

**BONE TREATMENT CONVENIENCE AND SATISFACTION QUESTIONNAIRE
 FACIT-TS-BTCSQ - BASELINE**

The following to be completed by patient.

The following is a list of statements that people receiving bisphosphonate therapy have commented are important. For each statement, please choose the response that best describes your expectation of this treatment.

"*Treatment for bone disease*" means the drug(s) you receive to treat your bone disease only, **NOT** your other cancer treatments.

<u>TREATMENT FOR BONE DISEASE EXPECTATIONS</u>	Not at all	A little bit	Some- what	Quite a bit	Very much
I believe that treatment for bone disease will take up <u>my time</u>	0	1	2	3	4
I believe that my treatment for bone disease will take up <u>my family's time</u>	0	1	2	3	4
I worry about side effects from treatment for bone disease.....	0	1	2	3	4
I believe that my treatment for bone disease will cause me physical pain.....	0	1	2	3	4
I believe that receiving treatment for bone disease will be inconvenient.....	0	1	2	3	4
I worry that my treatment for bone disease will not be effective.....	0	1	2	3	4
I believe that treatment for bone disease will be harmful to me.....	0	1	2	3	4

Pt initials_____

Study ID#_____

TREATMENT FOR BONE DISEASE EXPECTATIONS

Not at all A little bit Some-what Quite a bit Very much

I believe that my treatment schedule for bone disease will be stressful to me..... 0 1 2 3 4

I believe that my treatment schedule for bone disease will be stressful to my family 0 1 2 3 4

I believe that I will be bothered by side effects of treatment for bone disease 0 1 2 3 4

I believe that waiting up to 60 minutes before eating breakfast in the morning will be inconvenient..... 0 1 2 3 4

I believe that an infusion for my bone treatment will cause me physical pain..... 0 1 2 3 4

I believe that having my blood drawn will be inconvenient..... 0 1 2 3 4

Patient's Signature: _____

Date: _____ - _____ - _____
dd-mon-yyyy

CRA Signature: _____

Date: _____ - _____ - _____
dd-mon-yyyy