

Day	Month	Year

Subject ID	Subject Initials

Subject Outcome Questionnaire

(Daily Neupogen[®] Treatment Post Chemotherapy)

Post Chemotherapy Day 15



Thank you for completing these questions!

These questions ask about your experience with the medicine you take for the prevention of low white blood cell count and infection after your most recent chemotherapy cycle. You receive this medicine, called GCSF (Neupogen®) by a shot (injection with a needle). You may receive this injection either at home or at a clinic or hospital.

SECTION 1

1a. How many Neupogen® shots did you receive after your most recent chemotherapy cycle? _____

1b. Overall, how much physical discomfort do you experience from the Neupogen® shots?
(mark one box)

No discomfort			Moderate discomfort					Extreme discomfort		
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1c. How much did the discomfort or pain from your Neupogen® shots interfere with your daily activities during the past two weeks?

Not at all	A little bit	Moderately	Quite a bit	Extremely
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

1d. For the following question, please mark the box that best describes your experience with Neupogen® after your most recent chemotherapy cycle. *(mark one box)*

Not at all	A little bit	Moderately	Quite a bit	Very much
How satisfied are you with your Neupogen® treatment?.....				
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

SECTION 2

2a. When you receive Neupogen® shots at the hospital or clinic, who usually gives you your shot? *(mark one box)*

- 1 Nurse
- 2 Doctor
- 3 Technician
- 4 Other (please specify) _____

2b. How do you usually get to the hospital or clinic? *(mark one box)*

- 1 I drive myself
- 2 A friend or relative drives me
- 3 Bus
- 4 Train
- 5 Taxi
- 6 Other (e.g., walk) (please specify) _____

2c. How much time, on average, do you spend traveling to the hospital or clinic (one way) for your Neupogen® shots?

Hours Minutes

2d. Once you arrive at the hospital or clinic, how long must you usually wait before you receive the Neupogen® shot?

Hours Minutes

2e. How much are you bothered by traveling to the hospital or clinic for Neupogen® shots? *(mark one box)*

Not at all	A little bit	Moderately	Quite a bit	Extremely
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

2f. The following questions are about the effect of Neupogen[®] treatment on your daily life. (mark one box for each question)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
--------------------	---------------------	---------------------	----------------------------	---------------------

- How often did going to visits for your Neupogen[®] shots interfere with your usual daily activities? 1..... 2..... 3..... 4..... 5
- How often did you rearrange your schedule for medical visits to get your Neupogen[®] shots? 1..... 2..... 3..... 4..... 5
- How often did you have to take time off work for medical visits to receive a Neupogen[®] shot? 1..... 2..... 3..... 4..... 5
- How often did you miss appointments for your Neupogen[®] shots?. 1..... 2..... 3..... 4..... 5

2g. If you didn't have to travel to receive your Neupogen[®] shots as often, what would you do with your extra time? (mark as many as apply)

- 1 Spend time with family
- 2 Spend time with friends
- 3 Work for pay
- 4 Work without pay (volunteer)
- 5 Read, pursue hobbies or recreational activities
- 6 Other (please specify)_____

2h. How many times during the current chemotherapy cycle have you missed your Neupogen[®] shots?

I have missed _____ Neupogen[®] shots in this cycle (if none enter "0" and skip to question 2j)

2i. Please check the box next to the information you consider important regarding your medical visits for Neupogen® shots. (mark as many as apply)

- 1 Pain or discomfort from Neupogen® shots
- 2 Anxiety or stress from Neupogen® shots
- 3 Frequency of medical visits for Neupogen® shots
- 4 Time waiting for Neupogen® shots at clinic
- 5 Skipping medical visits for Neupogen® shots
- 6 Time off work for medical visits for Neupogen® shots
- 7 Dependence on others to receive Neupogen® shots
- 8 Traveling to clinic for Neupogen® shots
- 9 Need for hired help while getting to medical visits for Neupogen® shots.
- 10 Out of pocket cost (not covered by insurance)
- 11 Other (please specify _____)

2j. From the items listed above, please select the three most important concerns regarding your medical visits for Neupogen® shots.

- 1st most important _____
- 2nd most important _____
- 3rd most important _____

SECTION 3

A new drug is being developed that will have the same medical effect as Neupogen® but require only one injection after each chemotherapy cycle.

3. Which drug do you prefer if there are no extra costs to you for the new drug? (mark one box)

- 1 Neupogen®
- 2 New Drug

If this box is checked, Go To Section 4

SECTION 4

4a. In the past 2 weeks, did you work for pay? (mark one box only)

- 1 Yes, full-time (30 or more hours per week)
- 2 Yes, part-time (fewer than 30 hours per week)
- 3 No, did not work for pay

4b. What type of insurance programs do you belong to? *(mark as many as apply)*

- ₁ Medicaid
- ₂ Medicare
- ₃ Managed Care private insurance
- ₄ Fee-for-service private insurance
- ₅ No insurance
- ₆ Don't know

4c. What is the highest grade you completed?

- ₁ Less than high school
- ₂ High school diploma
- ₃ Some college but no degree
- ₄ College degree or higher
- ₅ Don't know

4d. What is your total household income from all sources last year?

- ₁ Less than \$6,000
- ₂ \$6,000 to \$11,999
- ₃ \$12,000 to \$24,999
- ₄ \$25,000 to \$49,999
- ₅ \$50,000 and over
- ₆ Don't know