

Demographics/Medical History

1. What is your gender?	<input type="radio"/> Male <input type="radio"/> Female
2. What is your date of birth?	<div style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <p style="text-align: center;">Record as MM / DD / YYYY</p>
3. Which of the following best describes your racial heritage?	<input type="radio"/> White/Caucasian <input type="radio"/> Black/African American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Asian/Pacific Islander <input type="radio"/> Other, please specify _____ <input type="radio"/> Unknown/Refused
4. Are you of Hispanic (Spanish, Latino) background?	<input type="radio"/> Yes <input type="radio"/> No
5. What is the highest grade or level you completed in school?	<input type="radio"/> Elementary school – grade 6 or less <input type="radio"/> Some secondary school – grade 7 to 11 <input type="radio"/> Graduate high school <input type="radio"/> GED/high school equivalent <input type="radio"/> Some college <input type="radio"/> Graduated 2-year college <input type="radio"/> Graduated 4-year college <input type="radio"/> Some graduate/professional school <input type="radio"/> Completed graduate/professional school <input type="radio"/> Unknown/Refuse

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6. What is your current marital status?	<ul style="list-style-type: none"><input type="radio"/> Married – living with spouse<input type="radio"/> Married – not living with spouse<input type="radio"/> Living as married/common law marriage<input type="radio"/> Never married<input type="radio"/> Divorced<input type="radio"/> Widowed<input type="radio"/> Separated<input type="radio"/> Unknown/refused
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PLEASE ENTER IDENTIFYING INFORMATION BEFORE PROCEEDING.

Consumer ID

Site ID

Assessment Date

 / /

Please answer all of the following questions regarding your most recent contact with your oncology clinic.

Pain Questions

1. Have you had any pain prior to your last contact with the clinic?
 No
 Yes
2. During your last visit to this clinic, did any medical professional discuss pain that you may be experiencing?
 No
 Yes
3. Check the healthcare professionals with whom you had a conversation regarding pain.
 Physician
 Nurse
 Other (specify : _____)
4. Who initiated the conversation?
 You
 Healthcare Professional

5. Did the healthcare professional ask you how bad your pain was?

No

Yes

6. Did the healthcare professional discuss pain medication?

No

Yes

7. On scale from 1 to 5, do you agree with the following question:

“I wish providers at this clinic could have done more to address the pain I have had.”

1. I disagree

2. I have no opinion

3. I agree a little

4. I agree strongly

5. I very strongly agree

Depression

1. Have you felt sad or depression prior to your last contact with the clinic?

No

Yes

2. During your last visit to this clinic, did any healthcare professional discuss sadness or depression that you may be experiencing?

No

Yes

3. Check the healthcare professionals you spoke to about depression.

Physician

Nurse

Other (specify: _____)

4. Who initiated the conversation?
- You
- Healthcare Professional
5. Did the healthcare professional ask you how bad your sadness or depression was?
- No
- Yes
6. Did the healthcare professional discuss medication to treat your sadness or depression such as antidepressant medication?
- No
- Yes
7. On scale from 1 to 5, do you agree with the following question:
- “I wish healthcare professionals at this clinic could have done more to address my feelings of sadness and depression.”
1. I disagree
2. I have no opinion
3. I agree a little
4. I agree strongly
5. I very strongly agree

Fatigue

1. Have you felt fatigued or tired prior to your last contact with the clinic?
- No
- Yes
2. During your last visit to this clinic, did any healthcare professional discuss fatigue or tiredness with you ?
- No
- Yes

3. Check the healthcare professionals you spoke to about fatigue or tiredness.

Physician

Nurse

Other (specify: _____)

4. Who initiated the conversation?

You

Healthcare Professional

5. Did the healthcare professional ask you how bad your fatigue was ?

No

Yes

6. Did the healthcare professional discuss anemia (low blood) medication?

No

Yes

7. On scale from 1 to 5, do you agree with the following question:

“I wish providers at this clinic could have done more to address my fatigue.”

1. I disagree

2. I have no opinion

3. I agree a little

4. I agree strongly

5. I very strongly agree

PLEASE ENTER IDENTIFYING INFORMATION BEFORE PROCEEDING.

Consumer ID	Site ID	Assessment Date
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>

MEDICAL EXPENSES QUESTIONNAIRE

Directions: Please use the past 3 months as the time frame for answering these questions. Just do the best you can to estimate number of visits, etc. The phrase “medical visits” refers to visits to any doctor, nurse, hospital or **pain** management clinic to manage your **pain, depression, or fatigue**.

1. How many **pain-related** medical visits did you have in the past 3 months?

_____ Number of visits

2. How many **depression-related** medical visits did you have in the past 3 months?

_____ Number of visits

3. How many **fatigue/anemia-related** medical visits did you have in the past 3 months?

_____ Number of visits

4. Over the past 3 months, how many times did you go to the emergency room for **pain**?

_____ Number of times

5. Over the past 3 months, how many times did you go to the emergency room for **depression**?

_____ Number of times

6. Over the past 3 months, how many times did you go to the emergency

room for **fatigue/anemia**?

_____ Number of times

7. Were you admitted to the hospital because of your **pain**? (Please check one)

_____ No

_____ Yes

If you answered "Yes," how many times were you admitted?

_____ Number of times

8. 5. Were you admitted to the hospital because of your **depression**? (Please check one)

_____ No

_____ Yes

If you answered "Yes," how many times were you admitted?

_____ Number of times

9. Were you admitted to the hospital because of your **fatigue/anemia**? (Please check one)

_____ No

_____ Yes

If you answered "Yes," how many times were you admitted?

_____ Number of times

Prescription Medication Visits

10. In the last 3 months, have you taken any drugs that are commonly used to treat **depression**, Such as... (Please circle all that apply)

- a) Anafranil [Clomipramine (hydrochloride)]?
- b) Aventyl or Pamelor [Nortriptyline hydrochloride]]?
- c) Effexor [Venlafaxine (hydrochloride)]?
- d) Elavil or Endep [Amitriptyline (hydrochloride)]?
- e) Desryel [Trazadone]
- f) Luvox [Fluvoxamine (maleate)]?
- g) Morpromin [Desipramine (hydrochloride)]?
- h) Paxil [Paroxetine hydrochloride]]?
- i) Prozac [Fluoxetine (hydrochloride)]?
- j) Remeron [Mirtazapine]]?
- k) Serzone [Nefazodone hydrochloride]]?
- l) Sinequan [Doxepin (hydrochloride)]?
- m) Tofranil [Imipramine (hydrochloride)]?
- n) Wellbutrin [Bupropion (hydrochloride)]?
- o) Zoloft [Sertaline hydrochloride]]?
- p) Other:

Specify: _____

11. In the last 3 months, have you taken any of the following drugs that are commonly used to control **pain**...(Please circle all that apply)

- a) Codeine?
- b) Darvocet [Propoxyphena/Acetaminophen]?
- c) Darvon [propoxyphene/ASA/Caffeine]?
- d) Demerol [meperidine (hydrochloride)]?
- e) Dilaudid [Hydromorphone (hydrochloride)]?
- f) Duragesic [Rentanyl Patches]?
- g) Elavil or Endep [Amitriptyline (hydrochloride)]?
- h) Levo-Dromoran [Levorphanol]?
- i) MS Contin or Oramorph SR?
- j) Neurontin [Gabapentin]?
- k) Oxycontin [Oxycodone terephthalate]?
- l) Percodan [Oxycodone/ASA]?
- m) Percocet [Oxycodone/Acetaminophen]?
- n) Roxanol [Morphine sulfate]?
- o) Roxicodone [Oxycodone (hydrochloride)]
- p) Tegretol [Carbamazepine]?
- q) Tophranil [Imipramine (hydrochloride)]?
- r) Tylenol #3 or #4 [Acetaminophen/Codeine]?
- s) Vicodin, Vicodin ES, or Vicodin HP [hydrocodone/Acetaminophen]?
- t) Other:

Specify: _____

12. In the last 3 months, have you taken any of the following drugs that are commonly used to treat **anemia**?

- | | | |
|-------------------------------|----------|-----------|
| Epogen (Epoetin Alpha) | _____ No | _____ Yes |
| Darbepoietin Alpha (Aranesp)? | _____ No | _____ Yes |
| Procrit (Erythropoetin) | _____ No | _____ Yes |