

CLINICIAN QUESTIONNAIRE (INCLUSION/PROGRESSION)

OVERVIEW OF QUESTIONS

SECTION A: TO BE COMPLETED AT INCLUSION

Patient characteristics

Gender male female

Name:

Address:

Postcode/City:

Telephone number:

Date of birth:

Hospital number:

Name of clinician

Date: - -

Location:

Patient excluded (not asked for the study) because of:

- Insufficient Dutch language proficiency
- Labile personality structure
- Karnofsky lower than 60
- Other reason

If the patient agrees to be contacted about the study

Please complete the questions on the next page after the consultation.

If the patient does not want to be contacted about the study

Did the patient volunteer a reason for not wanting to take part? Please document below:

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.....

Questions for the clinician, to be completed after the consultation:

1. Do you think this patient will desire information about the risk of adverse events?
 Yes
 No
2. Do you think this patient will desire information about the chance of achieving a tumour response?
 Yes
 No
3. Do you think this patient will desire information about estimated survival?
 Yes
 No
4. Location primary tumour
 Breast
 Colon /rectum

SECTION B: TO BE COMPLETED AT PROGRESSION

5. Is this patient eligible for second-line palliative chemotherapy?
 Yes
 No --> there is no need to complete question 11
Please explain why the patient is not eligible

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