[Programmer Notes] – This formatting and bracketing represents notes to the programmer that should not be shown to the respondent

------------------ Page Break ------------------ This represents a new survey page

**[Section Headings] are not currently being displayed**

The question format is:

[Question Identifier] The question text to show to the respondent…

* Response Option 1
* Response Option 2
* …

**[Introduction]**

**[Copied from other study - Need to update ]**

**[Intro]** The following is a comprehensive survey that helps us evaluate your health status and learn more about you. This will allow your provider to better tailor conversations regarding your treatment and consider appropriate support services. Please complete the survey in its entirety. If you need assistance with filling out the survey, please let us know and someone can help you.

------------------ Page Break ------------------

**[Demographics] – Do we want to include a section heading? Usually I do not.**

**[Gender]** What is your gender?

-Male

-Female

------------------ Page Break ------------------

**[Age]** How old are you? Insert number in years [Numeric Response]

------------------ Page Break ------------------

**[HealthStatus]** How would you rate your health compared to others your age?

Excellent

Very Good

Good

Fair

Poor

------------------ Page Break ------------------

[Race] [Insert Race Ethnicity Question – Needs to be written]

------------------ Page Break ------------------

[Education] [Insert Education Question – Needs to be written]

------------------ Page Break ------------------

**[LivingSituation]** With whom do you live? **[Single Select or multiple select. Some of the options are not mutually exclusive]**

Spouse/Partner

Parent(s)

Live Alone

Children aged 18 or younger

Children aged 19 or older

In-laws

Other relative

Other non-relative

------------------ Page Break ------------------

**[LivingLocation]** Please choose the description that best describes your living situation

Independent Living (More than 1 Story)

Independent Living (1 Story)

Independent Living in a Senior Living Facility

Assisted Living

Nursing Home/Skilled Nursing Living

------------------ Page Break ------------------

**[Instrumental Activities of Daily Living (IADL)]**

[IADLTelephone] Can you use the telephone?

Without help, including looking up and dialing

With some help (can answer phone in an emergency, but need a special phone or help in getting the number or dialing)

Completely unable to use the telephone

------------------ Page Break ------------------

[IADL-WalkingDistance] Can you get to places out of walking distance?

Without help (drive your own car, or travel alone on buses or taxis)

With some help (need someone to help you or go with you when traveling)

Completely unable to travel unless arrangements are made for a specialized vehicle

------------------ Page Break ------------------

[IADLShopping] Can you go shopping for groceries or clothes?

Without help (taking care of most shopping needs yourself, assuming you have transportation)

With some help (need someone to go with you on most shopping trips)

Completely unable to do any shopping

------------------ Page Break ------------------

[IADLPrepareMeals] Can you prepare your meals?

Without help (plan and cook most full meals yourself)

With some help (can prepare some things but unable to cook full meals yourself)

Completely unable to prepare any meals

------------------ Page Break ------------------

[IADLHousework] Can you to your housework?

Without help (for example, clean floors)

With some help (can do light housework but need help with heavy work)

Completely unable to do any housework

------------------ Page Break ------------------

[IADLMedicine] Can you take your own medicine?

Without help (in the right doses at the right time)

With some help (able to take medicine if someone prepares it for you and/or reminds you to take it)

Completely unable to take your medicines by yourself

------------------ Page Break ------------------

[IADLMoney] Can you handle your own money?

Without help (for example write checks or pay bills)

With some help (manage day to day spending but need help with managing your checkbook and paying your bills)

Completely unable to handle money

------------------ Page Break ------------------

[Falls] In the past 6 months, have you fallen down?

Yes

No

I don’t know

------------------ Page Break ------------------

[IF FALLS != Yes skip next question]

[Falls-Number] In the past year, how many times have you fallen down?

------------------ Page Break ------------------

[OARS Physical Health]

[OARSPhysical] Does your health limit you “a lot,” “a little,” or “not at all” in walking one mile?

A lot

A little

Not at all

------------------ Page Break ------------------

[OARS Comorbidity]

[Do we want to turn this into a grid question with specific follow-up questions?

Do you have any of the following illnesses at the present time?

[Rows]

Other cancer or leukemia?

Arthritis or rheumatism?

Glaucoma?

Emphysema or chronic bronchitis?

High Blood Pressure?

Heart disease?

Circulation trouble in arms or legs?

Diabetes?

Stomach or intestinal disorders?

Osteoporosis?

Chronic liver or kidney disease?

Stroke?

Depression?

[Columns]

Yes

No

------------------ Page Break ------------------

[OARSFollowup]

Include only the items marked as “yes” in [OARSComorbidity]

How much does do each of the following conditions interfere with your activities?

Not at all

Somewhat

A great deal

------------------ Page Break ------------------

[Polypharmacy] How many regularly scheduled prescription medications do you take? **[Numeric]**

------------------ Page Break ------------------

**[Geriatric Depression Scale:]**

**[GDS]**

**[Grid Question]**

**[Rows]**

Are you basically satisfied with your life?

Have you dropped many of your activities and interests?

Do you feel that your life is empty?

Do you often get bored?

Are you in good spirits most of the time?

Are you afraid that something bad is going to happen to you?

Do you feel happy most of the time?

Do you often feel helpless?

Do you prefer to stay home, rather than going out and doing new things?

Do you feel you have more problems with memory than most?

Do you think it is wonderful to be alive now?

Do you feel pretty worthless the way you are now?

Do you fell that your life is full of energy?

Do you fell your situation is hopeless?

Do you think that most people are better off than you are?

[Columns]

Yes

No

------------------ Page Break ------------------

[GAD7] Over the last 2 weeks, how often have you been bothered by the following problems?

[Grid Question]

[Rows]

Feeling nervous, anxious or on edge:

Not being able to stop or control worrying:

Worrying too much about different things:

Trouble relaxing:

Being so restless that it is hard to sit still:

Becoming easily annoyed or irritable:

Feeling afraid as if something awful might happen:

[Columns]

Not at all

Several days

More than half the days

Nearly every day

------------------ Page Break ------------------

[OARS Medical Social Support]

[Support]Is there someone to give you advice in a crisis?

None of the time

A little of the time

Some of the time

Most of the time

All of the time

------------------ Page Break ------------------

**[Provider or Staff to input these answers (optional) – How do we handle this in the new world we are in?]**

How do you want to handle this?

**Provider or Staff to input these answers**

**Mini-COG**

Clock Drawing test: Is the clock Normal or Abnormal?

-Normal

-Abnormal

Word Recall: How many words did the patient recall?

-3 words

-1 to 2 words

-0 words

**Nutritional Status**

Patients current height – Insert number in inches

Patients weight

1. Weight approximately 6 months ago: Insert number in pounds
2. Current weight: Insert Number in pounds

**Tumor/Treatment characteristics:**

**Stage of Disease:**

- I

- II

- III

**ER (Estrogen Receptor) Status:**  
 - Positive

* Negative
* Unknown

**PR (Progesterone Receptor) Status:**  
 - Positive

* Negative
* Unknown

**Her2/neu Status:**  
 - Positive

* Negative
* Unknown

**Tentative planned treatment regimen:**

**Contains anthracycline?**

* Yes
* no

**Treatment duration >3 months**

* Yes
* No

**Additional Items for CARG-BC Toxicity Score**

Hemoglobin:

Gender Female

- <12 g/dL

- ≥ 12 g/dL

Gender Male

- <13 g/dL

- ≥ 13 g/dL

Liver function test results:

* Abnormal
* Normal

------------------ Page Break ------------------

Additional Questions: The report format has the respondents name and birth date, but there are not any questions that collect this information. Do we want to add a question at the beginning of the survey for this?

Where should we insert the conjoint section?

|  |  |  |
| --- | --- | --- |
| **Meta-Attribute** | **Level** | **Specific Language** |
| **Benefits** | Survival | Increase the number of years that I am likely to live |
| Recurrence | Decrease the chance of the cancer coming back in the future |
| Worry/distress | Decrease my worry about the cancer |
| **Risks** | Fatigue | Cause me to frequently feel tired, to the point that it interferes with my daily activities |
| Falls/balance | Cause me to feel more off balance, so that I may require an assistive device, such as a cane, or I may fall more frequently |
| Cognition | Cause me to experience changes to my thinking that impact my ability to function |
| Toxicity | Have a moderate to high chance that I would experience a significant side effect from the treatment |
| **Quality of Life** | As good as now/ no change | Allow my quality of life to be relatively unchanged |
| Significantly worse than it is now | Cause my quality of life to be significantly worse than it is right now |
| **Hardship** | Burden on support system | Have a high chance that I would require more help than I need right now, such as more assistance with getting to appointments, shopping, etc. |
| Hospitalization | Have a high chance that I would need to be hospitalized during the treatment |

[Conjoint] If you were offered three different hypothetical options for a cancer treatment, including the risks and benefits that each treatment would provide, which option would you find most preferable?

Concept Headers:

<p>Option 1</p><p> The treatment would:</p>

<p>Option 2</p><p> The treatment would:</p>

<p>Option 3</p><p> The treatment would:</p>

**Summary Report:**

Patient Name

Date of Birth

Age

Rates health compared to others their age as (answer to question)

Patient lives in a (description of living situation)

Patient lives with (whom do you live with)

**Functional Status**

Your patient may have met screening criteria for functional impairment on the following tests:

Any IADL deficit: Yes OR No

IADL scoring – 1 point for every “able to do with some help” or completely unable to do” response; Deficit – No if 0 points and Yes if ≥ 1 point

*Functional Status Impairment Link* (opens to following statement)

Functional status measures a person's ability to perform important tasks in maintaining independence. Impairments in activities of daily living (ability of a person to care for basic needs) are associated with adverse outcomes from cancer treatment.

An older cancer patient may suffer from pre-existing functional deficits before the cancer is diagnosed; these functional deficits can complicate treatment. Additionally, the cancer or its treatment may create new areas of functional impairment.

Understanding functional status of older cancer patients will help physicians provide more systematically individualized treatment options, devise more targeted rehabilitation programs, and plan for future care.

**Physical Performance**

Your patient may have high risk of future falls as demonstrated by the scores on the following:

Falls: Yes OR No

Fall scoring – 1 point for yes response and 0 point for no response; Yes if 1 point and No if 0 points

OARS Physical Health: Impaired in walking one block due to health OR Not Impaired

OARS Physical Health Scoring – 1 point for “a lot” response and 0 point for other responses; Impaired if 1 point and Not Impaired if 0 points

*Physical Performance Impairment Link* (opens to following statement)  
Recent falls have been shown to predict toxicity from cancer treatment. Physical performance concerns and falls are associated with morbidity, mortality, compromised quality of life, and considerable economic burden. Falls occur in approximately 1/3 of all people over age 65 and in 1/2 of all people over age 80.

**Cognition**

Your patient may have met screening criteria for functional impairment on the following test:

Mini Cog: Impaired OR Not impaired

Mini Cog Scoring: Impaired if 0 words recalled or 1-2 words recalled and abnormal clock otherwise Not impaired

*Cognition Impairment Link* (opens to following statement)

In determining a cancer treatment plan, cognitive impairment may impact decision-making capacity; therefore, this should be assessed.

Individuals with cognitive impairment who are diagnosed with cancer pose unique challenges in clinical practice due to impairments in understanding, communication, and capacity to consent. Patients' relatives and caregivers are called upon to make surrogate decisions when patients lack the capacity to do so for themselves; this can be distressing for everyone involved.

The basic purpose of cognitive screening tests is to identify individuals who may have a cognitive impairment. A very impaired score (along with supporting history) may lead a physician to make a diagnosis; a borderline score may prompt further investigation or a referral to a specialist.

Dementia is a disorder with memory impairment and at least one other symptom from another cognitive domain (e.g., disturbances in executive functioning accompanied by impairment in function).

Delirium is a syndrome of acutely altered mental status characterized by inattention and a fluctuating course

**Comorbidity**

Your patient may have a higher risk of a poor outcome after cancer treatment based on comorbidity:

OARS Comorbidity: “Number of comorbidities ≥ 3 and/or ≥ 1 comorbidity which interferes a great deal with activities” OR “Number of comorbidities < 3 and no comorbidity interferes a great deal with activities”

OARS Comorbidity Scoring: 1 point for every “Yes” response and 1 point for every “a great deal” response; First statement if ≥ 3 points for yes response OR ≥ 1 point(s) for “a great deal” responses otherwise second statement

*Comorbidity Impairment Link* (opens to following statement)

Comorbidities are known to increase the risk of poor outcomes in older patients with cancer. Comorbidities can affect cancer treatment in a variety of ways.

Cancer treatment may interact with a comorbid condition to impact functional status and worsen the comorbid condition. Comorbidity may adversely affect treatment outcome. Cancer treatment may be too risky because of the type and severity of the comorbid condition. Comorbidity may affect life expectancy, independent of the cancer.

**Polypharmacy**

Your patient may have met the screening criteria for having a high risk adverse events due to polypharmacy:

Polypharmacy: Yes OR No

Polypharmacy Scoring: Yes if response is ≥ 5 medications otherwise No

*Polypharmacy Impairment Link* (opens to following statement)

The definition of "polypharmacy" includes the use of a large number of medications or potentially inappropriate medications, which can increase the risk for adverse events, and medication duplication. Older adults are at risk because they often present with several medical conditions requiring pharmacotherapy. Cancer-related therapy adds to this risk in older adults, but few studies have been conducted in this patient population.

**Nutrition**

Your patient may have met the screening criteria for having a high risk of adverse events due to poor nutritional status:

BMI: Met criteria as BMI < 21 kg/m2 OR Did not meet criteria as BMI ≥ 21 kg/m2

BMI scoring: Calculate BMI from patient’s height and weight; Met criteria if BMI < 21 kg/m2 or Did not meet criteria as BMI ≥ 21 kg/m2

Weight loss: Met criteria as weight change > 10% weight loss in past 6 months OR Did not meet criteria as weight change ≤ 10% weight loss in past 6 months

Weight loss scoring: [(a-b/a) x 100]; Met criteria if > 10% or Did not meet criteria if ≤ 10%

*Nutrition Impairment* link (opens to following statement)

Optimal nutrition can improve the clinical course, outcome, and quality of life of patients undergoing treatment for cancer. Research has consistently shown that poor nutritional status is a risk factor for early death in older patients with cancer. Under most of these circumstances, eating frequently and including high-energy and high-protein snacks may help overall intake.

**Psych**

Your patient may have met screening criterial for psychological depression or anxiety:

Geriatric Depression Score: Screen positive for depression OR Screen negative for depression

Geriatric Depression Score Scoring: 1 point for every “yes” response; Screen positive if ≥ 5 points otherwise Screen negative

GAD-7 scoring: 0 points for not at all; 1 point for several days; 2 points for more than half the days; 3 points for nearly every day. Screen positive if total score ≥8.

*Psych Impairment* link (opens to following statement)

Psychological depression and/or anxiety are common in older patients with cancer. Recognizing and addressing psychological distress can influence adherence to a cancer treatment plan and overall quality of life.

Psychological distress in patients with cancer may be precipitated by physical symptoms, psychological symptoms, social concerns, and spiritual or existential concerns. Experts recommend screening for suicide risk and elder abuse in older patients with psychological distress.

**Social Support**

Your patient may have reported limited social support:

OARS Medical Social Support:

OARS Medical Social Support Scoring: For questions “someone to give you good advice in a crisis”; Limitation in social support if answered most or all of the time, otherwise No limitation

*Social Support Impairment* link (opens to following statement)

Social support is important for good psychological functioning during diagnosis and treatment. Social support includes both the resources that meet individual needs as well as the social relationships through which these needs are met. In older patients, social support is necessary to follow through with the cancer treatment plan (transportation for visits, managing symptoms, caregiving for functional and cognitive issues), and preventing harm from treatment toxicities.

**CARG-BC Toxicity Tool Score**

Calculated from components of assessment as a sum of the total points:

Anthracycline = yes: 1 point

Stage II or III of disease = yes: 3 points

Duration of treatment >3 months = yes: 4 points

Abnormal liver function = yes: 3 points

Abnormal hemoglobin = yes: 3 points

Fall = yes: 4 points

Limited in walking more than one mile = limited: 3 points

Lack of someone to give good advice in a crisis = most or all of the time: 3 points

**Preference Report**

**Do we need instructions for interpreting this report?**