

## Nausea and Vomiting Management Barriers Questionnaire (NVMBQ) (Version 1)

Considering your experience treating patients with chemotherapy that has moderate (30-90%) to high (>90%) emetogenic potential, please respond to each question below.

		Never	Rarely	Often	Always
1	How often is nausea or vomiting the basis for chemotherapy delay .....	1	2	3	4
2	How often is nausea or vomiting the basis for chemotherapy dose reduction .....	1	2	3	4
3	How often is nausea or vomiting the basis for chemotherapy discontinuation .....	1	2	3	4
		Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
4	When possible, I prefer to treat some patients' nausea or vomiting without prescribing medicines .....	1	2	3	4
5	Having nausea or vomiting may be a phenotypic marker for treatment response .....	1	2	3	4
6	I am concerned that treatment for my patient's nausea or vomiting will cause problems with her/his other medicines .....	1	2	3	4
7	Compared to the other treatment-related side effects my patients have, their nausea or vomiting is a lower priority.....	1	2	3	4
8	There are others on my team who manage nausea or vomiting .....	1	2	3	4
9	I tend not to ask my patients about their nausea or vomiting because other team members do.....	1	2	3	4
10	There are no real effective treatments that prevent my patients' nausea or vomiting.....	1	2	3	4
11	Nausea or vomiting is an expected side effect of my patients' treatment or disease so it is not a high priority.....	1	2	3	4
12	In general, I try to limit the number of medicines I prescribe.....	1	2	3	4
13	My patients' nausea or vomiting tends not to bother them enough to require treatment .....	1	2	3	4

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		Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
14	My patients tend not to request any prescriptions for their nausea or vomiting (at home) .....	1	2	3	4
15	Patients need to focus on their illness and not worry about their nausea or vomiting.....	1	2	3	4
16	I am concerned about the side effects of medicines that might be prescribed to treat my patients' nausea or vomiting.....	1	2	3	4
17	There is not enough time with my patients to talk about their nausea or vomiting.....	1	2	3	4
18	I don't want to worry my patients by bringing up the possibility of nausea or vomiting .....	1	2	3	4
19	It is more important to focus on curing my patients' illness than to put time into controlling their nausea or vomiting.....	1	2	3	4
20	I tend to wait for nausea or vomiting to occur before considering treatment.....	1	2	3	4
21	If my patients' nausea or vomiting is bothersome enough, they will let me know	1	2	3	4
22	Treatments for prevention of nausea or vomiting are not worth the expense .....	1	2	3	4
23	Addressing my patients' nausea or vomiting takes more time than I have to spend with patients .....	1	2	3	4
24	Cost is a consideration in my decision to prescribe anti-emetics .....	1	2	3	4
25	Drug access (i.e., formulary) is a consideration in my decision to prescribe anti-emetics.....	1	2	3	4
26	Insurance coverage is a consideration in my decision to prescribe anti-emetics .....	1	2	3	4

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Note: Web-based administration to include a transition screen reminding participants these questions are for moderate to highly emetogenic meds.

<b>Strongly Disagree</b>	<b>Somewhat Disagree</b>	<b>Somewhat Agree</b>	<b>Strongly Agree</b>
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27	I use anti-emetic drugs before initiating chemotherapy to prevent chemotherapy-induced nausea and vomiting (CINV) .....	1	2	3	4
28	I proactively discuss CINV with my patients .....	1	2	3	4
29	I prescribe anti-emetics to prevent CINV based on national anti-emetic guidelines .....	1	2	3	4
30	For the prevention of CINV, I reserve some classes of anti-emetic medicines for use in patients who are not adequately controlled .....	1	2	3	4
31	The combination of 5HT3's along with dexamethasone is enough to prevent CINV in my patients .....	1	2	3	4

(adapted from Passik et al., 2002)

**Note: Web-Based administration will include the following, introductory questions:**

1. What, if any, barriers exist to managing your patients' CINV?

None 32.1

[FREE TEXT]