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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Chemotherapy Experience - 1 | **Not at all** | **A little bit** | **Some-what** | **Quite** **a bit** | **Very Much** |
|  |
|  |
| CCS1 | Chemotherapy treatment takes up my time. | 0 | 1 | 2 | 3 | 4 |
| CCS2 | My chemotherapy treatment takes up my family’s time. | 0 | 1 | 2 | 3 | 4 |
| CCS3 | I worry about side effects from chemotherapy treatment. | 0 | 1 | 2 | 3 | 4 |
| CCS4 | My chemotherapy treatment causes me physical pain. | 0 | 1 | 2 | 3 | 4 |
| CCS5 | Receiving chemotherapy is inconvenient. | 0 | 1 | 2 | 3 | 4 |
| CCS6 | I worry that my chemotherapy will not be effective. | 0 | 1 | 2 | 3 | 4 |
| CCS7 | Chemotherapy treatment seems harmful to me. | 0 | 1 | 2 | 3 | 4 |
| CCS8 | My chemotherapy schedule is stressful to me. | 0 | 1 | 2 | 3 | 4 |
| CCS9 | My chemotherapy schedule is stressful to my family. | 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 how you have felt this past week. |  |  |  |  |  |
| GF7 | I am content with the quality of my life right now. | 0 | 1 | 2 | 3 | 4 |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Chemotherapy Experience - 2 | **No, not at all** | **Yes, to some extent** | **Yes, for the most part** | **Yes, completely** |
|  |
|  |
|  |
|  |   |  |  |  |  |
| CCS10 | Are you satisfied with the current results of your chemotherapy? | 0 | 1 | 2 | 3 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **No** | **Maybe** | **Yes** |
|  |
| CCS11 | Would you recommend this chemotherapy to others with your illness? | 0 | 1 | 2 |
| CCS12 | Would you choose this chemotherapy again? | 0 | 1 | 2 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Poor** | **Fair** | **Good** | **Very Good** | **Excellent** |
| CCS13 | How would you rate this chemotherapy?  | 0 | 1 | 2 | 3 | 4 |

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

1. 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

1. 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

1. 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