**THERAPY PREFERENCE SCALE**

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| * In order to recommend the best treatment for you, we need to know what is most important to you. * Some treatments may be safer and easier to receive. Others may be harsher but more effective. Some people want treatments that cause fewer symptoms and better quality of life. Others want cure and are willing to accept a greater risk of complications from treatment. While we know that all of these aspects of treatment matter, most treatment options do not offer all of the benefits. * To help us understand your goals and preferences for cancer treatment, please use the scale shown below to tell us how much each of the following considerations matter to you. **A score of 1 indicates that it is ‘least important’, whereas a score of 10 indicates that it is ‘most important.’** We encourage you to use all the scores from 1 to 10 based on the importance of each consideration.      * As you complete the survey, we strongly encourage you to let us know if you do not understand any question. |

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| **Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Current time (when you started this survey): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**SAFETY AND QUALITY OF LIFE**

Some treatments for cancer can cause short-term or long-term damage to your ability to think, remember things and make decisions. Some treatments can affect your ability to do daily activities such as grooming, eating or self-care. These side-effects, in turn, may affect your ability to drive or live in your own home.

We understand that ideally you want an effective treatment that does not cause any side effects or serious complication, but most treatments carry some risk of side effects and more serious complications. We want to know which side effects or potential complications you strongly want to avoid and which you think are acceptable to meet your long-term goals.

In the questions below, ***long-term damage* is expected to last several months to a year**, and ***short-term damage* is expected to improve within a few weeks to a few months** after treatment. Both long-term and short-term damages are expected to be significant.

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| **How important is it for you that cancer treatment achieves the following outcomes?** | **Select a score between 1-10** |
| Maintains your appearance (for example, avoids hair loss, skin discoloration or weight change) |  |
| Maintains your sex life |  |
| Avoids serious side effects (for example, life-threatening infection) |  |
| Avoids *short-term* damage to your ability to think, remember things and make decisions |  |
| Avoids *long-term* damage to your ability to think, remember things and make decisions |  |
| Avoids *short-term* damage to your ability to do daily activities such as grooming, eating, or self-care. |  |
| Avoids *long-term* damage to your ability to do daily activities such as grooming, eating, or self-care. |  |
| Maintains your ability to have a child (select ‘not applicable’ if you do not plan to become pregnant or father a child) |  |
| Maintains your ability to remain employed while undergoing cancer treatment (select ‘not applicable’ if you are unemployed or retired) |  |

**EFFECTIVENESS OF CANCER TREATMENT**

In the questions below, ***cure* means a person is cancer free, and cancer will not come back again**. **Many treatments can *increase your life expectancy* by several months to a few years without necessarily achieving a cure.** **Treatment can also** ***relieve your symptoms* without necessarily increasing your life expectancy.**

Not all cancers can be cured, but many cancer treatments can increase your life expectancy by several months to a few years. Intensive treatments are more likely to offer the chance of a cure but can result in more serious side effects and complications. Less intensive treatments can increase life expectancy but may not achieve cure. Treatments aimed at relieving your symptoms are easy for you to tolerate and generally have mild or no side effects. Please keep these considerations in mind as you answer the following questions.

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| **How important is it for you that cancer treatment achieves the following outcomes?** | **Select a score between 1-10** |
| Helps you live longer without necessarily achieving a cure |  |
| Offers the chance of a cure |  |
| Relieves your symptoms such as fatigue, pain, or shortness of breath without necessarily increasing your life expectancy or achieving a cure |  |

**Which of the following outcomes do you value the most? Please circle only one answer.**

a. Cure b. Increase in life expectancy c. Symptom relief

**TREATMENT CHARACTERISTICS**

Treatment options differ in many ways such as how you receive them, whether you need a hospital stay, and cost. While some treatment options may be easier for you to receive, the easier treatment may not be as effective.

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| **How important are the following characteristics of cancer treatment?** | **Select a score between 1-10** |
| Cancer medicine is given as a pill rather than by vein |  |
| Treatment is available in a clinic close to your home (for example, within 2 hours) |  |
| Treatment is associated with a short or no hospital stay (for example, less than a week) |  |
| Treatment limits the number of invasive procedures (for example, biopsies) necessary for making treatment decisions |  |
| Treatment does not significantly disrupt your lifestyle (for example, due to frequent doctor visits or blood tests) |  |
| Cost you pay for treatment, such as out-of-pocket expenses is affordable |  |
| Treatment does not result in a significant burden to your family or friends (for example, due to care necessary at home or for getting you to doctor visits) |  |

**TREATMENT PREFERENCES**

In the questions below, **an** ***effective treatment* is expected to meet your goal of longer life expectancy or a cure.** **Life expectancy is expected to increase by several months to a few years.** These questions are tougher than others, but the answers are important for us to understand your choices. Please do your best to let us know the importance of each factor below by putting an “X” in one box on each row.

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| **Statement** | **Strongly disagree** | **Disagree** | **Agree** | **Strongly agree** |
| Living longer is important to me even if treatment will result in side effects such as life-threatening infection. |  |  |  |  |
| Living longer is important to me even if treatment will result in poor quality of life. |  |  |  |  |
| I would accept a treatment that is very effective but results in a financial burden including debt. |  |  |  |  |
| I would travel long distance (for example, 2 hours or more) multiple times during treatment to receive care from cancer experts. |  |  |  |  |
| I would undergo a more effective treatment even if the treatment causes significant pain (for example, mouth sores, or stomach cramps). |  |  |  |  |
| I would undergo treatment that maintains or improves my quality of life but does not help me live longer. |  |  |  |  |
| I would rather live a shorter life than permanently lose my ability to think, remember things and make decisions |  |  |  |  |
| I would rather live a shorter life than permanently lose my ability to do daily activities such as grooming, eating, or self-care. |  |  |  |  |

**For the following questions, please circle one of the options provided below.**

**1.** How much out-of-pocket expense are you willing to pay for a treatment that meets your goal of longer life expectancy or a cure? The amount below represents ***maximum*** out-of-pocket expense ***per year.***

**$1,000 $5,000 $10,000 $15,000 $20,000**

**2.** For some cancers, a cancer treatment extends life expectancy only by a few months. What is the ***minimum*** increase in life expectancy that will make a harsh cancer treatment worthwhile for you?

**3 months 6 months 9 months 12 months 15 months**

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| **Time (when you completed this survey): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |