QUALITY OF LIFE
RTOG 0315

Instructions for the Patient

As part of our evaluation of the use of Sandostatin in the prevention and management of cancer radiation-induced diarrhea, we are interested in learning how the quality of your life has been affected by the treatment or the study medication (Sandostatin). Enclosed you will find: the QOL-RTI (RI), EPIC (BA), FACE (FA) and the DAS (DA) questionnaires evaluating your general quality of life, bowel functioning, and diarrhea. We request you to complete these questionnaires at various times during the study period. **PLEASE FILL OUT EACH QUESTION.**

1 SCHEDULE FOR COMPLETING THE QUESTIONNAIRES

a. Initial QOL-RTI,(RI) EPIC,(BA) FACE(FA) and the DAS (DA) questionnaires are filled out before you start your treatment.

b. The follow-up questionnaires will be required at the end of radiation therapy and at 3 months, 6 months, 9 months, and 15 months from the start of radiation therapy. In addition, the DAS is also required once a week during radiation therapy treatment to measure your diarrhea.

2 COMPLETION OF THE QUESTIONNAIRES

a. Read through the instructions. If you are unsure about them or about how to complete the questionnaire, please ask for help!

b. Read each question and circle only one answer for each.

c. After completing the questionnaire, please check to see that you answered all the questions. A staff member or interviewer will also check to see that you did not miss any items. We understand that some of the questions are very personal but your answers are very important in evaluating all effects of your treatment. If for some reason you do not wish to answer a question, please note this next to the item so we will know that you just didn't forget to complete it.

d. You will be asked to complete the questionnaire several times during the study period. From questionnaire to questionnaire, your answers may or may not change, and this is important for us to know. There are no right or wrong answers. Your answer is the correct one for you.

e. All of your answers will be kept strictly confidential. The reporting of information from these questions will be in terms of groups of patients not individuals and you will not be identified by name in any report.

f. It is important that you keep the appointment schedule that will be set for you. If you are unable to do so or if you are unable to complete the questionnaires at the scheduled time, you or your family should contact the person indicated below so that arrangements can be made for you to complete the questionnaire by telephone interview or by mailing it in. If we don't hear from you, we may contact you by telephone or by letter. Please keep a set of questionnaires at home in case you need to send these forms by mail or to aid in completion of the forms by telephone interview. ***Additional questionnaires will be supplied to you upon request and as needed***.

g. We thank you for your cooperation. If there has been any particular effect the treatment had on your life style that we did not mention, there is room at the end of the questionnaire for you to comment on these. We encourage you to do so.

h. For any questions you may have, contact:

_____

Name

_____

Address

_____

Telephone