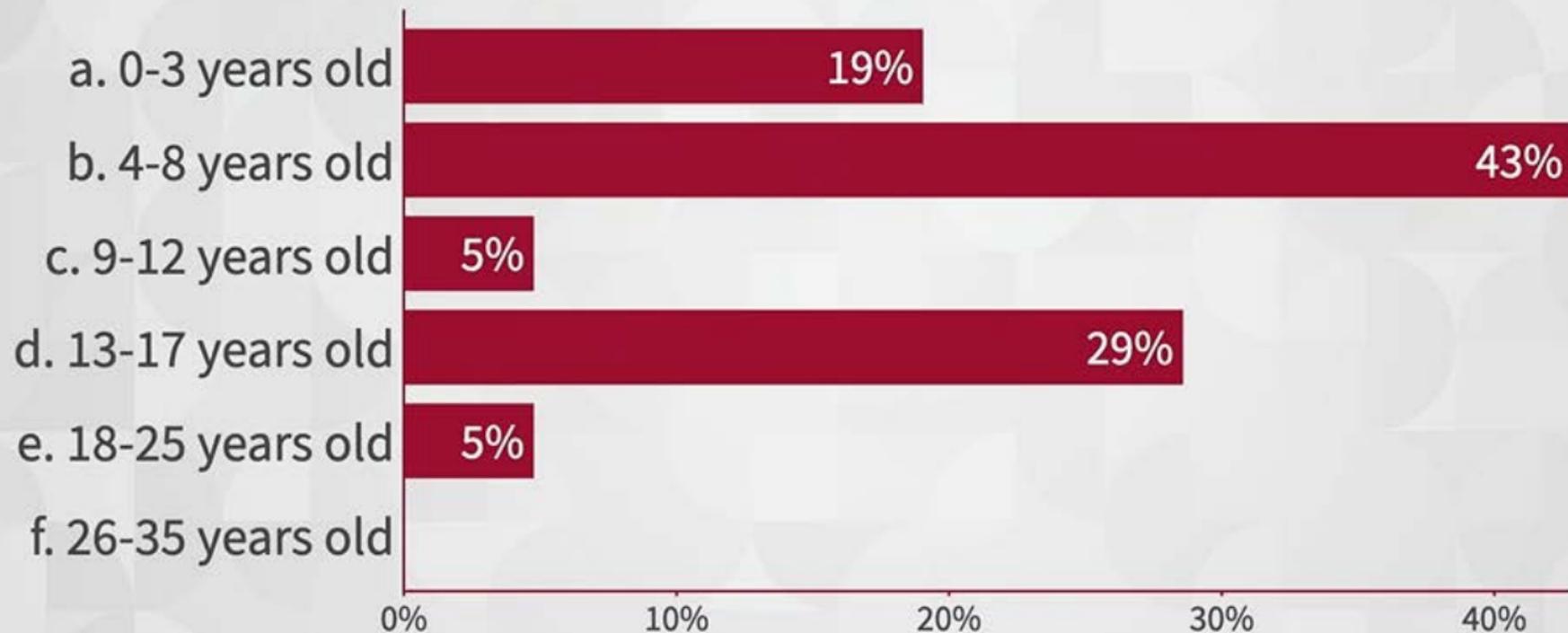
## 1. I am a (Select ALL that apply):



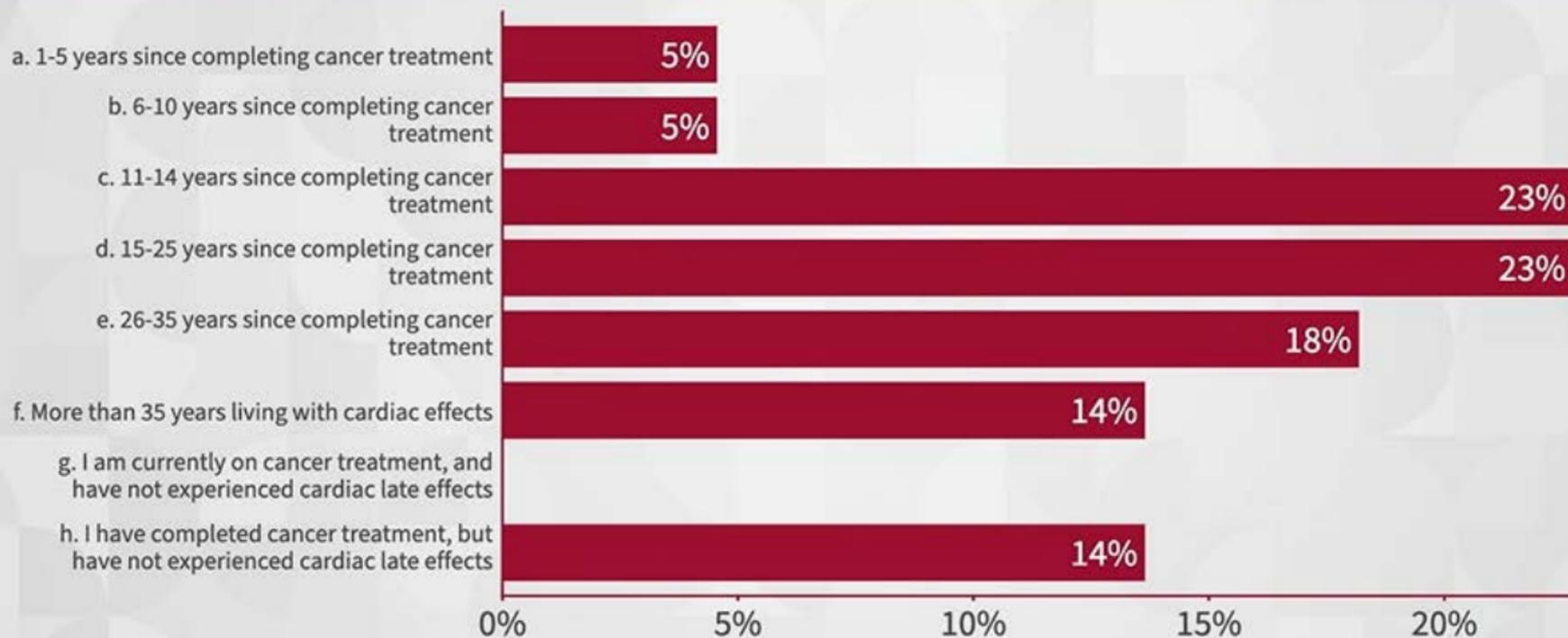
## 2. Your age or, if you are a caregiver, the current age of your affected family member:



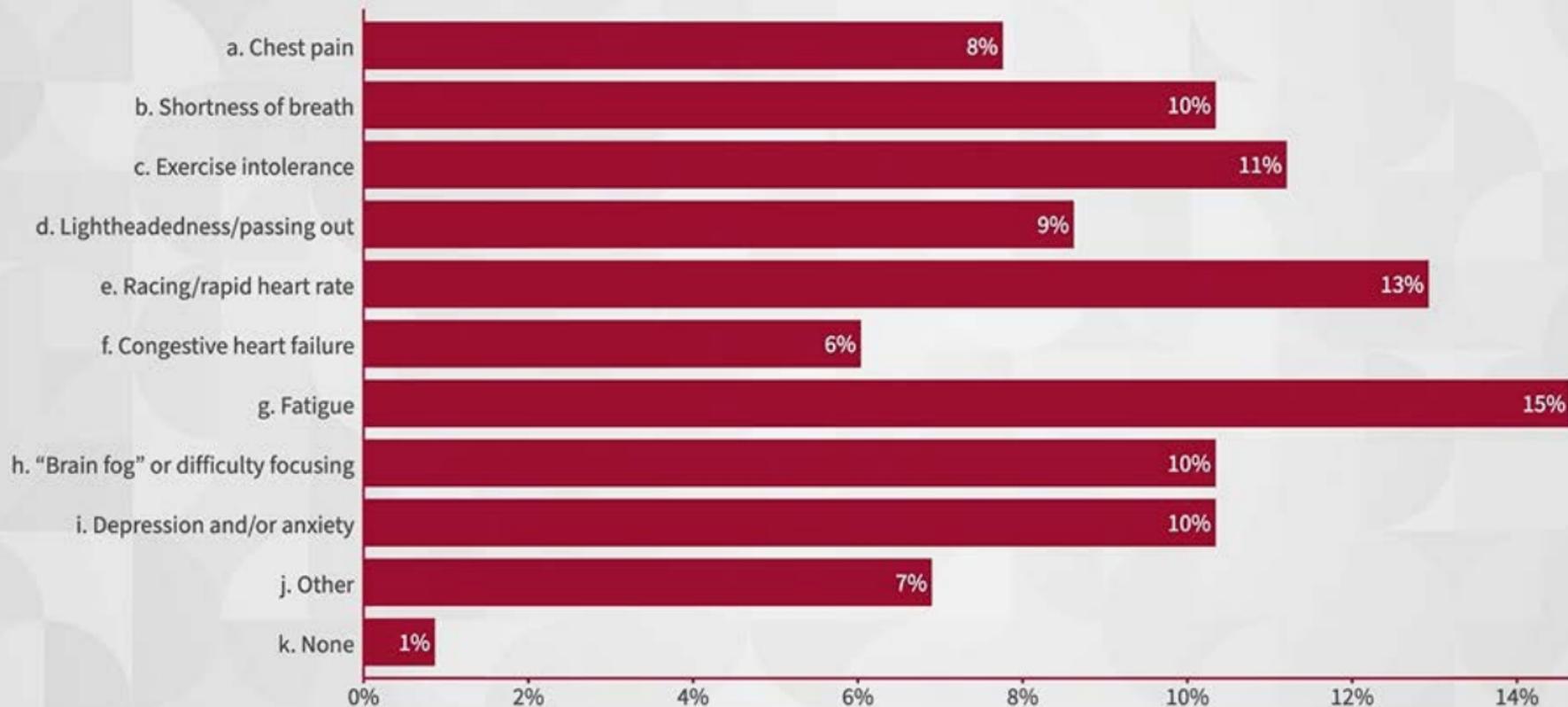
## 5. Age you or your affected family member first received cancer treatment:



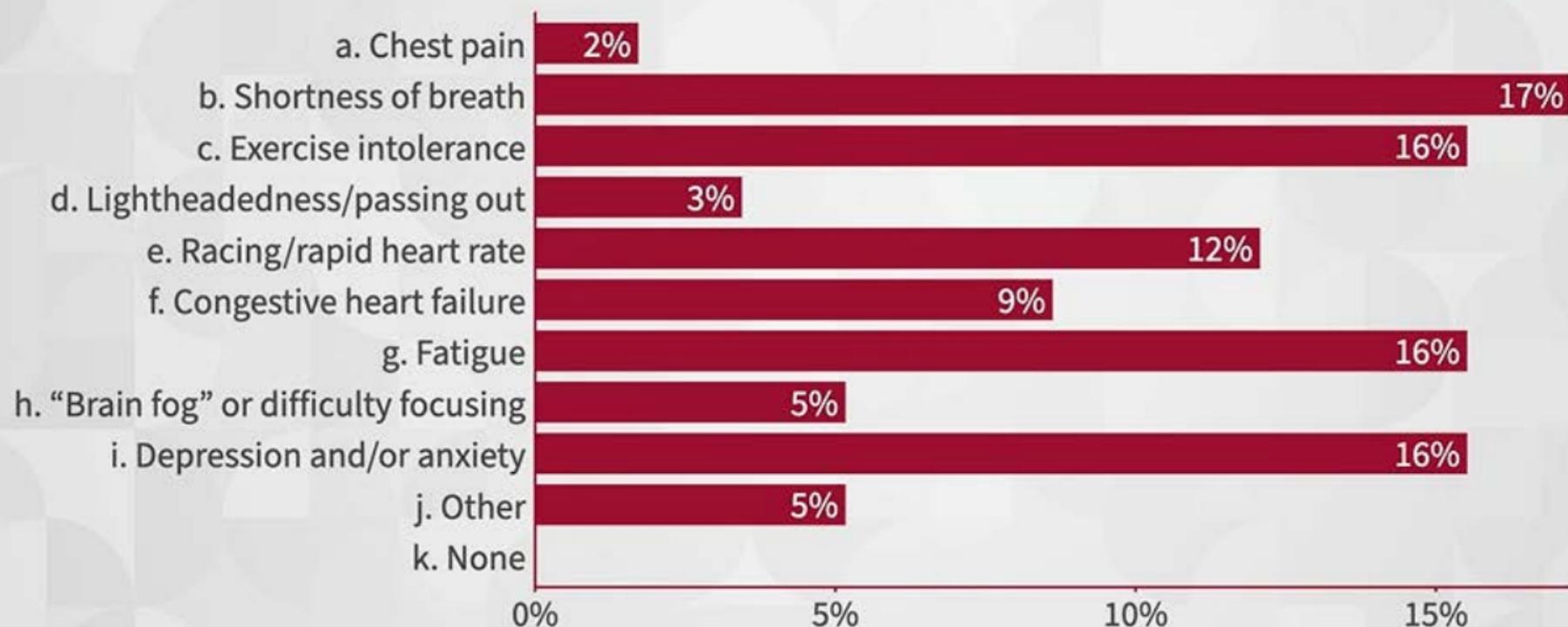
## 6. Number of years you or your affected family member has been living with cardiac late effects:



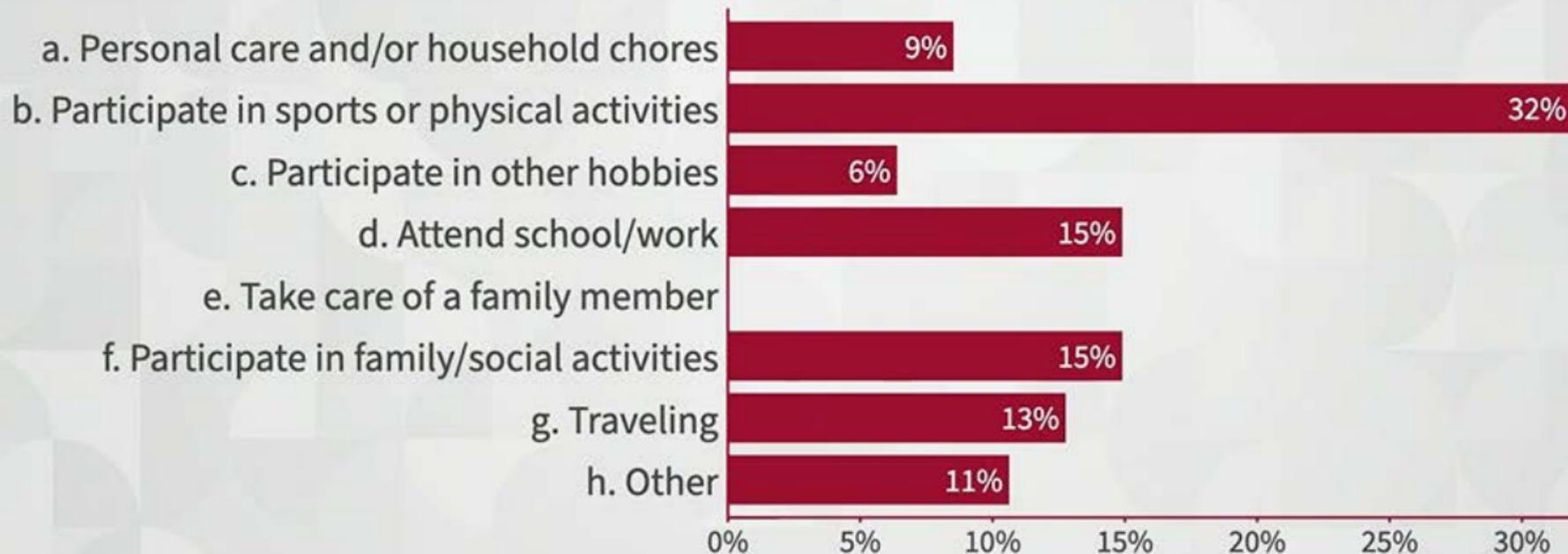
**1. Which of the following health-related symptoms or issues have you or affected family member experienced due to your cardiac late effects? (Select ALL that apply)**



## 2. What are the health issues that impacted you or your affected family member most? (Select top THREE)



### 3. What are the most important things you or your affected family member used to do that can't be done as well today? (select top THREE):



## 4. What are the issues that worry you/your loved one the most about your/their heart disease in the future? (Select top THREE)

