Supplement 2. Survey Questionnaire

1- What is your age?.....

2- What is your gender?.....

3- Where do you live?.....

4- What is your marital status?

- Single
- Separated
- Widow
- Married

5- What is your educational status?

- Primary School
- Secondary and High School
- University

6- What is your monthly income?

- Low (200-1400 TL)
- Middle (1401-5900 TL)

7- What is your active working status?

- Working
- Not Working

8- Do you use any medicine? ……..

9- Do you exercise? Yes…….No……

10- Do you have physical disability? Yes…….No…….

11- Do you have mental disorders or problems? Yes……..No…….

12- Do you watch TV daily? Yes…….No……

13- Do you hospitalize regularly? Yes…….No……

14- How often do you see a doctor?

-Once a week

- Once a month

- More

15- Smoking status?

- Yes
- No

16- Alcohol consumption?

- Yes
- No

17- Which cancer type(s) are you diagnosed?.....

18- What was the age of you diagnosed for the cancer?.....

19- Stage of cancer?

- Receiving treatment

- Completed treatment.

20- Types of treatment?

- Chemotherapy
- Radiotherapy
- Chemotherapy + Radiotherapy

21- Treatment for medical support?

- Chemotherapy and medical support
- Chemotherapy, radiotherapy, and medical support (e.g., pain control, intake drugs and screening)
- Surgery
- Unknown

22- Did you have a surgery? Yes……..No……

23- Are you familiar with the sleep disorders? Yes……No…….

24- Which sleep disorders do you have?

- Restless legs syndrome
- Insomnia
- Parasomnias
- Excessive daytime sleepiness
- Sleep respiratory disorders.
- Bruxism

25- Did you have any treatments for the sleep disorders? Yes……..No……..

26- If you have more than one sleep disorders, please listed below.

27- Do you diet? Yes……..No

28- How often do you eat vegetables?

- Everyday
- Every other day
- Every week
- Every month