**To be completed at Cycle 1 visit**

**Date of Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Trial Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Completion Instructions**

When you entered the trial you kindly agreed to complete this questionnaire. This is an important part of the trial and we would very much appreciate your efforts in completing and returning it. The research nurse can assist you if required. [The questionnaire is uploaded directly onto the study database.]

The following pages contain questions that relate to you, your general health and how any treatments are affecting you.

If possible please fill in this questionnaire prior to the chemotherapy. If this is not possible we would still like you to complete the questionnaire at your earliest possible convenience.

Once you have completed the questionnaire please just hand it to the research nurse /[post to XXX]/ [in the following times just press complete and the questionnaire is sent automatically to the ECTU].

If you have any questions about this questionnaire please contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you very much for your time and effort.**

**Health questions** EUROQOL© EQ-5D-5L (2015)

[INSERT EQ-5D here]

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We would like to know how good or bad your health is TODAY.

• This scale is numbered from 0 to 100.

100 means the best health you can imagine.

**0** means the worst health you can imagine.

• Mark an **X** on the scale to indicate how your health is **TODAY**.

• Now, please write the number you marked on the scale in the box below.

**YOUR HEALTH TODAY =**

**Employment and support**

When you are answering these questions **for the first time please refer to the last three month**. After that please **refer to the time between** the last questionnaire and the actual one.

|  |  |
| --- | --- |
| Were you in employment before you started treatment? | Yes  No |
| * If yes, how much time have you taken off work due to your health | \_\_\_\_\_\_days |
| * If yes, how much earnings have you lost due to your health and its treatment? | £ \_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Have you received help or support from family or friends? | Yes  No |
| * If yes, how much time on average have they spent helping you? | \_\_\_hours per week |
| If answered yes to receiving support from family or friends: |  |
| * Did they take any time off work to help or support you? | Yes  No |
| * If yes, how much time in total did they take off? | \_\_\_\_\_\_days |
|  |  |
| Do you receive any state benefits (excluding pension) or other financial support? | Yes  No |
| If yes please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

End of questionnaire ***Thank you for your time and effort***