

**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.

**TREATMENT FOR BONE DISEASE  
 EXPECTATIONS**

	<b>Not at all</b>	<b>A little bit</b>	<b>Some- what</b>	<b>Quite a bit</b>	<b>Very much</b>
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