

## Osteosarcoma Home-based Care Program Parent Survey

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

### Parent Information

Q1. I am the child's:

- Mother
- Father
- Carer
- Other

Q2. Was the child living in your household for the majority of their home-based treatment cycle?

- Yes
- No

If yes, how many people live in your household?

- a) Number of adults (18 years and over) \_\_\_\_\_
- b) Number of children (Under 18 years ) \_\_\_\_\_

### Cycle Information

Q3. Date this home-based care cycle commenced: \_\_/\_\_/\_\_\_\_

Q4. Did your child complete this cycle of treatment at home, as planned?

- Yes (*please proceed to Q5*)
- No, home-based care ended on: \_\_/\_\_/\_\_\_\_ because \_\_\_\_\_  
(*please proceed to Q10*) *(reason it wasn't completed at home)*

### Health and Wellbeing

#### Your Feelings

Q5. During the past week of your child's treatment at home, how did you feel compared to when your child last had a cancer treatment stay in hospital?

	Much more often	More often	The same amount	Less often	Much less often
a) I felt well supported by the clinical team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I felt my child was in a safe environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I felt confident in my abilities to take care of my child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- |  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| d) I felt worried about my child's health      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e) I felt worried about my child's happiness   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f) I felt well supported by family and friends | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g) I slept well                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h) I felt stressed or overwhelmed              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i) I felt able to meet my child's needs        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### Your Family

Q6. During the past week of your child's treatment at home, how did your family function in comparison to when your child last had a cancer treatment stay in hospital?

- |  | Much more often       | More often            | The same amount       | Less often            | Much less often       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a) We spent quality time as a family (e.g family dinner)                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) Coordinating care for our child/ren felt manageable   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) Coordinating family commitments felt manageable (school, work, extra-curricular activities) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### Expenses and travel

Q7. What suburb do you live in? \_\_\_\_\_

Q8. What is the average travel time for a hospital visit for you? \_\_\_\_\_ (hours, minutes)

Q9. During the past week of your child's treatment at home, were expenses relating to your child's cancer treatment more or less than when your child last had a cancer treatment stay in hospital?

- |  | Much more             | More                  | The same amount       | Less                  | Much less             |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a) Incidental expenses (e.g. food, personal items) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) Travel expenses (e.g. parking, tolls, petrol)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) Loss of income                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d) Loss of leave benefits                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e) Pharmacy costs                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Overall

Q10. Did you have any unplanned trips to hospital during your Home-based care treatment?

- Yes
- No

If yes, is there anything that you feel may have prevented this?

Q11. Do you feel the combination of at home and in the hospital treatment, compared to hospital only treatment, was better overall for your child's physical and mental health and wellbeing?

- Yes
- No
- Uncertain

Please provide a reason for your answer:

Q12. Do you feel the combination of at home and in the hospital treatment, compared to hospital only treatment, was better overall for your family's physical and mental health and wellbeing?

- Yes
- No
- Uncertain
- N/A

Please provide a reason for your answer:

Q13. Do you have any suggestions for improving home based care for future treatment?

Q14. Would you consider treatment at home again in the future?

- Yes
- No
- Uncertain