

## Transplant Psychosocial Assessment Survey

### Introduction

**Although various transplantation and cellular therapies [TCT] (e.g., hematopoietic stem cell transplantation) offers the potential for cure for many adults and children with hematologic disorders, the treatment is intensive and accompanied by a prolonged recovery. Psychological wellbeing is crucial to all aspects of treatment and recovery, yet there is limited research and data on best practices for assessing psychological health in these vulnerable populations. The aim of this survey is to determine current practices for psychological wellbeing assessments in US transplant centers to inform national guidelines and resources to effectively assess the psychological health of the TCT population.**

**This study is intended as an overview of psychosocial assessment tools used prior and during TCT for patients and their caregivers. We understand that you may not have the data for some questions within this survey. Please either answer to the best of your knowledge or select the “unknown” option where applicable OR share the survey link with a psychosocial providers at your center who can best answer these questions. Only questions with branching logic require an answer in this survey.**

**Completion of this survey is entirely voluntary. You have the option of not participating. You have the option to stop participating at any time or to not respond to a particular item or items. There are no expected significant risks associated with participation in this study. It is possible to feel discomfort answering some of the questions about your practice patterns. No direct benefits are associated with the study; however, generalizable knowledge on psychosocial assessment tools used in TCT will be obtained and could potentially guide additional research and/or practice patterns going forward.**

**This SurveyMonkey survey will provide anonymous results. No IP addresses will be collected. We will not know who participates and who does not. The responses to these survey questions will be stored in a secure database. We will do our best to make sure that your individual data are kept private. We anticipate this survey will take you about 10 minutes to complete. You can save and return to it later. This survey works best on Google Chrome, though it may be taken on any browser.**

**If you have any questions about this survey, please contact Dr. Lori Wiener, study Principal Investigator, at [lori.wiener@nih.gov](mailto:lori.wiener@nih.gov)**

\* 1. I agree to participate in this research.

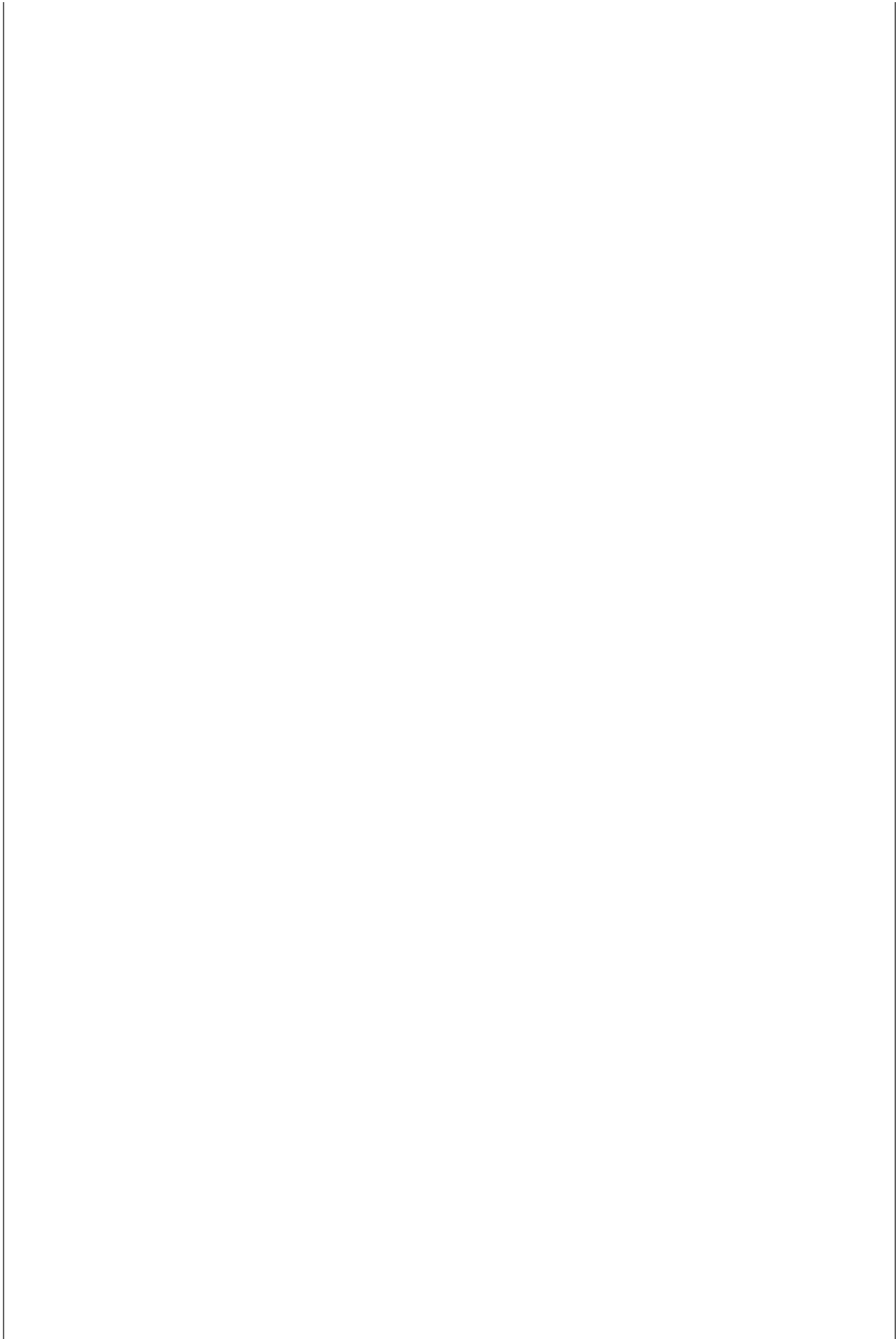
Yes

No

\* 2. Do you treat or care for patients who are undergoing HSCT?

Yes

No



## Transplant Psychosocial Assessment Survey

**We are interested in gaining a better understanding of what hematopoietic stem cell transplant centers use to assess for psychosocial needs prior to transplant.**

3. How would you describe your program?

- University Hospital Program
- Community Program
- Private Program
- Other (please specify)

4. In which state is your program based?

5. What age range of patients does your center treat?

Youngest age, years

Oldest age, years

## Transplant Psychosocial Assessment Survey

\* 6. Does your center conduct a pre-transplant psychosocial assessment?

Yes

No

# Transplant Psychosocial Assessment Survey

## Psychosocial Assessment

7. Who conducts your pre-transplant psychosocial evaluation?

- Social Worker
- Psychologist
- Psychiatrist
- Oncologist
- Other (please specify)

8. What is the purpose of the assessment?

- Understanding of the transplant process
- Assess for high risk factors (e.g., psychiatric or substance use history)
- Support system
- Concrete needs
- To obtain a baseline assessment to reassess later
- Other (please specify)

9. Does the assessment include?

- A clinical interview
- Standardized measure(s)
- Both standardized measure(s) and clinical interview
- Other (please specify)

## Transplant Psychosocial Assessment Survey

### Screening Measures

10. Which standardized screening measures are used as part of the pre-transplant psychosocial evaluation? If you don't see the instrument listed, please take the extra second to share what you do use.

- Transplant Risk Scale (TERS)
- Beck Depression Inventory
- State-Trait Anxiety Inventory
- The Stanford
- PHQ-9
- GAD-7
- PROMIS
- Impact of Events Scale
- Our center created its own standardized psychosocial assessment screening tool
- Other (please specify)

## Transplant Psychosocial Assessment Survey

### Assessment Results

11. Where are the results of the psychosocial assessment documented?

12. Does your center repeat these measures at any time during transplant?

Yes

No

## Transplant Psychosocial Assessment Survey

### Assessment Timing

13. When are these measures conducted?

- Prior to transplant admission
- Day 0
- After infusion - Day 100 or 3 months
- After infusion - 6 months
- After infusion - 9 months
- After infusion - 1 year
- Other (please specify)



## Transplant Psychosocial Assessment Survey

### Caregiver Screening

14. Does your program routinely implement **caregiver screening**?

Yes

No

## Transplant Psychosocial Assessment Survey

### Caregiver Screening Structure

15. Who conducts the pre-transplant caregiver psychosocial evaluation?

- Social worker
- Psychologist
- Psychiatrist
- Oncologist
- Other (please specify)

16. Does the assessment include:

- Clinical Interview
- Standardized measure(s)
- Both standardized measure(s) and clinical assessment

17. Does your center use standardized screening measures at part of the pre-transplant **caregiver** psychosocial evaluation?

- No
- Yes (please specify which measures you use)

18. Do you document caregiver assessment findings?

- No
- Yes (please specify where they are documented)

19. Does your center repeat caregiver psychosocial assessments during or post transplant?

- Yes
- No

## Transplant Psychosocial Assessment Survey

### Timing of Caregiver Assessments

20. When are these measures conducted?

- Prior to transplant admission
- Day 0
- After infusion - 3 months or Day 100
- After infusion - 6 months
- After infusion - 9 months
- After infusion - 1 year
- Other (please specify)

## Transplant Psychosocial Assessment Survey

21. Does palliative care meet with each patient as routine care (vs. if clinically indicated)?

- No
- Yes (please specify at what point in the transplant process)

22. In addition to pre-transplant assessment, is there any routine psychosocial follow-up during the transplant process?

- As the need arises
- Other
- There is a set timepoint for a follow-up assessment (please specify)

23. If a patient is interested in additional support, who typically provides this support:

- Social worker
- Psychologist
- Psychiatrist
- Other (please specify)

24. If additional support is offered, what types of support are offered [check all that apply]?

- Individual counseling
- Family counseling
- Couples counseling
- Groups
- Peer Support Program
- Other (please specify)

## Transplant Psychosocial Assessment Survey

25. Similarly, is there any routine follow-up during the transplant process for caregivers?

Yes

No

26. What types of support are offered to caregivers [check all that apply]?

Individual counseling

Family counseling

Couples counseling

Groups

Other (please specify)

27. Following day 100, is there any systematic support provided to **patients**?

Yes

No

28. Following day 100, is there any systematic support provided to **caregivers**?

Yes

No