The current body of literature provides strong evidence in support of a physically active lifestyle for cancer survivors, including gynecologic cancer survivors (GCSs), for its benefits in the physical and psychological domains of health (Courneya & Friedenreich, 2007; Speck, Courneya, Masse, Duval, & Schmitz, 2010). Regrettably, the physical activity (PA) levels of cancer survivors have been found to be low, with the large majority of survivors reporting levels below the recommended 150 minutes of moderate-to-vigorous PA (MVPA) per week (Blanchard, Courneya, & Stein, 2008; Stevinson et al., 2007; Trinh, Plotnikoff, Rhodes, North, & Courneya, 2011).

Increasing PA levels in cancer survivors has become a priority for health researchers and professionals. In line with this goal, many studies have worked to explore the PA program preferences of cancer survivors. Evidence suggests that survivor groups report an interest in PA programs (McGowan et al., 2013), with most showing a preference for post-treatment walking programs (Gjerset et al., 2011; Jones & Courneya, 2002; Karvinen et al., 2006; Karvinen, Courneya, Venner, & North, 2007). Although some concurring PA preferences have been reported (e.g., walking programs), the unique medical and demographic characteristics throughout the cancer survivor populations have unique influences on PA preferences (Karvinen et al., 2006, 2007; McGowan et al., 2013). For example, Stevinson et al. (2009) found that medical characteristics did not have an influence on the PA preferences of ovarian cancer survivors; however, having an ostomy, as well as recurrence status, influenced the PA preferences of colorectal cancer survivors (McGowan et al., 2013). In addition, age (younger than 65 versus older than 65 years) and employment status (employed versus unemployed) were not found to influence PA preferences of endometrial cancer survivors (Karvinen et al., 2006); however, they did influence the PA preferences of colorectal cancer survivors (Courneya et al., 2005). These findings suggest that unique preferences may exist among cancer survivor groups and should not be generalized across all groups. To date, much of the literature on PA preference has focused largely on breast, colorectal, and prostate cancers, leaving a significant gap in understanding the PA preferences and needs of GCSs. Regrettably, the majority of studies in this area have been limited to gathering their information via closed-item questions, and, although a useful starting point, these questions do not capture the full range of preferences that cancer survivors may have.