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| **PLUMB VILARDAGA – PCRC PILOT -- TELEPHONE MCBT**  **DATA TO BE COLLECTED FROM MEDICAL RECORDS**  **\*ITEMS MARKED WITH AN \* WILL BE COLLECTED AT BASELINE ASSESSMENT ONLY**  **ITEMS IN BLUE ARE REQUIRED COMMON DATA ELEMENTS FROM PCRC (SPONSOR)** | | | | | |
| **Variable Content** | **Variable Name** | **Response Set** | **Field Label** | **Data Source** | **Branching logic (show field only if)** |
| First Name\* | firstname |  | First Name |  |  |
| Last Name\* | lastname |  | Last Name |  |  |
| Address\* | address |  | Address |  |  |
| Phone Number\* | phone |  | Phone Number |  |  |
| Oncologist Name\* | oncolog |  | Oncologist Name |  |  |
| Patient MRN\* | MRN |  | Patient MRN |  |  |
| Date of birth\* | datebirth | 00/00/0000 | Date of birth |  |  |
| Age in years, must be at least 21\* | age |  | Age in years | Text |  |
| Sex\* | sex | 1=male  2=female | Sex | Radio |  |
| Marital status\* | marital | 1= Never married  2 = Married  3 = Divorced  4 = Domestic partner/Living together  5 = Separated  6= Widowed  997 – Other (specify) | Current Marital Status | Radio |  |
| Marital status other\* | marital\_other |  | Marital status other, please specify | Text |  |
| Education\* | Edu | 1 = Less than high school diploma  2 = High school diploma  3= Some college  4= Bachelors degree  5= Graduate degree |  | Radio |  |
| Who is the participant? \* | Rx\_part | 1=Patient | Who is the participant? | checkbox |  |
| Primary Cancer Type – inclusion criteria\* | Cancertyp\_incl | 1=breast  2=lung  3=prostate  4=colorectal  5=other solid tumor |  |  |  |
| Is cancer the primary diagnosis?\* | Cancer\_dx |  |  | yesno |  |
| Cancer site\* | Cancer\_site | 1= Head and neck  2= Thyroid  3= Brain  4= Lung (non-small cell)  5= Lung (small cell)  6= Pancreas  7= Other upper GI (liver, gastric, esophageal, carcinoid, etc.)  8= Breast  9= Colon, rectal, anal  10= Prostate  11= Ovarian/peritoneal  12= Uterine, cervical, vaginal  13= Renal  14= Bladder (including urethral)  15= Melanoma  16= Lymphoma  17= Leukemia (including MDS)  18= Multiple myeloma (including amyloidosis)  997= Other cancer |  | Dropdown |  |
| Date of initial cancer diagnosis\* | Datedx | 00/00/0000 |  | ePRO/DSR/TR |  |
| Date of recurrent cancer diagnosis\* | Daterdx | 00/00/0000 |  |  |  |
| Cancer Metastasized?\* | Cancer\_mets | 0=Metastatic  1=Non-metastatic |  | Radio, DSR |  |
| Other primary diagnosis\* | Dx\_noncancer | 1=Cardiovascular  2=Pulmonary  3=Gastrointestinal  4=Renal  5= Neurologic  6= Infectious  7= Multi-Systemic |  | Dropdown |  |
| Cardiac problem\* | dx\_cardio | 1= Coronary artery disease (including myocardial infarction)  2= Heart failure  3= Restrictive heart disease  4= Valvular heart disease  5= Peripheral vascular disease  997= Other Cardiovascular |  | Dropdown |  |
| Pulmonary problem\* | dx\_pulm | 1= COPD (including emphysema and chronic bronchitis)  2= Pulmonary fibrosis, ild, and other restrictive lung disease  3= Bronchiectasis  4= Pulmonary hypertension  5= Cystic fibrosis  997= Other Pulmonary |  | Dropdown |  |
| GI problem\* | dx\_gi | 1= Severe bleed  2= Cirrhosis (non=viral)  3= Ischemic colitis including bowel perforation  997= Other Gastrointestinal |  | Dropdown |  |
| Renal problem\* | dx\_renal | 1= End=stage renal disease  2= Acute kidney injury  997= Other Renal |  | Dropdown |  |
| Neurological problem\* | dx\_neuro | 1= Stroke - ischemic / embolic  2= Stroke - hemorrhagic  3= Amyotrophic lateral sclerosis (ALS)  4= Traumatic brain injury (TBI)  5= Hemi- or para-plegia  6= Dementia  7= Multiple sclerosis  8= Severe debility  9= Parkinson's  997= Other Neurological |  | Dropdown |  |
| Infectious disease problem\* | dx\_infect | 1= Viral hepatitis /cirrhosis  2= HIV / AIDS  3= Pneumonia  4= Osteomyelitis  5= Bacterial endocarditis  997= Other infectious |  | Dropdown |  |
| Multi-systemic\* | dx\_multi | 1= Connective Tissue Disease  2= Ulcer Disease  3= Diabetes (uncomplicated)  4= Diabetes (with end organ damage)  5= Multiple contributing conditions |  | Dropdown |  |
| Australia Modified Karnofsky Performance Scale | APKS | 100=Normal; no complaints; no evidence of disease.  90= Able to carry on normal activity; minor signs or symptoms.  80= Normal activity with effort; some signs or symptoms of disease.  70= Cares for self; unable to carry on normal activity or to do active work.  60= Requires occasional assistance but is able to care for most of his or her needs.  50= Requires considerable assistance and frequent medical care.  40= In bed more than 50% of the time.  30= Almost completely bedridden.  20= Totally bedridden and requiring extensive nursing care by professionals and/or family.  10= Comatose or barely arousable.  0= Dead. |  | Radio,  Coded by research staff from data in medical record and interaction with patient. |  |
| Enrolled in hospice | Hospice | 1=Yes  0=No  999=Unknown | Enrolled in Hospice? |  |  |
| Hospice location | Hospice\_loc | 0=Inpatient  1=Outpatient  2=Home  3=Skilled Nursing Facility / Rehab Facility  997=Other-specify:  999=Unknown |  |  | [hospice] = ‘1’ |
| Other hospice location | Hospice\_loc\_other |  | Receiving hospice care in other location, please specify | Text | [hospice\_loc(997)] = ‘1’ |
| Palliative care | Pc | 1=Yes  0=No  999=Unknown | Receiving Palliative Care? |  |  |
| Palliative care location | Pc\_loc |  |  | Checkbox | [pc] = '1' |
| Palliative care location other | Pc\_loc\_other |  |  |  | [pc\_loc(997)] = '1' |
| Date of death | Date\_death | 00/00/0000 |  | Date |  |
| Death Information Source | Source | 1= Family Member  2= Non-Family legally authorized representative (LAR)  3= Physician  4= Hospital  5= SSDI  6= NDI  7= Obituary  8= Internet  997= Other Source |  |  |  |
| Location of death | Loc\_death | 1= Inpatient acute care facility: general floor  2= Inpatient acute care facility: ICU  3= Inpatient acute care facility: palliative care unit  4= Home  5= Long-term care facility  6= Outpatient (i.e., home, long-term care) hospice  7= Inpatient hospice  8= Assisted Living Facility  997= Other, specify:  999= Unknown |  |  |  |
| Location of death other | Loc\_death\_other |  | Please specify other location of death | Text | [loc\_death] = '997' |
| Hospice at time of death | Hosp\_tod | 1=Yes  0=No  999=Unknown |  | Radio |  |
| Palliative care at time of death | Pc\_tod | 1=Yes  0=No  999=Unknown |  | Radio |  |

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| **PATIENT SELF-REPORTED ITEMS**  **\*ITEMS MARKED WITH AN \* WILL BE ASKED AT BASELINE ASSESSMENT ONLY** | | | | | | |
| **Variable Content** | **Variable Name** | **Response Set** | | **Field Label** | **Data Source** | **Branching Logic** |
| What is your race?\* | race | 1=White  2=Black or African American  3=Asian  4=Native Hawaiian or Pacific Islander  5=American Indian or Alaska Native  997=Other (specify)  996=Refused  999=Unknown | | Race (by participant) | Checkbox |  |
| Other race, please specify\* | race\_other |  | |  | Text | [race(997)] = '1' |
| What is your ethnicity?\* | ethnicity | 1 = Hispanic or Latino of any race  2 = Not Hispanic or Latino  998 = Not Reported  999 = Unknown | | Ethnicity (by participant) | Radio |  |
| **Variable** | | | **Variable Name** | **Coding** | **Data source** | |
| Cancer Treatment:  In the last week (7 days), have you had any of these treatments for your cancer? | | | Cantxwk | Check boxes for participant, coded data:  Chemotherapy 0=no, 1=yes  Radiation 0=no, 1=yes  Surgery 0=no, 1=yes  Hormone therapy 0=no, 1=yes  Vaccine 0=no, 1=yes  Pill Anti=Cancer Drug 0=no, 1=yes  Other (patient fill in answer) | These items here can appear on one screen following the appropriate question in the first column. | |
| In the last 7 days, how many days have you taken medication to help with your pain?\* | | | PtDayspainmed | 0-7 | Check boxes for 0-7 days | |
| What year were you first diagnosed with cancer?\* | | | Ptyeardiagnosis | 0000 | Pull down menu for patient to choose year; Pre-Assessment Only | |
| What month were you first diagnosed with cancer?\* | | | Ptmonthdiagnosis | 1-12 | Months with check boxes for patient to choose year; Pre-Assessment Only | |
| Is the cancer you are currently being treated for your first cancer or reoccurrence? | | | Currentcanc | 1. First/initial cancer  2. Recurrence | If indicates recurrence, move to date items. | |
| What year were you diagnosed with your current cancer? | | | Curryeardiagnosis |  |  | |
| What month were you diagnosed with your current cancer? | | | Currmonthdiagnosis |  |  | |
| What is your current weight in pounds? | | | Ptweight | 70-600 | Pre-Assessment only | |
| What is your current height in feet then inches? | | | Ptheight | feet 2-8  inches 1-11 | Pull down  Pre-Assessment only | |
| Do you have a history of: (These items can be on one computer screen) | | |  |  |  | |
| Hypertension | | | PtHypertension | 0=no, 1 =yes | Pre-Assessment only | |
| Heart disease | | | PtHeart disease | 0=no, 1 =yes | Pre-Assessment only | |
| Rheumatoid arthritis | | | PtRheumA | 0=no, 1 =yes | Pre-Assessment only | |
| Osteoarthritis | | | PtOsteoA | 0=no, 1 =yes | Pre-Assessment only | |
| Diabetes | | | PtDiabetes | 0=no, 1 =yes | Pre-Assessment only | |
| Sciatica | | | PtSciatica | 0=no, 1 =yes | Pre-Assessment only | |
| Emphahysema, asthma, or COPD | | | PtEmAsCOPD | 0=no, 1 =yes | Pre-Assessment only | |

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| **PATIENT SELF REPORT QUESTIONNAIRE DATA DICTIONARY – TO BE ASSESSED AT BASELINE AND POST-TREATMENT ASSSESSMENTS**  **\*\*\*Items marked with 3 asterisks (\*\*\*) indicate questions to be asked ONLY at Post Treatment** | | | |
| **Variable** | **Variable Name** | **Coding** | **Data source** |
| **Brief Pain Inventory Items – Pain severity subscale** |  | **0 = no pain**  **1**  **2**  **3**  **4**  **5**  **6**  **7**  **8**  **9**  **10 = pain as bad as you can imagine** | **Visual analog type scale with two anchors and each number represented; follow PCM visual** |
| Please select the number that describes the WORST PAIN you’ve felt in the last week. | BPI01 |  |  |
| Please select the number that describes the LEAST PAIN you’ve felt in the last week. | BPI02 |  |  |
| Please select the number that describes the AVERAGE PAIN you’ve felt in the last week. | BPI03 |  |  |
| Please select the number that describes YOUR PAIN AS IT IS NOW. | BPI04 |  |  |
| **Pain Disability Index**  **The rating scales below are designed to measure the degree to which aspects of your life are disrupted by chronic pain**. In other words, we would like to know how much your pain is preventing you from doing what you would normally do (or from doing it as well as you normally would). Respond to each category by indicating the overall impact of pain in your life, not just when the pain is at its worst.  For each of the life activities listed, **please choose the number that describes the level of disability you typically experience**. Selecting 0 means no disability at all, and selecting 10 means that all of the activities you would normally do have been totally disrupted or prevented by your pain. |  | **0 – No Disability**  **1**  **2**  **3**  **4**  **5**  **6**  **7**  **8**  **9**  **10 – Total Disability** | **Visual analog type scale with two anchors and each number represented** |
| Family/Home Responsibilities: This category refers to activities related to the home or family. It includes chores and duties performed around the house (e.g., yard work) and errands or favors for other family members (e.g., driving the children to school | PDI01 |  |  |
| Recreation: This category includes hobbies, sports, and other similar leisure time activities. | PDI02 |  |  |
| Social Activity: This category refers to activities which involve participation with friends and acquaintances other family members. It includes parties, theater, concerts, dining out, and other social functions. | PDI03 |  |  |
| Occupation: This category refers to activities that are part of or directly related to one's job. This includes non-paying jobs as well, such as that of a housewife or volunteer worker. | PDI04 |  |  |
| Sexual Behavior: This category refers to the frequency and quality of one's sex life. | PDI05 |  |  |
| Self Care: This category includes activities which involve personal maintenance and independent daily living (e.g., taking a shower, driving, getting dressed, etc). | PDI06 |  |  |
| Life-Support Activity: This category refers to basic life-supporting behaviors such as eating, sleeping and breathing. | PDI07 |  |  |
| **PROMIS Fatigue** |  | **1 – Not at all**  **2 – A little bit**  **3 – Sometimes**  **4 – Quite a bit**  **5 – Very much** | **Likert type scale in column with radio buttons for each response option** |
| How run-down did you feel on average? | PROMISF01 |  |  |
| How fatigued were you on average? | PROMISF02 |  |  |
| How much were you bothered by your fatigue on average? | PROMISF03 |  |  |
| To what degree did your fatigue interfere with your physical functioning? | PROMISF04 |  |  |
| **HOSPITAL ANXIETY AND DEPRSSION SCALE**  (A connotes Anxiety subscale, D connotes Depression subscale)  **Please read each item and choose the reply that comes closest to how you have been feeling IN THE PAST WEEK.**  **Don't take too long over your replies; your immediate reaction to each item will probably be more accurate than a long thought out response.** |  |  | **Likert type scale with radio buttons for each response option listed below each question** |
| I feel tense or ‘wound up’: | HADS01A | 3 = Most of the time  2 = A lot of the time  1 = From time to time, occasionally  0 = Not at all |  |
| I still enjoy the things I used to enjoy: | HADS02D | 0 = Definitely as much  1 = Not quite so much  2 = Only a little  3 = Hardly at all |  |
| I get a sort of frightened feeling as if something awful is about to happen: | HADS03A | 3 = Very definitely and quite badly  2 = Yes, but not too badly  1 = A little, but it doesn’t worry me  0 = Not at all |  |
| I can laugh and see the funny side of things | HADS04D | 0 = As much as I always could  1 = Not quite so much now  2 = Definitely not so much now  3 = Not at all |  |
| Worrying thoughts go through my mind: | HADS05A | 3 = A great deal of the time  2 = A lot of the time  1 = From time to time, but not too often  0 = Only occasionally |  |
| I feel cheerful: | HADS06D | 3 = Not at all  2 = Not often  1 = Sometimes  0 = Most of the time |  |
| I can sit at ease and feel relaxed: | HADS07A | 0 = Definitely  1 = Usually  2 = Not often  3 = Not at all |  |
| I feel as if I am slowed down: | HADS08D | 3 = Nearly all the time  2 = Nearly all the time  1 = Sometimes  0 = Not at all |  |
| I get a sort of frightened feeling like ‘butterflies’ in the stomach: | HADS09A | 0 = Not at all  1 = Occasionally  2 = Quite often  3 = Very often |  |
| I have lost interest in my appearance: | HADS10D | 3 = Definitely  2 = I don’t take as much care as I should  1 = I may not take quite as much care  0 = I take just as much care as ever |  |
| I feel restless as I have to be on the move: | HADS11A | 3 = Very much indeed  2 = Quite a lot  1 = Not very much  0 = Not at all |  |
| I look forward with enjoyment to things: | HADS12D | 0 = As much as I ever did  1 = Rather less than I used to  2 = Definitely less than I used to  3 = Hardly at all |  |
| I get sudden feelings of panic: | HADS13A | 3 = Very often indeed  2 = Quite often  1 = Not very often  0 = Not at all |  |
| I can enjoy a good book or radio or TV program: | HADS14D | 0 = Often  1 = Sometimes  2 = Not often  3 = Very seldom |  |
| **ACCEPTANCE AND ACTION QUESTIONNAIRE** |  | **1 – Never True**  **2 – Very Seldom True**  **3 – Seldom True**  **4 – Sometimes True**  **5 – Frequently True**  **6 – Almost Always True**  **7 – Always True** | **Likert type scale in columns with radio buttons for each response option** |
| My painful experiences and memories make it difficult for me to live a life that I would value. | AAQ01 |  |  |
| I’m afraid of my feelings. | AAQ02 |  |  |
| I worry about not being able to control my worries and feelings. | AAQ03 |  |  |
| My painful memories prevent me from having a fulfilling life. | AAQ04 |  |  |
| Emotions cause problems in my life. | AAQ05 |  |  |
| It seems like most people are handling their lives better than I am. | AAQ06 |  |  |
| Worries get in the way of my success. | AAQ07 |  |  |
| **BULLS EYE VALUES SURVEY** |  |  |  |
| The Bull’s Eye dartboard below is divided into four areas of living that are important in people’s lives: work/education/community, leisure, relationships and personal growth/health.  In this exercise, you will be asked to look more closely at your personal guiding principles in each of these areas and write them out. Then, you will evaluate how close you are to living your life in keeping with your guiding principles. You will also take a closer look at the barriers or obstacles in your life that stand between you and the kind of life you want to live. Don’t rush through this; just take your time. |  |  |  |
| Start by describing your *guiding principles* within each of the four areas. Think about each area in terms of how you want to be in your life – your ideal way of being, or your best self. **Your guiding principle should not be a specific goal but instead reflect a way you would like to live your life over time.** For example, getting married might be a goal you have in life, but it just reflects your guiding principle of being an affectionate, honest and loving partner. To accompany your son to a baseball game might be a goal; to be an involved and interested parent might be the guiding principle. **Note!** Write your guiding principle for each area on the lines provided below. It is ***your*** personal guiding principles that are important in this exercise. |  |  |  |
| Work/Education/Community:  This refers to your career aims, your guiding principles about improving your education and knowledge, and generally feeling of use to those close to you or to your community (i.e., volunteering, overseeing your household, etc.). | ValNar\_work |  | Text fill 1000 characters |
| Leisure:  This refers to how you play in your life, how you enjoy yourself, your hobbies or other activities that you spend your free time doing (i.e., gardening, sewing, coaching a children’s soccer team, fishing, playing sports). | ValNarr\_leisure |  | Text fill 1000 characters |
| Relationships:  This refers to intimacy in your life, relationships with your children, your family of origin, your friends and social contacts in the community. | ValNarr\_relat |  | Text fill 1000 characters |
| Personal growth/health:  This refers to your spiritual life, either in organized religion or personal expressions of spirituality, exercise, nutrition, and addressing health risk factors like drinking, drug use, smoking, or weight. | ValNarr\_health |  | Text fill 1000 characters |
| Now, look again at the guiding principles you have written above. Think of your guiding principle as a "Bull’s Eye" (the number 1 in the middle of the dart board) – that you are living your life exactly as you want to be living it, completely consistent with your guiding principle for that life area. The number 8 means your life is way off the mark, and you are not living your life in line with your guiding principles very much at all. For each of the four life areas, choose a number from the dartboard that best represents how much you are living in line with your guiding principles. |  |  |  |
| **1**  **2**  **3**  **4**  **5**  **6**  *My life is way off the mark – I am not living in line with my guiding principles very much at all.*  **8**  **7**  *I am living my life just as I want to.* |  |  |  |
|  |  | **1 – I am living my life just as I want to.**  **2**  **3**  **4**  **5**  **6**  **7**  **8 – My life is way off the mark** | **Visual analog type scale with two anchors and each number represented** |
| Work/Education/Community: | Valscs\_work |  |  |
| Leisure: | Valscs\_leis |  |  |
| Relationships: | Valscs\_rela |  |  |
| Personal Growth/Health: | Valscs\_heal |  |  |
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| **Participant Use of Intervention** \*\*\* |  | 0 – 7 | Visual analog scale |
| In the last week, how many days have you practiced the body awareness exercise by listening to the voice recording provided in the program? \*\*\* | Skilluse\_mfvoice |  |  |
| In the last week, how many days have you practiced the body awareness exercise on your own (without listening to the voice recording provided in the program)? \*\*\* | Skilluse\_mfself |  |  |
| In the last week, how many days have you used the activity-rest cycle where you set a number of minutes you will do an activity and then a number of minutes you will rest? \*\*\* | Skilluse\_pace |  |  |
| In the last week, how many days have you scheduled or engaged in activities based on your guiding principles? \*\*\* | Skilluse\_values |  |  |
| In the last week, how many days have you used the idea of getting unstuck from sticky thoughts as suggested by the program? \*\*\* | Skilluse\_thoughts |  |  |
| **CLIENT SATISFACTION QUESTIONNAIRE (CSQ) \*\*\*\*** |  |  | Radio buttons with only text visible |
| How would you rate the quality of the program?\*\*\* | CSQ1 | **4=Excellent**  **3=Good**  **2=Fair**  **1=Poor** |  |
| Did you get the kind of information and skills you wanted?\*\*\* | CSQ2 | **1=No, definitely**  **2=No, not really**  **3=Yes, generally**  **4=Yes, definitely** |  |
| To what extent did this program meet your needs?\*\*\* | CSQ3 | **4=Almost all of my needs have been met**  **3=Most of my needs have been met**  **2=Only a few of my needs have been met**  **1=None of my needs have been met** |  |
| Would you recommend this program to a friend who is coping with cancer? \*\*\* | CSQ4 | **1=No, definitely not**  **2=No, I don’t think so**  **3=Yes, I think so**  **4=Yes, definitely** |  |
| How satisfied are you with the amount of help you received? \*\*\* | CSQ5 | **1=Quite dissatisfied**  **2=Indifferent or mildly dissatisfied**  **3=Mostly satisfied**  **4= Very satisfied** |  |
| Did this program help you to deal more effectively with having cancer and related symptoms? \*\*\* | CSQ6 | **4=Yes, it helped a great deal**  **3=Yes, it helped**  **2=No, it really didn’t help**  **1=No, it seemed to make things worse** |  |
| In an overall, general sense, how satisfied are you with the program? \*\*\* | CSQ7 | **4=Very satisfied**  **3=Mostly satisfied**  **2=Indifferent or mildly dissatisfied**  **1=Quite dissatisfied** |  |
| If you were to seek help for coping with cancer again, would you come back to our program? \*\*\* | CSQ8 | **1=No, definitely not**  **2=No, I don’t think so**  **3=Yes, I think so**  **4=Yes, definitely** |  |
| To what degree did this program help you to better understand the overall experience of having cancer? \*\*\* | CSQ9 | **1=It was not helpful at all**  **2=It was a little helpful**  **3=It was quite helpful**  **4=It was very helpful** |  |
| To what degree did the program teach you skills that are helping you to better manage your symptoms? \*\*\* | CSQ10 | **1=It was not helpful at all**  **2=It was a little helpful**  **3=It was quite helpful**  **4=It was very helpful** |  |
| In the future you may have to pay out of pocket or use insurance to participate in a coping skills program such as this one.  Would you sign up for a program like this one again if you had to pay for it? \*\*\* | Progpay | 0=No  1=Yes |  |
| What is the MOST you would consider paying out of pocket (cash, credit card, or check) to receive all 4 sessions of a coping skills program like this one? \*\*\* | Mostpay | 0=I would not pay for this program  1=A total of $60 ($15 per session)  2=A total of $80 ($20 per session)  3=A total of $200 ($50 per session)  4=A total of $300 ($75 per session)  5=I would pay more for this program |  |
| What were the most and least helpful parts of this program? \*\*\* | Prog\_mostleast |  | Text fill 1000 characters |
| What do you think could be improved about the program? \*\*\* | Prog\_improve |  | Text fill 1000 characters |
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