

**Fear of Recurrence Questionnaire**  
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**Administration:**

The instructions are self-explanatory but it is helpful to briefly go over the directions with subjects if time permits. When discussing the questionnaire with subjects, you may want to refer to the questionnaire as a “health concerns questionnaire” (less threatening connotations) rather than as a “fear of recurrence questionnaire”.

**Scoring:**

For items #4, 5, 6, 8, 9, 12, 13, 15, 17, 20, 22, the responses are scored from 1 to 5. Strongly Agree responses on these items receive a score of 1 indicating low fear. Neutral responses receive a 3 and Strongly Disagree responses on these items receive a 5 indicating high fear.

For items 1, 2, 3, 7, 10, 11, 14, 16, 18, 19, 21, the scoring pattern is reversed and responses are scored from 5 to 1. Strongly Agree responses on these items receive a score of 5 indicating high fear and Strongly Disagree responses receive a 1 indicating low fear.

Score each of the individual items as indicated above, then total the overall fear of recurrence score. The lowest possible fear of recurrence score is 22 and the highest possible fear of recurrence score is 110.

**Psychometric properties of the scale:**

Reliability. The internal consistency reliability (Cronbach’s alpha) of the F.O.R. Questionnaire was assessed in a separate study by Hilton (1986) with 227 breast cancer patients. The reliability coefficient was .92 indicating that the F.O.R. Questionnaire has high internal consistency. Mellon et al also assessed the internal consistency and reported alpha coefficients of .92 for patients and .91 for family members in their population-based study.

Validity. Walker (1997) found significant correlation between breast cancer patients’ scores of the F.O.R and Profile of Mood States ( $r = .47, p < .001$ ) in a cross sectional study. Stanton et al (2002) found significant correlations between a short version of the F.O.R and the POMS Distress Scales in a longitudinal study of breast cancer survivors at three months ( $r = .51, p < .0001$ ) and 12 months ( $r = .60, p < .0001$ ) following diagnosis.

**References (chronologically):**

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Stanton, A.L., Danoff-Burg, S., & Huggins, M. (2002). The first year after breast cancer diagnosis: Hope and coping strategies as predictors of adjustment. Psycho-Oncology, 11, 93-102.

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