

## PATIENT QUESTIONNAIRE 3: 8 WEEK FOLLOW UP (T3)

### OVERVIEW OF QUESTIONS

---

#### 1) General health

How would you describe your general health during the past week?

worst  
imaginable  
health state

0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

best  
imaginable  
health state

#### 2) Treatment received

Which treatment did you receive?

- best supportive care **with** chemotherapy
- best supportive care **without** chemotherapy
- don't know

#### 3) Treatment satisfaction

Please indicate your level of **satisfaction** with...

		Dissatisfied	Slightly dissatisfied	Neutral	Slightly satisfied	Satisfied	Very much satisfied
1	The treatment received	1	2	3	4	5	6
2	The physical consequences of treatment	1	2	3	4	5	6
3	The emotional consequences of treatment	1	2	3	4	5	6

#### 4) Mental adjustment to cancer scale [51]

#### 5) Adapted Lerman's Cancer Worry Scale [50]

	Not at all	Sometimes	Often	Always
1 Have you thought about cancer in the past week?	1	2	3	4
2 Have these thoughts affected your mood?	1	2	3	4
3 Have these thoughts interfered with your ability to do daily activities?	1	2	3	4

#### 6) Satisfaction with quality of information

Please indicate your level of **satisfaction** with the **quality of information**...

	Dissatisfied	Slightly dissatisfied	Neutral	Slightly satisfied	Satisfied	Very much satisfied
1 About treatment-related adverse events	1	2	3	4	5	6
2 About any effects of treatment on the size of the tumour	1	2	3	4	5	6
3 About the effect of treatment on survival	1	2	3	4	5	6

## 7) Amount of information

Please indicate what best indicates your view about how much information you have received about cancer treatment over the past few weeks

- way too little information       too little information       slightly too little information       the right amount of information       slightly too much information       too much information       way too much information

## 8) Perceived participation

		Doctor alone	Mostly the doctor	Both equally	Mostly me	Me alone
1	Who was involved in deciding if the risks and benefits of treatment were acceptable for you?	1	2	3	4	5
2	Who was involved in choosing between treatment options?	1	2	3	4	5

Do you feel you had a choice between the treatment options?

- Yes  
 No

Do you feel your opinion mattered when choosing between treatment options?

- Yes  
 No

## 9) Hospital Anxiety and Depression Scale (HADS) [48]

## 10) Decision Evaluation Scale [54]

**11) Treatment attitudes: valuations**

On a scale of 1-10, where

- |                          |                         |
|--------------------------|-------------------------|
| 1= extremely poor        | 6= sufficient           |
| 2= very poor             | 7= more than sufficient |
| 3= poor                  | 8= good                 |
| 4= strongly insufficient | 9= very good            |
| 5= insufficient          | 10= excellent           |

1. How would you value the treatment you received? .....

If you could choose again..

How appropriate do you feel treatment with **best supportive care alone** would be for you? ..... (0-10)

How appropriate do you feel treatment with **chemotherapy** would be for you? ..... (0-10)

**12) Health-related quality of life: EORTC QLQ-C15-PAL [49]**