

# Supplements

## SUPPLEMENT 1

### Supportive care medicines in chemotherapy – Questionnaire

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Age (in years): \_\_\_\_\_ Gender: Male/Female

Address: \_\_\_\_\_

CR NO: \_\_\_\_\_ LCC NO: \_\_\_\_\_

Smoking Status: \_\_\_\_\_ Current or ex-smoker/Nonsmoker

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

BSA: \_\_\_\_\_ Sq.m. BMI: \_\_\_\_\_ kg/m<sup>2</sup>

Histological Type NSCLC/SCLC

NSCLC Subtype Squamous/Adenocarcinoma/Large cell

Undifferentiated (NSCLC-NOS)

Stage (NSCLC and SCLC): T\_\_N\_\_M\_\_ I/II/III/IV A/B

SCLC Stage: ED/LD

Extrathoracic disease, if present: CNS/Liver/Bone/Adrenal/Others \_\_\_\_\_

KPS (10-100) \_\_\_\_\_ ECOG (0-4) \_\_\_\_\_

Need-based treatment taken locally:

- Qualified physician/hospital available nearby? Y/N
- Available health-care facility nearby affordable? Y/N
- Refused treatment by local practitioner/hospital Y/N

Overall survival:

1. Date of diagnosis: \_\_\_\_\_
2. Date of starting treatment: \_\_\_\_\_
3. Survival Status: \_\_\_\_\_ Alive/Dead/Lost to follow-up
4. Date of death (if applicable): \_\_\_\_\_  
Date of last follow-up (if applicable): \_\_\_\_\_

Date of visit

Cycle and Day	C1	C2	C3	C4	C5	C6
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Vomiting

Onset

Grade

Duration

Drugs taken with dosage and duration

Contd...

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Date of visit: Contd...

Cycle and Day	C1	C2	C3	C4	C5	C6
Recovered fully with need-based supportive care drugs prescribed (Y/N)						
Consulted local physician (Y/N)						
Required hospitalization (Y/N)						
Required intravenous medication (Y/N)						
Expenses on local treatment taken (Rs)						
Diarrhea						
Onset						
Grade						
Duration						
Drugs taken with dosage and duration						
Recovered fully with need-based supportive care drugs prescribed (Y/N)						
Consulted local physician (Y/N)						
Required hospitalization (Y/N)						
Required intravenous medication (Y/N)						
Expenses on local treatment taken (Rs)						
Constipation						
Onset						
Grade						
Duration						
Drugs taken with dosage and duration						
Recovered fully with need-based supportive care drugs prescribed (Y/N)						
Consulted local physician (Y/N)						
Required hospitalization (Y/N)						
Required intravenous medication (Y/N)						
Expenses on local treatment taken (Rs)						
Mucositis						
Onset						
Grade						
Duration						
Drugs taken with dosage and duration						
Recovered fully with need-based supportive care drugs prescribed (Y/N)						
Consulted local physician (Y/N)						
Required hospitalization (Y/N)						
Required intravenous medication (Y/N)						
Expenses on local treatment taken (Rs)						
Fever						
Onset						
Grade						
Duration						
Drugs taken with dosage and duration						
Recovered fully with need-based supportive care drugs prescribed (Y/N)						
Consulted local physician (Y/N)						
Required hospitalization (Y/N)						
Required intravenous medication (Y/N)						
Expenses on local treatment taken (Rs)						
Pain						
Onset						
Grade						
Duration						
Drugs taken with dosage and duration						
Recovered fully with need-based supportive care drugs prescribed (Y/N)						
Consulted local physician (Y/N)						
Required hospitalization (Y/N)						
Required intravenous medication (Y/N)						
Expenses on local treatment taken (Rs)						
Cough/hemoptysis						
Onset						
Grade						
Duration						
Drugs taken with dosage and duration						
Recovered fully with need-based supportive care drugs prescribed (Y/N)						
Consulted local physician (Y/N)						
Required hospitalization (Y/N)						
Required intravenous medication (Y/N)						
Expenses on local treatment taken (Rs)						

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Contd...

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Date of visit: Contd...

Cycle and Day	C1	C2	C3	C4	C5	C6
Anemia						
WHO Grade						
Drugs taken with dosage and duration						
Recovered fully with need-based supportive care drugs prescribed (Y/N)						
Consulted local physician (Y/N)						
Required hospitalization (Y/N)						
Required blood transfusions (Y/N)						
Required ESA (Y/N)						
Expenses on local treatment taken (Rs)						

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