

Osteosarcoma Home-based Care Program Child and Adolescent Survey

This questionnaire aims to assess how you felt during your second week at home on the home-based care program.

Date: __/__/____

Patient Information

Q1. How old are you? _____(years)

Q2. How many people live with you?

- Number of adults (18 years and over) _____
- Number of children (Under 18 years) _____

Health and Wellbeing

Physical Health

Q3. During the past week of treatment at home, did you feel better or worse than when you last had the same treatment in hospital?

	Much more often	More often	The same amount	Less often	Much less often
a) I felt tired and worn out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I felt sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I felt pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I was comfortable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I felt strong and full of energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) I had trouble sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Feelings

Q4. During the past week of treatment at home, did you feel better or worse than when you last had the same treatment in hospital?

	Much more often	More often	The same amount	Less often	Much less often
a) I felt relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I felt bored	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I felt alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I had fun and laughed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I felt scared or unsure of myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) I felt worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your activities and hobbies

Q5. During the past week of treatment at home, were you able to do things you wanted and needed to do more or less than when you last had the same treatment in hospital?

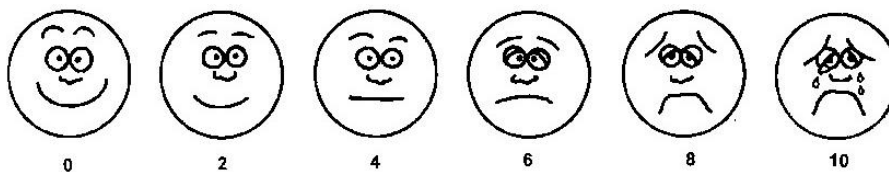
	Much more often	More often	The same amount	Less often	Much less often
a) I was able to do things I enjoy (my hobbies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I was able to get schoolwork finished	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I was able to play sport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I was able to have dinner with my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I was able to do things together with my friends/ family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall

Q6. How would you rate your overall health during the past week? (1 is poor and 5 is excellent)

- 1 poor
- 2
- 3
- 4
- 5 excellent

Q7. How would you rate your overall happiness during the past week?



1

Q8. Did you prefer having a combination of treatment at home and in the hospital, compared to having to have all treatment in hospital?

- Yes
- No
- Unsure

¹ Wong-Baker PACES Pain Rating Scale

Please provide a reason for your answer:

Q9. Do you have any suggestions for improving home based care for future treatment?