

**BONE TREATMENT CONVENIENCE AND SATISFACTION QUESTIONNAIRE
 FACIT-TS-BTCSQ – ON TREATMENT**

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 EXPERIENCE</u>	Not at all	A little bit	Some- what	Quite a bit	Very much
Treatment for bone disease takes up <u>my time</u>	0	1	2	3	4
My treatment for bone disease takes 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
My treatment for bone disease causes me physical pain..	0	1	2	3	4
Receiving treatment for bone disease is inconvenient.....	0	1	2	3	4
I worry that my treatment for bone disease will not be effective.....	0	1	2	3	4
Treatment for bone disease seems harmful to me.....	0	1	2	3	4
My treatment schedule for bone disease is <u>stressful to me</u>	0	1	2	3	4

**TREATMENT FOR BONE DISEASE
EXPERIENCE**

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

My treatment schedule for bone disease is stressful to my family..... 0 1 2 3 4

I am bothered by side effects of treatment for bone disease. 0 1 2 3 4

Having my blood drawn is inconvenient..... 0 1 2 3 4

If you are currently taking an oral drug for your bone disease, then please answer the following 2 questions (otherwise, please skip the following 2 questions):

Waiting up to 60 minutes before eating breakfast in the morning is inconvenient 0 1 2 3 4

Taking the oral drug causes gastric discomfort or pain ... 0 1 2 3 4

If you are currently having an infusion for your bone treatment, then please answer the following 2 questions (otherwise, please skip the following 2 questions):

Taking the drug by infusion is inconvenient..... 0 1 2 3 4

The infusion for my bone treatment causes me physical pain..... 0 1 2 3 4

Considering your experience with treatment for bone disease to date, please respond to the following questions.

No, not at all **Yes, to some extent** **Yes, for the most part** **Yes, completely**

Are you satisfied with the results of the treatment for your bone disease so far? 0 1 2 3

No **Maybe** **Yes**

Would you recommend this treatment for bone disease to others with your illness? 0 1 2

Would you choose this treatment for bone disease again? 0 1 2

Time Used for Hospitalizations and Outpatient Medical Visits

- 1) How many times and for how long did you have a hospital stay or an outpatient visit during the past 4 weeks?
(Please complete the table below.)

	Total Number of Visits	Average Length of Visit	
Hospital Admissions			days
Family Practice Visits			hours
Specialist Visits			hours
Emergency Visits			hours
Other Visits			hours

- 2) We would like to know the cost incurred by you or by someone helping you with transportation to and from the above visits during the past 4 weeks.
(Please complete the table below.)

	Total Number of Trips	Average Kilometers per Trip	Average Time of Trip			Average Cost
			hours	mins		
Ambulance						
Private Vehicle						
Public Transport/Taxi						

- 3) During the past 4 weeks, how much total time did you or someone helping you miss from work or leisure time due to actual visits and travel time? (Please complete the table below)

Time Missed from Work/Leisure	Days	Hours
Total time missed <u>by patient</u>		
Total time missed <u>by someone helping patient</u>		

Patient's Signature: _____

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

CRA Signature: _____

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