

Cancer Therapy Satisfaction Questionnaire US English

The following pages ask some questions about your cancer therapy (IV/pills). Within this questionnaire, “Cancer therapy (IV/pills)” refers to your current or most recent cancer therapy or cancer pills (including: hormonal therapy, IV therapy, and cancer pills). Please read each question and answer as honestly as you can without the help of anyone. There are no right or wrong answers; the answers should be based on your own personal experiences.

Your Thoughts about Cancer Therapy (IV/pills)

The following statements ask you to share your thoughts about cancer therapy (IV/pills). Please answer each question below by checking the box that best represents your opinion (check only one box per question).

	Always	Most of the time	Some-times	Rarely	Never
1. In general, <u>in the last four weeks</u> , how often did you feel: That cancer therapy (IV/pills) would help you to return back to a normal life?	<input type="checkbox"/>				
2. That cancer therapy (IV/pills) would get rid of the cancer?	<input type="checkbox"/>				
3. That cancer therapy (IV/pills) would help prevent the cancer from coming back?	<input type="checkbox"/>				
4. That cancer therapy (IV/pills) would stop the cancer from spreading?	<input type="checkbox"/>				
5. That your cancer therapy (IV/pills) limited your daily activities?	<input type="checkbox"/>				
6. Upset about the side effects?	<input type="checkbox"/>				
7. That cancer therapy (IV/pills) was worth taking even with the side effects?	<input type="checkbox"/>				
8. That cancer therapy (IV/pills) would help you live longer?	<input type="checkbox"/>				
9. In general, <u>in the last four weeks</u> , how often did you think about stopping your cancer therapy (IV/pills)?					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Always	Most of the time	Sometimes	Rarely	Never	

Satisfaction with Cancer Therapy (IV/pills)

The following statements are about your satisfaction with your **most recent cancer therapy (IV/pills)**. Please answer each question below by checking the box that best describes your level of satisfaction (check only one box per question).

10. **Overall**, how worthwhile was your cancer therapy (IV/pills)?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
| Very worthwhile | Quite worthwhile | Moderately worthwhile | A little worthwhile | Not worthwhile at all |

11. **Overall**, was taking cancer therapy (IV/pills) as difficult as you expected?

- | | | | | |
|--|--|---------------------------------------|--|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Much more difficult than I thought it would be | Somewhat more difficult than I thought it would be | As difficult as I thought it would be | Somewhat easier than I thought it would be | Much easier than I thought it would be |

12. **Overall**, how well did the **benefits** of cancer therapy (IV/pills) meet your expectations?

- | | | | | |
|----------------------------------|--------------------------------------|--------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Much better than my expectations | Somewhat better than my expectations | Met my expectations | Somewhat worse than my expectations | Much worse than my expectations |

13. **Overall**, were the **side effects** of cancer therapy (IV/pills) as you expected?

- | | | | | |
|-----------------------------|---------------------------------|--------------------------|--------------------------------|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Much better than I expected | Somewhat better than I expected | Exactly as I expected | Somewhat worse than I expected | Much worse than I expected |

14. How satisfied were you with the **form** of your cancer therapy (IV/pills)?

- | | | | | |
|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very satisfied | Satisfied | Neither satisfied nor dissatisfied | Dissatisfied | Very dissatisfied |

15. **Overall**, how satisfied were you with your most recent cancer therapy (IV/pills)?

- | | | | | |
|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very satisfied | Satisfied | Neither satisfied nor dissatisfied | Dissatisfied | Very dissatisfied |

16. Taking everything into consideration, if given the choice again, would you decide to take this cancer therapy treatment?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
| Yes, definitely | Probably Yes | I don't know | Probably not | Definitely not |

Thank you.