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 |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **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 |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Note: Web-based administration to include a transition screen reminding participants these questions are for moderate to highly emetogenic meds. | **Strongly****Disagree** | **Somewhat****Disagree** | **Somewhat****Agree** | **Strongly****Agree** |
|  |  |  |  |  |  |
| 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]