

NSABP Protocol B-30

Quality of Life Questionnaire

INSTRUCTIONS TO INSTITUTION

This form applies to participants in the quality of life study.
The first page is to be completed by NSABP institution personnel.

Fill in the items listed below, print the patient's study number on all pages of the form, and give the questionnaire to the patient for completion. After the patient has completed the questionnaire, verify that the date has been recorded on page 2 and submit the completed questionnaire to the NSABP Biostatistical Center.

Study Number

7	0								
---	---	--	--	--	--	--	--	--	--

(1-9)

**Patient
Initials**

	,		
Last		First	Middle

(10-12)

Time Point for this Questionnaire

(13)

Evaluations should be carried out according to schedule, even if the patient discontinues protocol therapy or experiences breast cancer recurrence or second primary cancer.

0 - Baseline

[prior to randomization after consent form has been signed]

1 - Day 1 of Cycle #4

[at week 9, by mail or telephone, if the patient has been taken off protocol therapy]

2 - 6-Month Follow-up

[If AC → T patient will not have completed Taxotere by 6 months, delay questionnaire until 3 weeks after the last dose of Taxotere has been administered]

3 - 12-Month Follow-up

4 - 18-Month Follow-up

5 - 24-Month Follow-up

INSTRUCTIONS TO PATIENT

Please complete the following questionnaire by circling the number that corresponds to your response to each question. If you have any questions about how to answer the items in this questionnaire, please ask a staff member for help. Please use a pencil (rather than a pen) so that you will be able to erase a circle if you decide to change your response.

All information collected in this questionnaire will be kept confidential and will be used only for research purposes. If you feel uncomfortable about answering any question(s), you may leave the item blank. Your answers will not affect your continued participation in the B-30 trial.

Please write the date in the boxes provided below.

Date this questionnaire is completed:
(For example, if you were completing the questionnaire on September 8, 1998, you would write 09 08 1998 in the boxes.)

(14-21)

<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
Mo		Day		Year	

As of today:

	excellent	very good	good	fair	poor	
1. In general, would you say that your health is	0	1	2	3	4	(22)

Please indicate how true each statement has been for you in the past 7 days.

	not at all	a little bit	somewhat	quite a bit	very much	
2. I have a lack of energy.	0	1	2	3	4	(23)
3. I have nausea.	0	1	2	3	4	(24)
4. Because of my physical condition, I have trouble meeting the needs of my family.	0	1	2	3	4	(25)
5. I have pain.	0	1	2	3	4	(26)
6. I am bothered by side effects of treatment.	0	1	2	3	4	(27)
7. I feel ill.	0	1	2	3	4	(28)
8. I am forced to spend time in bed.	0	1	2	3	4	(29)
9. I feel distant from my friends.	0	1	2	3	4	(30)
10. I get emotional support from my family.	0	1	2	3	4	(31)
11. I get support from my friends and neighbors.	0	1	2	3	4	(32)
12. My family has accepted my illness.	0	1	2	3	4	(33)
13. Family communication about my illness is poor.	0	1	2	3	4	(34)
14. I feel close to my partner (or the person who is my main support).	0	1	2	3	4	(35)
15. Have you been sexually active during the past year? 1 = No 2 = Yes						(36)
If Yes: I am satisfied with my sex life.	0	1	2	3	4	(37)

Please indicate how true each statement has been for you in the past 7 days.

	not at all	a little bit	somewhat	quite a bit	very much	
16. I have confidence in my doctor(s).	0	1	2	3	4	(38)
17. My doctor is available to answer my questions.	0	1	2	3	4	(39)
18. I feel sad.	0	1	2	3	4	(40)
19. I am proud of how I'm coping with my illness.	0	1	2	3	4	(41)
20. I am losing hope in the fight against my illness.	0	1	2	3	4	(42)
21. I feel nervous.	0	1	2	3	4	(43)
22. I worry about dying.	0	1	2	3	4	(44)
23. I worry that my condition will get worse.	0	1	2	3	4	(45)
24. I am able to work (include work in home).	0	1	2	3	4	(46)
25. My work (include work in home) is fulfilling.	0	1	2	3	4	(47)
26. I am able to enjoy life.	0	1	2	3	4	(48)
27. I have accepted my illness.	0	1	2	3	4	(49)
28. I am sleeping well.	0	1	2	3	4	(50)
29. I am enjoying the things I usually do for fun.	0	1	2	3	4	(51)
30. I am content with the quality of my life right now.	0	1	2	3	4	(52)

Please indicate how true each statement has been for you in the past 7 days.

	not at all	a little bit	somewhat	quite a bit	very much	
31. I have been short of breath.	0	1	2	3	4	(53)
32. I am self-conscious about the way I dress.	0	1	2	3	4	(54)
33. One or both of my arms are swollen or tender.	0	1	2	3	4	(55)
34. I feel sexually attractive.	0	1	2	3	4	(56)
35. I am bothered by hair loss.	0	1	2	3	4	(57)
36. I worry about the risk of cancer in other family members.	0	1	2	3	4	(58)
37. I worry about the effect of stress on my illness.	0	1	2	3	4	(59)
38. I am bothered by a change in weight.	0	1	2	3	4	(60)
39. I am able to feel like a woman.	0	1	2	3	4	(61)

Please indicate how much you have been bothered by each of the following problems in the past 7 days.

	not at all	a little bit	somewhat	quite a bit	very much	
40. headaches	0	1	2	3	4	(62)
41. vomiting	0	1	2	3	4	(63)
42. mouth sores	0	1	2	3	4	(64)

Please indicate how much you have been bothered by each of the following problems
in the past 7 days.

	not at all	a little bit	somewhat	quite a bit	very much	
43. diarrhea	0	1	2	3	4	(65)
44. skin problems (including rash, dry skin, irritation or redness)	0	1	2	3	4	(66)
45. numbness or tingling in hands or feet	0	1	2	3	4	(67)
46. fever or shivering (shaking, chills)	0	1	2	3	4	(68)
47. difficulty with bladder control	0	1	2	3	4	(69)
48. constipation	0	1	2	3	4	(70)
49. hot flashes	0	1	2	3	4	(71)
50. genital itching or irritation	0	1	2	3	4	(72)
51. mood swings	0	1	2	3	4	(73)
52. vaginal discharge	0	1	2	3	4	(74)
53. vaginal bleeding or spotting	0	1	2	3	4	(75)
54. vaginal dryness	0	1	2	3	4	(76)
55. pain with intercourse	0	1	2	3	4	(77)
56. cramps	0	1	2	3	4	(78)
57. general aches and pains	0	1	2	3	4	(79)

Please indicate how much you have been bothered by each of the following problems in the past 7 days.

	not at all	a little bit	somewhat	quite a bit	very much	
58. joint pains	0	1	2	3	4	(80)
59. swelling of hands or feet	0	1	2	3	4	(81)
60. muscle stiffness	0	1	2	3	4	(82)
61. weight gain	0	1	2	3	4	(83)
62. weight loss	0	1	2	3	4	(84)
63. unhappy with appearance of my body	0	1	2	3	4	(85)
64. forgetfulness	0	1	2	3	4	(86)
65. night sweats	0	1	2	3	4	(87)
66. cold sweats	0	1	2	3	4	(88)
67. difficulty concentrating	0	1	2	3	4	(89)

68. Please score your overall quality of life in the past 7 days on an 11-point scale between death and perfect health.

												(90-91)
death	0	1	2	3	4	5	6	7	8	9	10	perfect health