

Patient Initial: _____ Acc no: _____ Date: _____

Appendix A

Illness Understanding Questionnaire

Please answer each question by marking the box with your response

	YES	NO
1. My cancer is curable	_____	_____
2. The goals of therapy are to:	_____	_____
a. Help me live longer	_____	_____
b. Try to make me feel better	_____	_____
c. Get rid of my cancer	_____	_____
3. How would you describe your current health status	_____	_____
a. Relatively healthy	_____	_____
b. Seriously ill but not terminally ill	_____	_____

Appendix B.

Participant's Initials: _____ Acc#: _____ Date: ____/____/____

Decision Making Preferences Questionnaire - Patient**P1. In my opinion, decisions about my care should be made (please choose ONLY ONE):**

	1. By myself.
	2. By myself, after hearing the doctor's opinion or input.
	3. By myself, after hearing my family's opinion or input.
	4. By myself, after hearing both my family and the doctor's opinion or input.
	5. By my family.
	6. By my family, after hearing my opinion or input.
	7. By my family, after hearing my doctor's opinion or input.
	8. By my family, after hearing both my doctor's and my opinion or input.
	9. By the doctor.
	10. By the doctor, after hearing my opinion or input.
	11. By the doctor, after hearing my family's opinion or input.
	12. By the doctor, after hearing both my family and my opinion or input.
	13. Shared between myself and my doctor.
	14. Shared between myself and my family.
	15. Shared between myself and both my family and doctor.

P2. How strongly do you feel about your preference selected above?

Not important at all											Very important
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"/>	<input type="checkbox"/>

P3. How were the decisions about your care actually made? (please choose ONLY ONE)

<input type="checkbox"/>	1. By myself.
<input type="checkbox"/>	2. By myself, after hearing the doctor's opinion or input.
<input type="checkbox"/>	3. By myself, after hearing my family's opinion or input.
<input type="checkbox"/>	4. By myself, after hearing both my family and the doctor's opinion or input.
<input type="checkbox"/>	5. By my family.
<input type="checkbox"/>	6. By my family, after hearing my opinion or input.
<input type="checkbox"/>	7. By my family, after hearing my doctor's opinion or input.
<input type="checkbox"/>	8. By my family, after hearing both my doctor's and my opinion or input.
<input type="checkbox"/>	9. By the doctor.
<input type="checkbox"/>	10. By the doctor, after hearing my opinion or input.
<input type="checkbox"/>	11. By the doctor, after hearing my family's opinion or input.
<input type="checkbox"/>	12. By the doctor, after hearing both my family and my opinion or input.
<input type="checkbox"/>	13. Shared between myself and my doctor.
<input type="checkbox"/>	14. Shared between myself and my family.
<input type="checkbox"/>	15. Shared between myself and both my family and doctor.

P4. With regards to the participation of my doctor in the decisions about my care (please choose one):

	1. I would prefer to make the treatment decisions on my own.
	2. I would prefer to make the decisions by myself after hearing my doctor's opinion or input.
	3. I would prefer to make the decisions together with my doctor.
	4. I would prefer that my doctor make the decisions after talking with me and hearing my opinion.
	5. I would prefer that my doctor make the decisions on his/her own.
	6. I don't know.
	7. I prefer not to answer.

P5. With regards to the participation of my family in the decisions about my care (please choose one):

	1. I would prefer to make the treatment decisions on my own.
	2. I would prefer to make the decisions by myself after hearing my family's opinion or input.
	3. I would prefer to make the decisions together with my family.
	4. I would prefer that my family make the decisions after talking with me and hearing my opinion.
	5. I would prefer that my family make the decisions on their own.
	6. I don't know.
	7. I prefer not to answer.

P6. With regards to the relationship between my family and my doctor in the decisions about my care (please choose one):

	0. I believe that my family and my doctor on their own should not make treatment decisions about my care.
	1. I would prefer that my family makes the treatment decisions on their own.
	2. I would prefer that my family makes the decisions on their own after hearing my doctor's opinion or input.
	3. I would prefer that my family makes the decisions together with my doctor.
	4. I would prefer that my doctor makes the decisions after talking with my family and hearing their opinion.
	5. I would prefer that my doctor make the decisions on his/her own.
	6. I don't know.
	7. I prefer not to answer.

Appendix C**Satisfaction with Decisions and Care Questionnaire - Patient****P5. Please rate your agreement with the following statements:**

	0 Completely disagree	1 Disagree	2 Undecided	3 Agree	4 Completely agree
a. I am satisfied with the information I received about my care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am satisfied with the way decisions about my care were made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am satisfied with the decisions about my care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>