

A Clinical Investigation: Study on Psychosocial Characteristics, Social Support and Intervention Strategies of Outpatient Cancer Pain Patients

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Abstract

Background and Objective: The presence of pain in cancer patients is a prevalent concomitant symptom, exerting significant impacts on their physical, psychological, and social functioning. However, the psychological and social aspects are often overlooked. This study aims to explore the factors influencing the provision of psychological and social support for patients experiencing cancer-related pain while proposing intervention measures to enhance treatment compliance, confidence levels, and overall quality of life. **Materials and Methods:** According to the inclusion and exclusion criteria, a total of 108 patients with moderate to severe advanced cancer pain who had received outpatient analgesia treatment for at least one month were selected as the study subjects. The psychological characteristics and social support of these patients were further examined using the Self-Rating Symptom Scale (SCL-90) and Social Support Rating Scale (SSRS). The influencing factors were compared with the national norms. **Results:** The total score of SCL-90 was significantly different from that of the domestic norm ($P < 0.05$), and the total score of social support was significantly different from that of the domestic norm ($P < 0.01$). In addition to hostile symptoms, Somatic, obsessive, sensitive, depression, anxiety, terror, paranoia, psychosis and other symptoms were correlated with subjective support ($P < 0.05$). **Conclusion:** Patients with cancer pain are more vulnerable to physical symptoms, psychological distress, lack of social support, and other contributing factors. Implementing standar-

dized treatment protocols can effectively alleviate physical symptoms while also emphasizing the importance of psychosocial interventions to address negative emotions and enhance social support. By bolstering patient confidence through these measures, we can ultimately improve treatment outcomes and enhance patients' overall quality of life.

Keywords

Outpatient, Cancer Pain, Psychosocial, Social Support

1. Introduction

Pain is a painful experience with sensory, emotional, cognitive, and social dimensions associated with actual or potential tissue damage [1]. Cancer pain is a kind of chronic pain, and it is also one of the most common and unbearable symptoms for cancer patients, especially those in the middle and advanced stages. It may have varying degrees of impact on patients' physical aspects (including somatosensory and physical function), psychological aspects and social functions, thus comprehensively affecting patients' quality of life. It should be admitted that in the process of treatment of cancer pain patients, although most cases can be effectively controlled, there are still about 20% of patients with refractory pain, the control effect is not good, and pain patients are often accompanied by psychological and social problems, if these problems are not paid attention to and intervention for a long time, it will seriously affect the treatment effect and quality of life of patients. At the same time of reasonable and standardized treatment, dynamic attention should be paid to the problems in psychological and social support of patients, and timely intervention measures should be taken to continuously improve the quality of life of patients.

2. Materials and Methods

2.1. Clinical Materials

108 patients with moderate to severe advanced cancer pain who received outpatient analgesia treatment (≥ 1 month) were selected as the study subjects. Inclusion criteria: All patients were diagnosed as advanced cancer by clinical, imaging and cytological examination, accompanied by tumor-related moderate to severe pain (NRS score ≥ 4), and their tumors were in stage III to stage IV, and could not be treated with radical treatment such as surgery or radiotherapy or chemotherapy. Exclusion criteria: 1) those who do not meet the above inclusion criteria or cannot be treated as required; 2) Patients with intellectual disability or mental illness, unable to judge the pain course autonomously; 3) Patients with severe heart, liver and renal dysfunction; 4) Patients can not tolerate the use of analgesic drugs or have serious adverse reactions; 5) Patients can not determine the efficacy due to incomplete data.

2.2. Methods

Analysis of psychological characteristics. The SCL-90 is a Chinese-language version of Wang's Derogatis based on Hopkin's Symptom List. The scale has 90 assessment items, including somatization, obsessive-compulsive symptoms, interpersonal sensitivity, depression, anxiety, hostility, terror, paranoia and psychosis, including nine factors, involving feelings, emotions, thinking, consciousness, behavior, living habits, interpersonal relationships, diet and sleep. The scale adopted a 5-level scoring system (0 = never, 1 = mild, 2 = moderate, 3 = fairly severe, 4 = severe). The overall symptom severity and the characteristics of sub-factor symptoms were analyzed according to the total score and factor score respectively. The difference between the scores of patients and the scores of Chinese norm SCL-90 was compared and analyzed.

Social support analysis. The Social Support Rating Scale (SSRS) compiled by Xiao Shuiyuan was used for the investigation and analysis. The scale consists of 10 items, including objective support (3 items), subjective support (4 items) and utilization of social support (3 items). The total score was the sum of the scores of ten items, the objective support was divided into the sum of the scores of 2, 6 and 7 items, the subjective support was divided into the sum of the scores of 1, 3, 4 and 5 items, and the utilization of support was divided into the sum of the scores of 8, 9 and 10 items. In 1987, Xiao Shuiyuan used SSRS to test the social support status of 128 normal people, which was used as a domestic norm. The scores of the patients in this study were compared with the domestic norms.

Professional were trained to fully communicate with cancer pain patients and assist patients in completing general characteristics data, SCL-90 and SSRS questionnaires.

2.3. Statistical Method

The survey data will be statistically analyzed using SPSS13.0 software. General characteristic data analysis uses descriptive statistical indicators, such as frequency, component ratio, mean, standard difference, etc. Comparison between the two groups of measurement data was performed by t test or ANOVA, and rank sum test was performed for those with non-normal distribution or uneven variance. Counting data for comparison between rates or constituent ratios shall be tested by chi-square test. Statistical analysis used $P < 0.05$ as the significance test.

3. Results

3.1. Patient General Characteristic Material

The mean age of 108 patients was 51.92 ± 16.01 ; Males 52 (48.1%), females 56 (51.9%); Education level: Primary school 22 (20.4%), middle school 26 (24.1%), high school 26 (24.1%), university 27 (25%), other 7 (6.5%); The tumor stages were III stage 29 (26.9%) and IV stage 79 (73.1%). Metastasis: viscera 26 (24.1%),

bone 48 (44.4%), viscera and bone 34 (31.5%).

3.2. Patient Symptom Checklist (SCL-90) Score

The total score of SCL-90 was significantly different from the domestic norm ($P < 0.05$), and the four factors including somatization, interpersonal sensitivity, depression and anxiety were also significantly different from the domestic norm score ($P < 0.05$). There were no significant differences in psychosis, obsessive-compulsive symptoms, hostility, terror and paranoia ($P > 0.05$) (Table 1).

3.3. Patient Social Support Rating Scale (SSRS) Score

The total score of social support of cancer pain patients was significantly different from that of the domestic norm ($P < 0.01$), and the objective support, subjective support and support utilization were significantly different from the domestic norm ($P < 0.01$) (Table 2).

3.4. Correlation Analysis between Symptoms and Social Support

There was a certain correlation between somatization symptoms and the total

Table 1. The score of SCL-90 for patients with cancer pain.

Item	Cancer Pain (n = 108)	Domestic norm (n = 1388)
somatization	1.82 ± 0.36*	1.37 ± 0.48
psychosis	1.35 ± 0.42	1.29 ± 0.42
interpersonal sensitivity	1.98 ± 0.45*	1.65 ± 0.51
depression	1.86 ± 0.57*	1.50 ± 0.59
anxiety	1.75 ± 0.44*	1.39 ± 0.43
obsessive-compulsive	1.58 ± 0.46	1.62 ± 0.58
hostility	1.60 ± 0.52	1.48 ± 0.56
terror	1.26 ± 0.48	1.23 ± 0.41
paranoia	1.39 ± 0.41	1.43 ± 0.57
Average total score	1.72 ± 0.45*	1.44 ± 0.43

Note: Compared with the domestic norm, * $P < 0.05$.

Table 2. Comparison between social support scores of cancer pain patients and domestic norms.

Item	Cancer Pain	Domestic norm	T Value	P Value
case	108	128		
objective support	10.26 ± 1.87*	12.68 ± 3.47	7.65	0.001
subjective support	24.89 ± 4.16*	15.47 ± 2.75	21.05	0.001
support utilization	6.97 ± 2.05*	9.38 ± 2.40	6.36	0.001
Social support score	42.36 ± 5.48*	34.56 ± 3.73	12.87	0.001

Note: Compared with the domestic norm, * $P < 0.01$.

Table 3. Correlation analysis between symptoms and social support in patients with cancer pain.

Item		somatization	obsessive-compulsive	interpersonal sensitivity	depression	anxiety	hostility	terror	paranoia	psychosis	Total score
Social support score	P Value	0.012*	0.054	0.194	0.256	0.082	0.546	0.362	0.301	0.150	0.074
objective support	P Value	0.384	0.729	0.426	0.779	0.427	0.977	0.531	0.722	0.348	0.885
subjective support	P Value	0.001*	0.002*	0.006*	0.027*	0.001*	0.204	0.048*	0.015*	0.002*	0.002*
support utilization	P Value	0.656	0.702	0.678	0.576	0.969	0.471	0.734	0.176	0.629	0.745

Note: Significant differences $P < 0.05$.

score of social support in cancer pain patients ($P < 0.05$). All symptoms except hostile symptoms were correlated with subjective support ($P < 0.05$), and none of the 9 symptoms were correlated with objective support and support availability ($P > 0.05$) (Table 3).

4. Discussion

Tumor patients require a comprehensive approach that encompasses both conventional treatment and psychosocial support, as these two aspects have a mutual influence on each other to a certain extent [2] [3]. Research indicates that approximately 50% of cancer patients will encounter pain at some point during their illness, with 70% - 90% of those in advanced stages experiencing moderate to severe levels of pain [4] [5]. Luo Jian *et al.* conducted a study on the quality of life among 789 cancer patients experiencing pain, revealing that pain can exert varying degrees of impact on patients' physical, psychological, and social well-being, thereby comprehensively influencing their overall quality of life [6].

Cancer pain can elicit a range of psychological responses, including anxiety, depression, and fear, among other negative emotions [7] [8]. Tao Haiyun *et al.* observed prominent psychological and emotional changes in cancer patients, with severe cancer pain leading to 78.03% experiencing negative emotions and 69.36% reporting fear. Additionally, 61.56% of patients exhibited symptoms of anxiety, often coexisting with other psychological states [9].

This study demonstrated that cancer pain patients exhibited significantly higher scores in somatization, interpersonal sensitivity, anxiety, and depression compared to the domestic norm ($P < 0.05$). These findings suggest a heightened susceptibility to physical symptoms, interpersonal interactions, and psycho-

psychological factors among patients necessitating timely attention and intervention. In terms of physical symptoms, the focus should be on early assessment and standardized treatment of physical manifestations such as pain, sleep disorders, and fatigue. For adverse reactions induced by patient treatments, such as nausea, vomiting, constipation, and other gastrointestinal symptoms, dynamic intervention should be implemented to mitigate their impact on cancer pain management and treatment efficacy.

Social support, as an external resource, has gained increasing attention in the medical field. Effective social support is crucial for improving the quality of life of patients with malignant tumors [10]. When a patient experiences cancer and pain due to the disease, medical treatment, and other factors, these can significantly impact their daily activities and communication with family and friends. Consequently, patients are rendered incapable of fulfilling their physical, emotional and social obligations. Social support is deemed a buffer or mediator for psychological stress that sustains individuals' positive emotions and affords them optimal protection for their well-being [11]. The higher the level of social support patients receive, the greater the extent to which they will be supported by their family members and society. Additionally, patients will actively seek assistance from others and society in order to effectively cope with and address the multitude of challenges they face.

This study demonstrates that the presence of compulsion, interpersonal sensitivity, depression, anxiety, terror, paranoia, psychosis and other symptoms significantly impact the acquisition of subjective support in patients with cancer pain. Patients who experience less psychological pressure and negative emotions tend to exhibit a more positive coping style which leads to more effective support and greater confidence in overcoming their illness. The intervention strategy should encompass not only providing emotional support to patients, but also actively facilitating their access to deserved respect, affection, trust, care, and attentive listening. Through these interventions, the patient's inherent value can be respected and acknowledged by others. Simultaneously, it is imperative to guide patients accurately in defining, comprehending, and managing problems during the diagnosis and treatment process of their illness. This will help them avoid negative emotions stemming from erroneous perceptions while reducing or eliminating psychological issues such as compulsion, sensitivity, depression, anxiety, terror, paranoia and psychosis caused by their medical condition. We should conduct thorough psychological assessments and implement personalized interventions targeting behavior, spirit, and psychological states. We must also apply timely methods and techniques such as behavioral, emotional, cognitive, and social interventions to enhance the effectiveness of our interventions. The active facilitation of patients' awareness regarding the importance of interpersonal communication is crucial, as it fosters a sense of acceptance and belonging. This sense of belonging plays a pivotal role in enabling patients to overcome life challenges and maintain a positive emotional state. In considera-

tion of the impact of patients' somatization symptoms on social support, it is crucial to focus on and promptly address influencing factors such as pain, sleep disorders, digestive tract reactions, malnutrition, fatigue, and other accompanying symptoms during the selection of intervention strategies. Moreover, a standardized approach should be implemented throughout the entire process to mitigate the influence of somatization factors on patients' social support and facilitate their access to more effective forms of support.

5. Conclusion

Cancer pain is a prevalent concurrent symptom among patients with middle to advanced stage cancer. During the process of managing cancer pain, patients are vulnerable to physiological, psychological, and social factors. In addition to actively standardizing the treatment of cancer pain and alleviating pain symptoms as soon as possible, we should pay attention to the psychological and social influencing factors of patients, and focus on the intervention of psychological factors such as interpersonal sensitivity, depression, anxiety and so on to eliminate the negative emotions of patients in a timely manner. At the same time, it helps patients to obtain subjective support and enhance their confidence to actively overcome the disease. This study is a cross-sectional investigation and analysis and proposes intervention measures. In the follow-up study, we should establish a follow-up mechanism, expand the number of observed cases, dynamically analyze the changes of influencing factors and the effect of intervention, and improve the scientific nature of intervention programs and the overall quality of life of patients effectively.

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Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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Appendix

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SYMPTOM CHECK LIST (SCL-90)

(L. R. Derogatis, R.S. Lipman, L.Covi)

Attached is a list of problems and complaints that people have. Please read each one carefully.

After you have done so, please fill in the number (0 to 4, see below) which best describes how much that problem has bothered or distressed you during the past 4 weeks including today. Choose only one number for each problem and do not skip any items. If you change your mind, erase your first answer and fill in the new one. All questionnaires will be treated confidentially!

0 = not at all; 1 = a little bit; 2 = moderately; 3 = quite a bit; 4 = extremely;

Please fill in the appropriate number within the brackets!

1. Headaches [_]
2. Nervousness or shakiness inside [_]
3. Unwanted thoughts or ideas that won't leave your head [_]
4. Faintness or dizziness [_]
5. Loss of sexual interest or pleasure [_]
6. Feeling critical of others [_]
7. The idea that someone else can control your thoughts [_]
8. Feeling others are to blame for most of your troubles [_]
9. Trouble remembering things [_]
10. Worried about sloppiness or carelessness [_]
11. Feeling easily annoyed or irritated [_]
12. Pains in heart or chest [_]
13. Feeling afraid in open spaces or on the street [_]
14. Feeling low in energy or slowed down [_]
15. Thoughts of ending life [_]
16. Hearing voices that other people do not hear [_]
17. Trembling [_]
18. Feeling that most people cannot be trusted [_]
19. Poor appetite [_]
20. Crying easily [_]
21. Feeling shy or uneasy with the opposit sex [_]
22. Feeling of being trapped or caught [_]
23. Suddenly scared for no reason [_]
24. Temper outbursts that you could not control [_]
25. Feeling afraid to go out of your house alone [_]
26. Blaming yourself for things [_] 40
27. Pains in lower back [_] 41
28. Feeling blocked in getting things done [_] 42
29. Feeling lonely [_] 43

30. Feeling blue [_] 44
31. Worrying too much about things [_] 45
32. Feeling no interest in things [_] 46
33. Feeling fearful [_] 47
34. Your feelings being easily hurt [_] 48
35. Other people being aware of your private thoughts [_]
36. Feeling others do not understand you or are unsympathetic [_]
37. Feeling that people are unfriendly [_]
38. Having to do things very slowly [_]
39. Heart pounding or racing [_]
40. Nausea or upset stomach [_]
41. Feeling inferior to others [_]
42. Soreness of your muscles [_]
43. Feeling that you are watched or talked about by others [_]
44. Trouble falling asleep [_]
45. Having to check and double check what you do [_]
46. Difficulty making decisions [_]
47. Feeling afraid to travel on buses, subways or trains [_]
48. Trouble getting your breath [_]
49. Hot or cold spells [_]
50. Having to avoid certain things, places or activities [_]
51. Your mind going blank [_]
52. Numbness or tingling in parts of your body [_]
53. A lump in your throat [_]
54. Feeling hopeless about the future [_]
55. Trouble concentrating [_]
56. Feeling weak in parts of your body [_]
57. Feeling tense or keyed up [_]
58. Heavy feelings in your arms or legs [_]
59. Thoughts of death or dying [_]
60. Overeating [_]
61. Feeling uneasy when people are watching or talking about you [_]
62. Having thoughts that are not your own [_]
63. Having urges to beat, injure or harm someone [_]
64. Awakening in the early morning [_]
65. Having to repeat the same actions such as touching, counting, washing [_]
66. Sleep that is restless or disturbed [_]
67. Having urges to break or smash things [_]
68. Having ideas or beliefs that others do not share [_]
69. Feeling very self-conscious with others [_]
70. Feeling uneasy in crowds such as shopping or at a movie [_]
71. Feeling everything is an effort [_]

72. Spells of terror or panic [_]
73. Feeling uncomfortable about eating or drinking in public [_]
74. Getting into frequent arguments [_]
75. Feeling nervous when you are left alone [_]
76. Others not giving you proper credit for your achievements [_]
77. Feeling lonely even when you are with people [_]
78. Feeling so restless you couldn't sit still [_]
79. Feeling of worthlessness [_]
80. Feeling that familiar things are strange or unreal [_]
81. Shouting or throwing things [_]
82. Feeling afraid you will faint in public [_]
83. Feeling that people will take advantage of you if you let them [_]
84. Having thoughts about sex that bother you a lot [_]
85. The idea that you should be punished for your sins [_]
86. Feeling pushed to get things done [_]
87. The idea that something serious is wrong with your body [_]
88. Never feeling close to another PERSONAL [_]
89. Feelings of guilt [_]
90. The idea that something is wrong with your mind [_]

Please go back and check that you have answered all questions.

Social Support Rating Scale (SSRS)

Name: Gender: Age: (year)

Education: Occupation: Marital Status:

Address or workplace:

Filling date: Year month day

Guidance: The following questions are intended to reflect the support you have received in the community. Please answer them according to the specific requirements of each question and your actual situation. Thank you for your cooperation.

1. How many close friends do you have that you can count on for support and help? (Choose only one item)

- (1) None (2) 1 - 2
- (3) 3 - 5 (4) 6 or more

2. In the past year you: (Choose only one)

- (1) Stay away from family and live alone in one room
- (2) Change of residence frequently, and live with strangers most of the time.
- (3) Living with classmates, colleagues or friends
- (4) Living with family

3. You and your neighbors: (Choose only one)

- (1) Never care about each other, just nodding friends
- (2) May be slightly concerned about difficulties
- (3) Some of your neighbors care about you

- (4) Most neighbors care about you
4. You and your colleagues: (Choose only one)
- (1) Never care about each other, just nodding friends
 - (2) May be slightly concerned about difficulties
 - (3) Some colleagues care about you
 - (4) Most of your colleagues care about you
5. Support and care from family members (check the appropriate box with a “√”)
- A. Husband and wife (lovers) (no minimal general full support)
 - B. Parents (no minimal general full support)
 - C. Children (no minimal general full support)
 - D. Siblings (no minimal general full support)
 - E. Other members (such as sister-in-law) (no minimal general full support)
6. In the past, when you were in an emergency situation, the sources of financial support and help to solve practical problems were:
- (1) No source
 - (2) The following sources: (optional)
 - A. A spouse; B. Other family members; C. My friend D. Relatives; E. Colleagues; F. The working unit;
 - G. Official or semi-official organizations such as party and group trade unions;
 - H. Religious, social and other non-official organizations; I. Others (please list)
7. In the past, the sources of comfort and concern you used to receive in emergency situations were:
- (1) No source
 - (2) The following sources (optional)
 - A. A spouse; B. Other family members; C. My friend D. Relatives; E. Colleague
 - F. The working unit
 - G. Official or semi-official organizations such as caucus trade unions H. Religious, social and other non-official organizations
 - I. Others (please list)
8. The way you talk about your troubles: (just choose one)
- (1) Never complain to anyone
 - (2) Only to 1 - 2 people who are very close to you
 - (3) If a friend asks you, you will speak up
 - (4) Take the initiative to tell their troubles to get support and understanding.
9. How to help you when you are in trouble: (Choose only one)
- (1) Rely only on yourself and do not accept help from others
 - (2) Rarely asks for help
 - (3) Sometimes ask others for help
 - (4) Often ask for help from family members, relatives and friends, and organizations when in trouble
10. For groups (such as party groups, religious organizations, trade unions, student unions, etc.) to organize activities, you: (choose only one)

- (1) Never attend
- (2) Occasionally attend
- (3) Attend regularly
- (4) Take the initiative to participate in active activities