

**CHEMOTHERAPY CONVENIENCE AND SATISFACTION QUESTIONNAIRE
ON THERAPY**

Below is a list of statements that people receiving chemotherapy like yours have said are important. For each statement, please choose the reply that best fits your experience with receiving chemotherapy, and circle the number corresponding to your reply.

"Chemotherapy" means the drug(s) you receive to treat your cancer or tumor.

	<u>Chemotherapy Experience - 1</u>	Not at all	A little bit	Some-what	Quite a bit	Very Much
CS1	Chemotherapy treatment takes up <u>my time</u> .	0	1	2	3	4
CS2	My chemotherapy treatment takes up <u>my family's time</u> .	0	1	2	3	4
CS3	I worry about side effects from chemotherapy treatment.	0	1	2	3	4
CS4	My chemotherapy treatment causes me physical pain.	0	1	2	3	4
CS5	Receiving chemotherapy is inconvenient.	0	1	2	3	4
CS6	I worry that my chemotherapy will not be effective.	0	1	2	3	4
CS7	Chemotherapy treatment seems harmful to me.	0	1	2	3	4
CS8	My chemotherapy schedule is <u>stressful to me</u> .	0	1	2	3	4
CS9	My chemotherapy schedule is <u>stressful to my family</u> .	0	1	2	3	4
GP5	I am bothered by side effects of treatment.	0	1	2	3	4
	Please answer this last question about <u>how you have felt this past week</u> .					
GF7	I am content with the quality of my life right now.	0	1	2	3	4

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Considering your experience with chemotherapy to date, please respond to the following questions.

<u>Chemotherapy Experience - 2</u>		No, not at all	Yes, to some extent	Yes, for the most part	Yes, completely
CS 10	Are you satisfied with the current results of your chemotherapy?	0	1	2	3

		No	Maybe	Yes
CS 11	Would you recommend this chemotherapy to others with your illness?	0	1	2
CS 12	Would you choose this chemotherapy again?	0	1	2

		Poor	Fair	Good	Very Good	Excellent
CS 13	How would you rate this chemotherapy?	0	1	2	3	4

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Resource Utilization

A "cycle" of chemotherapy includes the days on which you get an infusion or tablets, or both, and also the days after that until you get another infusion or set of tablets. Each time you begin chemotherapy again, you begin a new cycle. If you have any question about what period of time makes up one "cycle" of chemotherapy, your doctor or nurse can tell you.

1. How many times did you go to the hospital or doctor's office for any reason (including scheduled visits) during the previous chemotherapy cycle?

_____ times during the previous cycle to the hospital

_____ times during the previous cycle to the emergency room or clinic

_____ times during the previous cycle to the doctor's office

2. What was the average length of time spent on these visits, including travel to and from, waiting time, time with doctor or nurse, drug administration time, and testing/procedure time?

_____ days during the previous cycle for an average hospital visit

_____ hours during the previous cycle for an average emergency room or clinic visit

_____ hours during the previous cycle for an average doctor's office visit

3. How many total hours did you miss from work and/or your usual activities during your previous chemotherapy cycle?

_____ hours missed during the previous cycle

4. How many total hours have your friends or relatives missed from work and/or their usual activities because you needed their help during your previous chemotherapy cycle?

_____ hours missed during the previous cycle