

The first question asks about you:

What best describes your healthcare provider role?

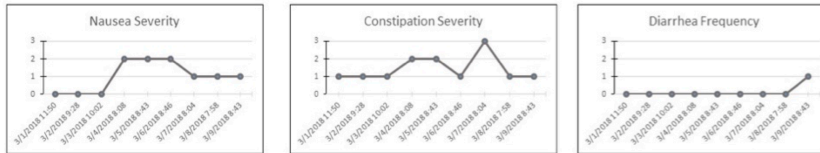
- Nurse Practitioner
- Hospitalist
- Attending
- Fellow
- Resident
- Other

You selected "other." Please describe your healthcare provider role: _____

The remaining questions ask about your experience with the patient-reported symptom reports:

For your reference, a sample symptom report is included below.

Pedi-PreSTO Pediatric Patient-Reported Symptom Tracking in Oncology (IRB 17-014139)
Notta Realpatient, MRN: 00000000 Symptom Report Mar 9 2017



Date	Responder	Mucositis			Nausea			Vomiting			Fatigue			Pain			Anorexia			Constipation			Diarrhea			Headache			Insomnia		
		F	S	I	F	S	I	F	S	I	F	S	I	F	S	I	F	S	I	F	S	I	F	S	I	F	S	I			
3/9/18 8:43 AM	Pt	0	-	-	1	1	0	-	1	0	0	-	-	3	1	1	1	1	0	1	1	0	0	0	0	-	-	0	-	-	-
3/9/18 8:15 AM	Proxy	0	-	-	3	2	2	0	-	2	2	1	1	1	1	2	3	2	1	0	-	0	-	-	0	-	-	1	1	1	1
3/8/18 8:00 AM	Proxy	0	-	-	2	2	2	0	-	2	2	1	1	1	1	3	2	2	1	0	-	1	1	1	1	1	1	1	1	1	1
3/8/18 7:58 AM	Pt	0	-	-	1	1	1	0	-	1	1	0	-	-	3	1	1	0	0	0	-	0	-	-	0	-	-	0	-	-	-
3/7/18 8:24 AM	Proxy	0	-	-	2	2	2	0	-	1	1	1	1	1	1	2	3	3	2	0	-	1	1	1	1	1	1	1	1	1	1
3/7/18 8:04 AM	Pt	0	-	-	1	1	1	0	-	1	1	2	1	1	1	3	3	0	0	0	-	0	-	-	0	-	-	0	-	-	-
3/6/18 8:46 AM	Pt	0	-	-	2	2	1	0	-	1	1	3	3	2	1	3	1	0	0	0	-	2	2	1	0	-	-	-	-	-	-
3/5/18 8:57 AM	Pt	0	-	-	1	2	1	0	-	1	1	2	2	0	0	2	2	0	0	-	-	1	2	1	0	-	-	-	-	-	-
3/5/18 8:56 AM	Proxy	0	-	-	2	2	2	0	-	1	1	2	1	1	2	3	2	1	0	-	-	1	2	1	1	1	1	1	1	1	1
3/4/18 8:08 AM	Proxy	2	2	2	3	3	3	1	2	3	2	3	3	3	3	3	3	2	2	0	-	1	1	1	2	2	2	2	2	2	2
3/4/18 8:08 AM	Pt	0	-	-	1	2	1	1	1	1	0	1	2	1	2	3	2	0	0	-	0	-	-	0	-	-	0	-	-	-	

Legend:
F: Frequency
S: Severity
I: Interference, reported as "bother" by the patient
0 = None
1 = Mild
2 = Moderate
3 = Severe



Please indicate your level of agreement with the following statements:

It is easy to understand the symptom reports.

- Not at all
- A little
- Somewhat
- A lot
- Completely

I think that reviewing the symptom reports is useful.

- Not at all
- A little
- Somewhat
- A lot
- Completely

If given the choice, I would like to continue receiving symptom reports after the completion of the study period.

- Not at all
- A little
- Somewhat
- A lot
- Completely

Are there aspects of this research study and/or the symptom reports that you think are especially good or bad? If so, what were they? _____

If you find the symptom reports helpful, please share how you find them helpful. If you do not find them helpful, please share why you feel they are not: _____

Are there any challenges associated with reviewing the symptom reports? If so, what are they? _____

Are there any unexpected benefits from reviewing the reports? If so, what are they? _____

Any additional comments: _____