Fred Hutch Cancer Center

Supportive Care Questionnaire

Please answer the following questions to the best of your ability. This should take less than 10 minutes. Your responses will help your care team develop a comprehensive care plan specific to you.

What is the purpose of your appointment today at Fred Hutch Cancer Center?

Please check the appropriate box below:

☐ **Active Treatment** (Discuss treatment plan or receive treatment (ie: chemotherapy, radiation, surgery, transfusion, infusion, etc.) at Fred Hutch.

If selected, please fill out the entire questionnaire and return to a Medical Assistant or to the front desk.

☐ **Decline to answer**

If you decline to answer the following questions, please check the box and return to a Medical Assistant or to the front desk. No additional answers requested. You do not need to fill out the rest of the survey.

☐ **Second Opinion/one-time consult** (will receive treatment at another institution)

If selected, please check the box and return to a Medical Assistant or to the front desk. No additional answers requested. You do not need to fill out the rest of the survey.

☐ **Screening Appointment** (example: mammogram/colonoscopy)

If selected, please check the box and return to a Medical Assistant or to the front desk. No additional answers requested. You do not need to fill out the rest of the survey.

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Are you able to go for a walk of at least 15 minutes?

☐ Without any difficulty ☐ With a little difficulty ☐ With some difficulty
☐ With much difficulty ☐ Unable to do

Are you able to go up and down stairs at a normal pace?

☐ Without any difficulty ☐ With a little difficulty ☐ With some difficulty
☐ With much difficulty ☐ Unable to do

Are you able to sit on and get up from the toilet?

☐ Without any difficulty ☐ With a little difficulty ☐ With some difficulty
☐ With much difficulty ☐ Unable to do

Are you able to dress yourself, including tying shoelaces and buttoning your clothes?

☐ Without any difficulty ☐ With a little difficulty ☐ With some difficulty
☐ With much difficulty ☐ Unable to do

Are you able to carry a laundry basket up a flight of stairs?

☐ Without any difficulty ☐ With a little difficulty ☐ With some difficulty
☐ With much difficulty ☐ Unable to do

Does your health now limit you in doing heavy work around the house like scrubbing floors, or lifting or moving heavy furniture?

☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a lot ☐ Cannot do

In the past 7 days, how often did you have trouble finishing things because of your fatigue?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Unable to do

In the past 7 days, how often did your fatigue make it difficult to plan activities ahead of time?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Unable to do

In the past 7 days, how often did you have to limit your social activities because of your fatigue?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Unable to do

I have trouble doing all of my regular leisure activities with others.

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Unable to do

I have trouble doing all of the work that is really important to me (including work at home).

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Unable to do

I have trouble doing all of the family activities that I want to do.

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Unable to do

Choose the one phrase that best describes your activities and function over the past month:

☐ Normal with no limitations

☐ Not my normal self, but able to be up and about with fairly normal activities.

☐ Not feeling up to most things, but in bed less than half of the day.

☐ Able to do little activity and spend most of the day in bed or chair.

☐ Pretty much bed ridden, rarely out of bed.

I am bothered by side effects of treatment (despite current symptom management)

☐ Not at all/Not applicable ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

I am satisfied with family communication about my illness.

☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
☐ Not applicable

I am satisfied with how I am coping with my illness.

☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

I am bothered by symptoms of my cancer/illness (despite current symptom management).

☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

I am content with the quality of my life right now.

☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

Have you recently lost weight without trying?

☐ Yes ☐ No ☐ Unsure

If you answered yes:

How much weight have you lost?

☐ 2–13 lb. ☐ 14–23 lb. ☐ 24–33 lb. ☐ 34+ lb. ☐ Unsure

Have you been eating poorly because of a decreased appetite?

☐ Yes ☐ No

Are you getting tube feeds or parenteral nutrition?

☐ Yes ☐ No

In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?

☐ Yes ☐ No ☐ Decline

In the past 12 months, has lack of transportation kept you from meetings, work or from getting things needed for daily living?

☐ Yes ☐ No ☐ Decline

Within the past 12 months, you worried that your food would run out before you got the money to buy more.

☐ Never true ☐ Sometimes true ☐ Often true ☐ Decline

Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

☐ Never true ☐ Sometimes true ☐ Often true ☐ Decline

In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?

☐ Yes ☐ Already shut off ☐ No ☐ Decline

In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?

☐ Yes ☐ No ☐ Decline

At any time in the past 12 months, were you homeless or living in a shelter (including now)?

☐ Yes ☐ No ☐ Decline

Within the last year, have you been afraid of your partner or ex-partner?

☐ Yes ☐ No ☐ Decline

How many different kinds of dietary supplements are you currently taking?

☐ 0 supplements ☐ 1–4 supplements ☐ 5–10 supplements ☐ 11–19 supplements
☐ More than 20 supplements

Over the past 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

2. Feeling down, depressed or hopeless

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

3. Feeling nervous, anxious, or on edge

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

4. Not being able to stop or control worrying

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

Please answer each question below to indicate your response as it applies to your current situation:

Do you struggle with the loss of meaning and joy in your life?

☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

Do you currently have what you would describe as a religious or spiritual struggle?

☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

Your ability to have biological children, or fertility, may be impacted by both your cancer and your cancer treatment. Talking with your doctor about your fertility is important if you hope to have biological children in the future. **Would you like to learn more about whether fertility preservation is possible for you?** Fertility preservation is when eggs, sperm, or reproductive tissue are saved or protected so that a person can use them to have children in the future.

☐ Yes ☐ No ☐ Not applicable

Do you have concerns about how your child/children/grandchildren are coping with your illness?

☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

If you selected "Quite a bit" or "Very much," are your children/grandchildren:

☐ 18 years old or younger or developmentally delayed

☐ 19 years old or older

Do you currently use tobacco, such as smoking, vaping, chewing, etc.?

☐ Yes ☐ No

If no:
Have you used tobacco, such as smoking, vaping, chewing, etc., in the last 6 months?

☐ Yes ☐ No

Fred Hutchinson Cancer Center is committed to the total health of all patients. Fred Hutch provides services for substance use conditions.

In the past 12 months, how often have you:

1. Had 4 or more drinks containing alcohol in one day?
(1 standard drink is 1 small glass of wine (5 oz), 1 beer (12 oz) or 1 single shot of liquor)

☐ Daily or almost daily
☐ Weekly
☐ Monthly
☐ Less than monthly
☐ Never

2. Used any drugs including cocaine or crack, heroin, methamphetamine (crystal meth), kratom, ecstasy/MDMA?

- ☐ Daily or almost daily
- ☐ Weekly
- ☐ Monthly
- ☐ Less than monthly
- ☐ Never

3. Used any prescription medications just for the feeling or used more than prescribed or that were not prescribed to you?

Prescription medications that may be used in this way include:
Opiate pain relievers (for example oxycontin, Vicodin, Percocet, methadone)
Medications for anxiety or sleeping (for example: Xanax, Ativan, Klonopin)
Medications for ADHD (for example Ritalin or Adderall)

- ☐ Daily or almost daily
- ☐ Weekly
- ☐ Monthly
- ☐ Less than monthly
- ☐ Never

Thank you. Please return your completed questionnaire to a Medical Assistant or to the front desk. Your responses will be reviewed by your care team and a member of our Supportive Care team may contact you to offer support. You can learn more about Supportive Care services at Fred Hutch by visiting this website: FredHutch.org/supportive-care-services.