

5.4.3. The Mandarin version of the SCNS SF34

A principal component analysis was conducted on 34 items with orthogonal rotation (Varimax). The Kaiser-Meyer-Olkin measure verified the sampling adequacy for the analysis, $KMO = 0.756$ and all the KMO values for individual items were $> .523$ (Range $.523-.874$), factor item 21 was 0.302 was removed, which is well above the acceptable level of 0.5 (Field 2009). Bartlett's test of sphericity $\chi^2(561) = 2130.148$, $p < .001$, indicated that correlations between items were sufficiently large for PCA. An initial analysis was run to obtain eigenvalues over Kaiser's criterion of 1 and in combination explained 70.25% of the variance. The scree plot was slightly ambiguous (refer Fig A-3) and showed inflections that would justify retaining components 1 to 7. Factor 7 had only 1 item, thus was fitted together with Factor 4, similar to the PCS domain in the original SCNS SF34, item 21, which was from the PCS domain in the original was removed due to the low KMO values, with this item the α -Chronbach value was 0.47 and by deleting it it gave a good internal reliability of 0.80 (refer to Table A-4).

Factor 1 explained the most variance and gave a very high internal reliability. This was similar to Factor 6 (refer to Table A-4). However due to the similarities, Factor 1 and 6 can be merged into a single HSI domain as the original form, and it still gave a high internal reliability of 0.92 . Item 31 on the need to be given information about sexual relationships factored into the HIS domain in the Mandarin version in comparison to the SEX domain in the English and Malay version. With or without this item, the internal consistency of the HIS domain was not affected (Table A-4). Furthermore when added to the SEX domain, a good internal consistency of 0.80 was still attained.

Therefore although the extracted factors did not finalise to five domains, it is still able to factor into the five main domains of the original scale, giving good internal validity. Only item 21 should be removed from the Mandarin version of the SCNS SF-34.

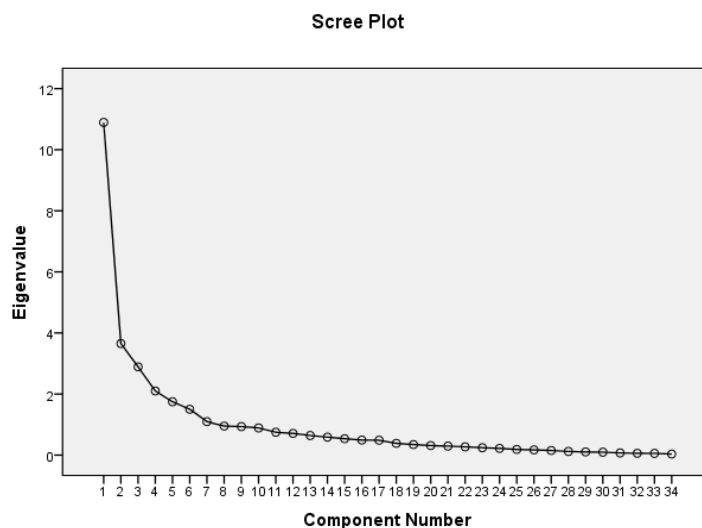


Fig.A-3 Scree Plot after Factor Extraction for the Mandarin SCNS SF-34

Table A-4: Summary of exploratory factor analysis rotated factor loadings of the Mandarin version of the SCNS SF-34 (factor loadings of below 0.4 were not recorded)

	<i>DOMAINS</i>	<i>PDL</i>	<i>PSY</i>	<i>PCS</i>		<i>HSI</i>		<i>SEX</i>
	FACTORS	3 PDL	2PSY	4PCS	7PCS	1HSI	6HSI	5SEX
1.	Pain	.617	-	-	-	-	-	-
2.	Lack of energy and tiredness	.814	-	-	-	-	-	-
3.	Feeling unwell a lot of the time	.799	-	-	-	-	-	-
4.	Work around the home	.778	-	-	-	-	-	-
5.	Not being able to do the things you used to do	.785	-	-	-	-	-	-
6.	Anxiety	-	.709	-	-	-	-	-
7.	Feeling down or depressed	-	.677	-	-	-	-	-
8.	Feelings of sadness	-	.687	-	-	-	-	-
9.	Fears about the cancer spreading	-	.678	-	-	-	-	-
10.	Worry that results of treatment are beyond your control	-	.640	-	-	-	-	-
11.	Uncertainty about the future	-	.719	-	-	-	-	-
12.	Learning to feel in control of your situation	-	.689	-	-	-	-	-
13.	Keeping a positive outlook	-	.605	-	-	-	-	-
14.	Feelings about death and dying	-	.523	-	-	-	-	-
15.	Changes in sexual feelings	-	-	-	-	-	-	.896
16.	Changes in your sexual relationships	-	-	-	-	-	-	.904

17.	Concerns about the worries of those closest to you	-	-	-	.714	-	-	-
18.	More choice about which cancer specialists you see	-	-	.630	-	-	-	-
19.	More choice about which hospital you attend	-	-	.742	-	-	-	-
20.	Reassurance by medical staff that the way you fell is normal	-	-	.697	-	-	-	-
21.	Hospital staff attending promptly to your physical needs	-	-	.485	-	-	-	-
22.	Hospital staff acknowledging and showing sensitivity to your feelings and emotional needs	-	-	.565	-	-	-	-
23.	Being given written information about the important aspects of your care	-	-	-	-	.796	-	-
24.	Being given information about aspects of managing your illness and side effects at home	-	-	-	-	.778	-	-
25.	Being given explanations of those tests for which you would like explanations	-	-	-	-	.839	-	-
26.	Being adequately informed about the benefits and side effects of treatment before you choose to have them	-	-	-	-	.812	-	-
27.	Being informed about your test results as soon as feasible	-	-	-	-	.831	-	-
28.	Being informed about the cancer which is under control or diminishing	-	-	-	-	.779	-	-
29.	Being informed about the things you can do to help yourself to get well	-	-	-	-	.721	-	-
30.	Having access to professional counselling, if you, family or friends need it	-	-	-	-	-	.635	-
31.	Being given information about sexual relationships	-	-	-	-	-	.487	.458
32.	Being treated like a person not just another case	-	-	-	-	-	.750	-
33.	Being treated in a hospital or clinic that is as physically pleasant as possible	-	-	-	-	-	.584	-
34.	Having one member of hospital staff with whom you can talk to about all aspects of your condition, treatment and follow up	-	-	-	-	.698	-	-
	Eigenvalues	2.89	3.65	2.10	1.10	10.89	1.50	1.75
	% of variance	8.51	10.75	6.18	3.23	32.04	4.42	5.14
	Chronbach α	0.86	0.88	0.80		0.93		0.80

6.0 Section Summary

The psychometric properties of the English, Malay and Mandarin versions of the SCNS fitted into the 5 main constructs with good internal consistency, hence scoring of the instrument was done according to the original constructs.

Appendix D: Instrumentation

1. Breast Cancer Patient Survey

Please answer all questions by filling in the blanks or putting a circle at the appropriate item.
Sila jawab semua soalan dengan mengisi tempat kosong atau bulatkan pada tempat yang sesuai.

Example:

I agree to be interviewed.	<input checked="" type="radio"/> [1] Yes (Ya)	<input type="radio"/> [2] No (Tidak)
Saya bersetuju untuk ditemuduga		

Section A/ *Bahagian A:*
Personal Background/ *Latarbelakang Peribadi*

For off
keguna

The following questions are about your general background
Soalan-soalan berikut adalah tentang latarbelakang anda

- How old are you now (closest age in years)? _____
Berapakah umur anda sekarang (umur terdekat dalam tahun)?
- What is your nationality?/ *Apakah kewarganegaraan anda?*
[1] Malaysian/ *Malaysia*
[2] Foreigner (including resident in Malaysia)
Warga Asing (termasuk penduduk tetap di Malaysia)
Please Specify/ *Sila nyatakan* _____
- What is your ethnicity?/ *Apakah bangsa anda?*
[1] Malay/ *Melayu*
[2] Chinese/ *Cina*
[3] Indian/ *India*
[4] Others, please specify/ *Lain-lain, sila nyatakan* _____
- What is your marital status?/ *Apakah status perkahwinan anda?*
[1] Single/ *Belum berkahwin/Tidak berkahwin*
[2] Married/ *Berkahwin*
[3] Separated/ *Divorced/ Berpisah/Bercerai*
[4] Widowed/ *Balu*
[5] Cohabitate/ *Tinggal bersama*
- What is your highest educational level?/ *Apakah tahap tertinggi pendidikan anda?*
[1] No formal education/ *Tiada pendidikan formal*
[2] Primary education/ *Pendidikan sekolah rendah*
[3] Lower secondary education (Form 3)/ *Pendidikan menengah rendah (Tingkatan 3)*
[4] Upper secondary education (Form 4-6)/ *Pendidikan menengah tinggi (Tingkatan 4-6)*
[5] Vocational education/ *Pendidikan Vokasional*
[6] University/College/ *Universiti/Kolej*
[7] Others, please specify/ *Lain-lain, sila nyatakan*

- Are you currently working? *Adakah anda masih bekerja?*
[1] Yes, please specify/ *Ya, sila nyatakan pekerjaan*

[2] No, I have never worked / *Tidak, saya tidak pernah bekerja*
[3] No, but I used to work as a _____ / (go to Q8) *Tidak, tetapi saya pernah bekerja sebagai*

AGE

NAT

RACE

MARIT

EDUC

OCCU

8. Did you leave your job because of the impact of breast cancer diagnosis and its treatment. *Adakah anda berhenti kerja akibat diagnosis, rawatan atau faktor social yang timbul akibat kanser payudara.*

- [1] No/ *Tidak*
 [2] Yes/ *Ya*

JOB

9. Who are you currently living with?/ *Anda tinggal dengan siapa?*

- [1] Family members (Including adoptive family)/*Ahli keluarga (termasuk keluarga angkat)*
 [2] Alone/ *Sendiri*
 [3] Shelter home/ *Rumah Kebajikan*
 [4] Others, please specify/ *Lain-lain, sila nyatakan*

LIVING

10. What is your monthly household income?/ *Berapakah pendapatan bulanan isi rumah anda?*

- [1] RM50 – RM500/ *RM50 – RM500*
 [2] RM501 – RM700/ *RM501 – RM700*
 [3] RM701 – RM900/ *RM701 – RM900*
 [4] RM901 – RM1,500/ *RM901 – RM1,500*
 [5] RM1,501 – RM3,500/ *RM1,501 – RM3,500*
 [6] RM3,501 and above/ *RM3,501 dan ke atas*
 [7] No income/ *Tiada pendapatan*

INCOM

11. Who is your main care giver now. *Siapakah penjaga utama anda?*

- [1] No one – Self. / *Tiada siapa –Sendiri*
 [2] Spouse/ *Suami*
 [3] Parent/ *Ibu atau Bapa*
 [4] Children/ *Anak*
 [5] Relative/ *Saudara*
 [6] Friend/ *Kawan*
 [7] Other, please state/ *Lain-lain, sila Nyatakan* _____

MCG

13. Please tell us whether a close friend or relation including adopted relation had or has a history of cancer/ *Sila beritahu sekiranya ada kenalan anda termasuklah keluarga angkat yang menghidap kanser.*

For off
keguna

Relationship/ <i>Pertalian</i>	Sex/ <i>Jantina</i>	Age/ <i>Umur</i>	Type of cancer/ <i>Jenis kanser</i>	Date of Diagnosis (Month/ Year) <i>Tarikh (Bulan/ Tahun)</i>	Alive/Dead <i>Hidup/ Meninggal</i>	Date Died (Month/ Year) <i>Tarikh Meninggal (Bulan/ Tahun)</i>
<i>Example/ Contoh:- friend/ kawan</i>	<i>Female/ Perem- puan</i>	<i>40s 40-an</i>	<i>Ovarian cancer/ Kanser ovari</i>	<i>Aug 1968</i>	<i>Dead/ Meninggal</i>	<i>Sept 1978</i>
(a)						
(b)						
(c)						

NFH

NF(a)

NF(b)

NF(c)

14. PAST MEDICAL HISTORY/ SEJARAH KESIHATAN LAMPAU

Were you diagnosed with any of the medical condition listed below? (You can circle more than one)/ *Adakah anda disahkan menghidap sebarang penyakit yang disenaraikan di bawah (Sila bulatkan yang berkaitan)*

- [a] Hypertension/ *Darah Tinggi* [1] Yes (Ya) [2] No (Tidak)
 [b] Diabetis Mellitus/ *Kencing Manis* [1] Yes (Ya) [2] No (Tidak)
 [c] Hypercholesterolemia/ *Kolesterol Tinggi* [1] Yes (Ya) [2] No (Tidak)
 [d] Schizophrenia/ *Skizofrenia (sakit jiwa)* [1] Yes (Ya) [2] No (Tidak)
 [e] Major Depression/ *Kemurungan* [1] Yes (Ya) [2] No (Tidak)

HPT
DM
CHOL
SCHI
MDEP
ANX
OPROI

[f] Anxiety Disorder/ *Kebimbangan terlampau* [1] Yes (*Ya*) [2] No (*Tidak*)
 [g] Other medical problems. Please specify/ _____
 Penyakit lain. Sila nyatakan _____

15. PREVENTIVE HEALTH CARE PRACTICE/ PENJAGAAN KESIHATAN BAGI MENCEGAH PENYAKIT

14.1. Have you ever gone for a PAP smear? *Adakah anda pernah melakukan ujian PAP smear?*

[1] No/ *Tidak*

[2] Yes/ *Ya*

I did the last one on / *saya melakukan yang terakhir pada* ____ / ____ / _____
 (Date/ *Tarikh*) (Month/ *Bulan*) (Year/ *Tahun*)

** If you cannot remember exact date default to 1st of the month or January of the year./ *Sekiranya anda tidak ingat tarikh yang tepat, gunakan 1 haribulan atau bulan Januari tahun tersebut.*

15.2. Have you gone for blood pressure check in the last one year? *Adakah anda membuat pemeriksaan tekanan darah dalam tempoh satu tahun kebelakangan ini?*

[1] No/ *Tidak*

[2] Yes/ *Ya*

15.3. Have you gone for a diabetes blood test in the last one year? *Adakah anda membuat pemeriksaan darah untuk kencing manis dalam tempoh satu tahun kebelakangan ini?*

[1] No/ *Tidak*

[2] Yes/ *Ya*

Section B/ <i>Bahagian B</i> : Please provide us with details of your breast cancer journey. <i>Sila berikan penelitian tentang perjalanan anda menghadapi kanser payudara.</i>	For office use/ <i>Untuk kegunaan pejabat</i>
--	---

16. What were your first symptoms of breast cancer. (You can circle more than once)

Apakah tanda-tanda awal atau simptom pertama kanser payudara anda? (Anda boleh bulatkan lebih dari satu)

[a] No Symptoms/ *Tiada sebarang simptom* [1] Yes (*Ya*) [2] No (*Tidak*)

[b] Breast Lump/ *Ketulan di payudara* [1] Yes (*Ya*) [2] No (*Tidak*)

[c] Lump in Armpit/ *Ketulan di ketiak* [1] Yes (*Ya*) [2] No (*Tidak*)

[d] Breast Pain/ *Berasa sakit di payudara* [1] Yes (*Ya*) [2] No (*Tidak*)

[e] Nipple Discharge / *Lelehan di puting* [1] Yes (*Ya*) [2] No (*Tidak*)

[f] Breast Ulcer/ *Luka pada payudara* [1] Yes (*Ya*) [2] No (*Tidak*)

[g] Other Symptoms/ *lain-lain simptom* [1] Yes (*Ya*) [2] No (*Tidak*)

If other symptom, please specify / *Sekiranya ada tanda-tanda yang lain, sila nyatakan.* _____

17. How long did you experience the first symptom before you sought professional help (Circle the options below and state the amount) / *Berapa lamakah telah anda mengalami tanda- tanda awal/ simptom ini. (Bulatkan pilihan yang berkenaan dan nyatakan jumlah masa)*

_____ days / weeks / months / year(s)

_____ hari / minggu / bulan / tahun

PAP

PAPD/

BP

DM

SYMP

NoSyn

BL

Axilla

BPain

NipD

Ulcer

Other

Dur

18.	Who was the first person you told about your symptom? (Only circle one) <i>Siapakah orang pertama yang anda maklumkan tentang tanda-tanda awal tersebut? (Bulatkan satu sahaja)</i>	FPS																																										
	<table border="0"> <tr> <td>[a] My spouse or life partner/ <i>Suami saya atau pasangan saya</i></td> <td>[1] Yes (<i>Ya</i>)</td> <td>[2] No (<i>Tidak</i>)</td> </tr> <tr> <td>[b] My mother / <i>Ibu saya</i></td> <td>[1] Yes (<i>Ya</i>)</td> <td>[2] No (<i>Tidak</i>)</td> </tr> <tr> <td>[c] My sister/ <i>Kakak/adik perempuan saya</i></td> <td>[1] Yes (<i>Ya</i>)</td> <td>[2] No (<i>Tidak</i>)</td> </tr> <tr> <td>[d] My female relative/ <i>Saudara perempuan</i></td> <td>[1] Yes (<i>Ya</i>)</td> <td>[2] No (<i>Tidak</i>)</td> </tr> <tr> <td>[e] My father/ <i>Ayah saya</i></td> <td>[1] Yes (<i>Ya</i>)</td> <td>[2] No (<i>Tidak</i>)</td> </tr> <tr> <td>[f] My brother/ <i>Abang saya</i></td> <td>[1] Yes (<i>Ya</i>)</td> <td>[2] No (<i>Tidak</i>)</td> </tr> <tr> <td>[g] My male relative/ <i>saudara lelaki</i></td> <td>[1] Yes (<i>Ya</i>)</td> <td>[2] No (<i>Tidak</i>)</td> </tr> <tr> <td>[h] My best friend/ <i>Rakan rapat saya</i></td> <td>[1] Yes (<i>Ya</i>)</td> <td>[2] No (<i>Tidak</i>)</td> </tr> <tr> <td>[h] My boyfriend/ fiancée / <i>Teman lelaki/ Tunang</i></td> <td>[1] Yes (<i>Ya</i>)</td> <td>[2] No (<i>Tidak</i>)</td> </tr> <tr> <td>[i] Family doctor or general practitioner doctor/ <i>Doktor keluarga/doktor klinik am</i></td> <td>[1] Yes (<i>Ya</i>)</td> <td>[2] No (<i>Tidak</i>)</td> </tr> <tr> <td>[j] Non-medical traditional /alternative healer / <i>Pengamal perubatan tradisional/bomoh/ alternatif</i></td> <td>[1] Yes (<i>Ya</i>)</td> <td>[2] No (<i>Tidak</i>)</td> </tr> <tr> <td>[k] No one/ <i>Tiada siapa</i></td> <td>[1] Yes (<i>Ya</i>)</td> <td>[2] No (<i>Tidak</i>)</td> </tr> <tr> <td>[l] My pets/ <i>Haiwan peliharaan saya</i></td> <td>[1] Yes (<i>Ya</i>)</td> <td>[2] No (<i>Tidak</i>)</td> </tr> <tr> <td>[m] Others / <i>lain-lain</i></td> <td>[1] Yes (<i>Ya</i>)</td> <td>[2] No (<i>Tidak</i>)</td> </tr> </table> <p>Please specify/ Sila nyatakan siapa _____</p>	[a] My spouse or life partner/ <i>Suami saya atau pasangan saya</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)	[b] My mother / <i>Ibu saya</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)	[c] My sister/ <i>Kakak/adik perempuan saya</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)	[d] My female relative/ <i>Saudara perempuan</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)	[e] My father/ <i>Ayah saya</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)	[f] My brother/ <i>Abang saya</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)	[g] My male relative/ <i>saudara lelaki</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)	[h] My best friend/ <i>Rakan rapat saya</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)	[h] My boyfriend/ fiancée / <i>Teman lelaki/ Tunang</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)	[i] Family doctor or general practitioner doctor/ <i>Doktor keluarga/doktor klinik am</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)	[j] Non-medical traditional /alternative healer / <i>Pengamal perubatan tradisional/bomoh/ alternatif</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)	[k] No one/ <i>Tiada siapa</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)	[l] My pets/ <i>Haiwan peliharaan saya</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)	[m] Others / <i>lain-lain</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)	SPOUSE MOM SIS FEMR DAD BRO MALER BF BOYF GP ALTERN NOO PETS OTHERL
[a] My spouse or life partner/ <i>Suami saya atau pasangan saya</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)																																										
[b] My mother / <i>Ibu saya</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)																																										
[c] My sister/ <i>Kakak/adik perempuan saya</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)																																										
[d] My female relative/ <i>Saudara perempuan</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)																																										
[e] My father/ <i>Ayah saya</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)																																										
[f] My brother/ <i>Abang saya</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)																																										
[g] My male relative/ <i>saudara lelaki</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)																																										
[h] My best friend/ <i>Rakan rapat saya</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)																																										
[h] My boyfriend/ fiancée / <i>Teman lelaki/ Tunang</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)																																										
[i] Family doctor or general practitioner doctor/ <i>Doktor keluarga/doktor klinik am</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)																																										
[j] Non-medical traditional /alternative healer / <i>Pengamal perubatan tradisional/bomoh/ alternatif</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)																																										
[k] No one/ <i>Tiada siapa</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)																																										
[l] My pets/ <i>Haiwan peliharaan saya</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)																																										
[m] Others / <i>lain-lain</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)																																										
19.	Did you see a doctor for a needle biopsy (FNAC or CORE biopsy)?/ <i>Adakah anda pernah menjalani biopsi menggunakan jarum (FNAC atau Core biopsi)?</i>	Needle																																										
	<table border="0"> <tr> <td>[1] Never had a biopsy/ <i>Tidak melakukan biopsi</i></td> <td></td> </tr> <tr> <td>[2] Yes, I had a biopsy/ <i>Ya, saya melakukan biopsi</i></td> <td></td> </tr> </table> <p>18.1. When did you have a biopsy?/ <i>Bilakah anda melakukan biopsi?</i></p> <p>_____ / _____ / _____ (Date/ <i>Tarikh</i>) (Month/ <i>Bulan</i>) (Year/ <i>Tahun</i>)</p>	[1] Never had a biopsy/ <i>Tidak melakukan biopsi</i>		[2] Yes, I had a biopsy/ <i>Ya, saya melakukan biopsi</i>		NBDat																																						
[1] Never had a biopsy/ <i>Tidak melakukan biopsi</i>																																												
[2] Yes, I had a biopsy/ <i>Ya, saya melakukan biopsi</i>																																												
20.	Did you have a surgical biopsy? / <i>Adakah anda pernah menjalani pembedahan untuk mengetahui jenis ketumbuhan?.</i>	OpenB																																										
	<table border="0"> <tr> <td>[1] No/ <i>Tidak</i></td> <td></td> </tr> <tr> <td>[2] Yes/ <i>Ya</i> _____ / _____ / _____ (Date/ <i>Tarikh</i>) (Month/ <i>Bulan</i>) (Year/ <i>Tahun</i>)</td> <td></td> </tr> </table>	[1] No/ <i>Tidak</i>		[2] Yes/ <i>Ya</i> _____ / _____ / _____ (Date/ <i>Tarikh</i>) (Month/ <i>Bulan</i>) (Year/ <i>Tahun</i>)		OB Da																																						
[1] No/ <i>Tidak</i>																																												
[2] Yes/ <i>Ya</i> _____ / _____ / _____ (Date/ <i>Tarikh</i>) (Month/ <i>Bulan</i>) (Year/ <i>Tahun</i>)																																												
21.	Did you have any surgical treatment <u>besides</u> breast cancer treatment ?/ <i>Adakah anda pernah menjalani pembedahan <u>selain</u> daripada pembedahan kanser payudara?</i>	SURG																																										
	<table border="0"> <tr> <td>[1] No/ <i>Tidak</i></td> <td></td> </tr> <tr> <td>[2] Yes/ <i>Ya</i>. I underwent / <i>Saya menjalani</i> <u>eg. Appendix operation</u> _____</td> <td></td> </tr> </table> <p>_____</p> <p><i>In the year/ Pada tahun eg. 2002</i> _____</p>	[1] No/ <i>Tidak</i>		[2] Yes/ <i>Ya</i> . I underwent / <i>Saya menjalani</i> <u>eg. Appendix operation</u> _____		SType SgDate																																						
[1] No/ <i>Tidak</i>																																												
[2] Yes/ <i>Ya</i> . I underwent / <i>Saya menjalani</i> <u>eg. Appendix operation</u> _____																																												
22.	Who was the <u>first person</u> you confided in about your diagnosis.(Only circle one) <i>Siapakah <u>orang pertama</u> yang anda maklumkan tentang diagnosis anda.?(Bulatkan satu sahaja)</i>	FPD																																										
	<table border="0"> <tr> <td>[a] My spouse or life partner/ <i>Suami saya atau pasangan saya</i></td> <td>[1] Yes (<i>Ya</i>)</td> <td>[2] No (<i>Tidak</i>)</td> </tr> <tr> <td>[b] My mother / <i>Ibu saya</i></td> <td>[1] Yes (<i>Ya</i>)</td> <td>[2] No (<i>Tidak</i>)</td> </tr> <tr> <td>[c] My sister/ <i>Kakak/adik perempuan saya</i></td> <td>[1] Yes (<i>Ya</i>)</td> <td>[2] No (<i>Tidak</i>)</td> </tr> <tr> <td>[d] My female relative/ <i>Saudara perempuan</i></td> <td>[1] Yes (<i>Ya</i>)</td> <td>[2] No (<i>Tidak</i>)</td> </tr> <tr> <td>[e] My father/ <i>Ayah saya</i></td> <td>[1] Yes (<i>Ya</i>)</td> <td>[2] No (<i>Tidak</i>)</td> </tr> <tr> <td>[f] My brother/ <i>Abang saya</i></td> <td>[1] Yes (<i>Ya</i>)</td> <td>[2] No (<i>Tidak</i>)</td> </tr> <tr> <td>[g] My male relative/ <i>saudara lelaki</i></td> <td>[1] Yes (<i>Ya</i>)</td> <td>[2] No (<i>Tidak</i>)</td> </tr> <tr> <td>[h] My best friend/ <i>Rakan rapat saya</i></td> <td>[1] Yes (<i>Ya</i>)</td> <td>[2] No (<i>Tidak</i>)</td> </tr> <tr> <td>[h] My boyfriend/ fiancée / <i>Teman lelaki/ Tunang</i></td> <td>[1] Yes (<i>Ya</i>)</td> <td>[2] No (<i>Tidak</i>)</td> </tr> <tr> <td>[i] Family doctor or general practitioner doctor/ <i>Doktor keluarga/doktor klinik am</i></td> <td>[1] Yes (<i>Ya</i>)</td> <td>[2] No (<i>Tidak</i>)</td> </tr> <tr> <td>[j] Non-medical traditional /alternative healer / <i>Pengamal perubatan tradisional/bomoh/ alternatif</i></td> <td>[1] Yes (<i>Ya</i>)</td> <td>[2] No (<i>Tidak</i>)</td> </tr> <tr> <td>[k] No one/ <i>Tiada siapa</i></td> <td>[1] Yes (<i>Ya</i>)</td> <td>[2] No (<i>Tidak</i>)</td> </tr> <tr> <td>[l] My pets/ <i>Haiwan peliharaan saya</i></td> <td>[1] Yes (<i>Ya</i>)</td> <td>[2] No (<i>Tidak</i>)</td> </tr> <tr> <td>[m] Others / <i>lain-lain</i></td> <td>[1] Yes (<i>Ya</i>)</td> <td>[2] No (<i>Tidak</i>)</td> </tr> </table> <p>Please specify/ Sila nyatakan siapa _____</p>	[a] My spouse or life partner/ <i>Suami saya atau pasangan saya</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)	[b] My mother / <i>Ibu saya</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)	[c] My sister/ <i>Kakak/adik perempuan saya</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)	[d] My female relative/ <i>Saudara perempuan</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)	[e] My father/ <i>Ayah saya</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)	[f] My brother/ <i>Abang saya</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)	[g] My male relative/ <i>saudara lelaki</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)	[h] My best friend/ <i>Rakan rapat saya</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)	[h] My boyfriend/ fiancée / <i>Teman lelaki/ Tunang</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)	[i] Family doctor or general practitioner doctor/ <i>Doktor keluarga/doktor klinik am</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)	[j] Non-medical traditional /alternative healer / <i>Pengamal perubatan tradisional/bomoh/ alternatif</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)	[k] No one/ <i>Tiada siapa</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)	[l] My pets/ <i>Haiwan peliharaan saya</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)	[m] Others / <i>lain-lain</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)	SPOUSE MOM SIS FEMR DAD BRO MALER BF BOYF GP NONMEL NOO PETS OTHERL
[a] My spouse or life partner/ <i>Suami saya atau pasangan saya</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)																																										
[b] My mother / <i>Ibu saya</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)																																										
[c] My sister/ <i>Kakak/adik perempuan saya</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)																																										
[d] My female relative/ <i>Saudara perempuan</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)																																										
[e] My father/ <i>Ayah saya</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)																																										
[f] My brother/ <i>Abang saya</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)																																										
[g] My male relative/ <i>saudara lelaki</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)																																										
[h] My best friend/ <i>Rakan rapat saya</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)																																										
[h] My boyfriend/ fiancée / <i>Teman lelaki/ Tunang</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)																																										
[i] Family doctor or general practitioner doctor/ <i>Doktor keluarga/doktor klinik am</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)																																										
[j] Non-medical traditional /alternative healer / <i>Pengamal perubatan tradisional/bomoh/ alternatif</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)																																										
[k] No one/ <i>Tiada siapa</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)																																										
[l] My pets/ <i>Haiwan peliharaan saya</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)																																										
[m] Others / <i>lain-lain</i>	[1] Yes (<i>Ya</i>)	[2] No (<i>Tidak</i>)																																										

23. After the diagnosis, I receive the most support from:- (Please circle one only) / *Selepas disahkan menghidap kanser, saya mendapat sokongan paling utama dari :- (Bulatkan satu sahaja)*

- | | | |
|---|--------------|----------------|
| [a] My spouse or life partner/ <i>Suami saya atau pasangan saya</i> | [1] Yes (Ya) | [2] No (Tidak) |
| [b] My mother / <i>Ibu saya</i> | [1] Yes (Ya) | [2] No (Tidak) |
| [c] My sister/ <i>Kakak/adik perempuan saya</i> | [1] Yes (Ya) | [2] No (Tidak) |
| [d] My female relative/ <i>Saudara perempuan</i> | [1] Yes (Ya) | [2] No (Tidak) |
| [e] My father/ <i>Ayah saya</i> | [1] Yes (Ya) | [2] No (Tidak) |
| [f] My brother/ <i>Abang saya</i> | [1] Yes (Ya) | [2] No (Tidak) |
| [g] My male relative/ <i>saudara lelaki</i> | [1] Yes (Ya) | [2] No (Tidak) |
| [h] My best friend/ <i>Rakan rapat saya</i> | [1] Yes (Ya) | [2] No (Tidak) |
| [h] My boyfriend/ fiancée / <i>Teman lelaki/ Tunang</i> | [1] Yes (Ya) | [2] No (Tidak) |
| [i] Family doctor or general practitioner doctor/ <i>Doktor keluarga/doktor klinik am</i> | [1] Yes (Ya) | [2] No (Tidak) |
| [j] Non-medical traditional /alternative healer / <i>Pengamal perubatan tradisional/bomoh/ alternatif</i> | [1] Yes (Ya) | [2] No (Tidak) |
| [k] No one/ <i>Tiada siapa</i> | [1] Yes (Ya) | [2] No (Tidak) |
| [l] My pets/ <i>Haiwan peliharaan saya</i> | [1] Yes (Ya) | [2] No (Tidak) |
| [m] Others / <i>lain-lain</i> | [1] Yes (Ya) | [2] No (Tidak) |
- Please specify/ *Sila nyatakan siapa* _____

24. What type of surgical treatment did you have for breast cancer? *Apakah jenis pembedahan yang anda lalui untuk kanser payudara?*

- | | | |
|--|--------------|----------------|
| [a] Removal of breast lump only
<i>Membuang ketulan di payudara sahaja /</i> | [1] Yes (Ya) | [2] No (Tidak) |
| [b] Removal of breast lump and lymph nodes in armpit/ <i>Mengeluarkan ketulan di payudara dan kelenjar limfa di ketiak</i> | [1] Yes (Ya) | [2] No (Tidak) |
| [c] Mastectomy and removal of lymph nodes in armpit/
<i>Mastektomi dan membuang kelenjar limfa di ketiak</i> | [1] Yes (Ya) | [2] No (Tidak) |
| (d) Others, please state/ <i>Lain lain, nyatakan</i> | [1] Yes (Ya) | [2] No (Tidak) |
- _____
- _____

25. How much did all the surgical treatment for breast cancer cost you? *Berapakah rangkuman perbelanjaan bagi pembedahan kanser payudara?*

- [1] RM1,000 - RM2,000
 [2] RM2,001 – RM4,000
 [3] RM4,001 – RM6,000
 [4] RM6,001 – RM8,000
 [5] RM8,001 – RM10,000
 [6] RM10,001 and above/ *dan ke atas*
 [7] Payment was made by my employer- I am not sure of the cost./ *Perbelanjaan dibiayai oleh majikan- saya tidak pasti jumlahnya*

26. Did you have any chemotherapy? *Adakah anda pernah menjalani kemoterapi?*

- [1] No/ *Tidak*
 [2] Yes/ *Ya*, I have undergone the following chemotherapy. *Saya telah menjalani kemoterapi berikut:-*

Number/ Nombor	Name of chemo (if you know it- if not leave blank) <i>Nama kemoterapi (sekiranya anda tahu), jika tidak kosongkan.</i>	Date started chemo <i>Tarikh mula</i>	Date of last chemo <i>Tarikh akhir</i>	Number of cycles completed <i>Jumlah kitaran yang dijalani</i>	I have completed the prescribed chemotherapy <i>Saya telah melengkapkan kesemua kitaran kemoterapi</i>
Eg. 1.	FEC	Jan 2001	June 2001	6	Yes/ Ya
Eg.	Taxotere &	March 2004	Sept	3	No/ Tidak

2.	Xeloda		2004		
1.					
2.					
3.					
4.					
5.					
6.					

COMP

LASTC
(month)

27. Are you going through chemotherapy at the moment? *Adakah anda sedang menjalani kemoterapi pada masa ini?*

[1] No/ *Tidak*

[2] Yes/ *Ya*

CHEM

28. So far, how much has chemotherapy cost you? *Sehingga sekarang berapakah kos kemoterapi pada keseluruhannya?*

[1] < RM 2 000.00

[2] RM 2 001.00 - 5 000.00

[3] RM 5 001.00 – 10 000.00

[4] RM 10 001.00 – 20 000.00

[5] RM 20 000.00- 50 000.00

[6] > RM 50 000.00

[7] Payment was made by my employer- I am not sure of the cost./ *Perbelanjaan dibiayai oleh majikan- saya tidak pasti jumlahnya*

CHCO

Did you have any radiotherapy? *Adakah anda pernah menjalani radioterapi?*

29. [1] No/ *Tidak*

[2] Yes/ *Ya*, I have undergone the following radiotherapy. *Saya telah menjalani radioterapi berikut:-*

Number/ <i>Nombor</i>	Radiotherapy site <i>Bahagian Badan yang di rawat</i>	Date started radiotherapy <i>Tarikh mula</i>	Date of last radiotherapy <i>Tarikh akhir</i>	Number of cycles completed <i>Jumlah kitaran yang dijalani</i>	Completed prescribed radiotherapy or not <i>Adakah kesemua kitaran dilengkapkan</i>
Eg. 1.	Right breast/ <i>Payudara kanan</i>	Jan 2001	March 2001	15	Yes/ <i>Ya</i>
Eg. 2.	Right Chest/ <i>Dada kanan</i>	1/03/2008	6/03/2008	3	No/ <i>Tidak</i>
1.					
2.					
3.					
4.					

RT

RTTO

COMP

LASTF
(month)

30. Did you have other (alternative) types of treatment? *Adakah anda menjalani lain-lain jenis rawatan atau rawatan alternatif?*
- [1] No/ *Tidak*
[2] Yes/ *Ya*
- If *Yes*, did you have (You can circle more than one)/ *Jika Ya adakah anda mengamalkan (Anda boleh memilih lebih dari satu) :-*
- | | | | |
|---|-----------------------|-------------------------|----------------|
| [a] Chinese herbal medication from the Singseh
<i>/ Ubat herbal Cina daripada Singseh</i> | [1] Yes (<i>Ya</i>) | [2] No (<i>Tidak</i>) | OTHR |
| [b] Acupuncture/ <i>Akupunture</i> | [1] Yes (<i>Ya</i>) | [2] No (<i>Tidak</i>) | HERB |
| [c] Qigong/ <i>Chikung</i> | [1] Yes (<i>Ya</i>) | [2] No (<i>Tidak</i>) | ACU |
| [d] Traditional Treatment - Massage
<i>/ Perubatan tradisional (Urut)</i> | [1] Yes (<i>Ya</i>) | [2] No (<i>Tidak</i>) | QIG |
| [e] Traditional treatment- Blessed water
<i>/ Perubatan tradisional (Air yang dibaca ayat-ayat Quran/ ayat-ayat suci lain)</i> | [1] Yes (<i>Ya</i>) | [2] No (<i>Tidak</i>) | URUT |
| [f] Treatment application of herbal paste to breast
<i>/ Rawatan meletakkan atau menampal sejenis ubat herba ke atas payudara.</i> | [1] Yes (<i>Ya</i>) | [2] No (<i>Tidak</i>) | HOLY |
| [g] Spiritual surgery/ <i>Pembedahan Batin</i> | [1] Yes (<i>Ya</i>) | [2] No (<i>Tidak</i>) | PASTE |
| [h] "Scientific" products through direct selling.
<i>The names are: /Produk-produk saintifik melalui jualan langsung. Nama produk tersebut ialah:-</i> | [1] Yes (<i>Ya</i>) | [2] No (<i>Tidak</i>) | SPIRI
DSELI |
-
- i) Others/*Lain-lain* [1] Yes (*Ya*) [2] No (*Tidak*)
Please specify/ Sila nyatakan
- _____
- _____
- _____
31. So far, how much have you spent on alternative treatment? *Sehingga sekarang, berapakah anggaran jumlah kos rawatan alternatif yang telah anda jalani.*
- _____
- _____

Section C/ Bahagian C:

Source of Social Support/
Sumber Sokongan Sosial

I find that I have received variable support after my diagnosis of cancer from the following people or organisation, the degree of support I received is graded according to a 5 point scale below. Please circle the item closest to your answer. You can circle NA if the item is not applicable to you.

Saya dapati selepas diagnosis kanser, saya mendapat tahap bantuan dan sokongan yang berbeza dari orang perseorangan ataupun organisasi berikut. Tahap bantuan atau sokongan yang diterima dinilai mengikut 5 tahap yang di bawah. Sila bulatkan nombor yang paling hampir kepada jawapan anda. Anda boleh bulatkan NA sekiranya ungkapan di bawah tidak relevan/berkaitan dengan anda.

1.	Very Supportive Sangat membantu
2.	Supportive Membantu
3.	Neither Supportive Nor Unsupportive Tidak membantu mahupun membantu
4.	Unsupportive Tidak Membantu
5.	Very Unsupportive Langsung Tidak Membantu
NA	<i>Not Applicable To Me</i> <i>Tidak Berkaitan Dengan Saya</i>

PLEASE ANSWER ALL ITEMS/ SILA JAWAB SEMUA KENYATAAN DI BAWAH:-

The support that I experienced from the people below were:- /Bantuan yang saya terima dari orang yang di senaraikan di bawah adalah:-	<i>Very supportive</i> <i>Sangat membantu</i>	Supportive <i>Membantu</i>	Neither supportive nor unsupportive <i>Tidak membantu ataupun membantu</i>	Not Supportive <i>Tidak membantu</i>	<i>Very Not Supportive</i> <i>Langsung tidak membantu</i>	Not Appl to me <i>Tidak Berkaitan Dengan :</i>
<i>Example/ Contoh</i> My neighbour/ <i>Jiran saya</i>	1	2	3	4	5	NA
1. My spouse/ <i>Suami saya</i>	1	2	3	4	5	NA
2. My mother/ <i>Ibu saya</i>	1	2	3	4	5	NA
3. My sister/ <i>Kakak/adik perempuan saya</i>	1	2	3	4	5	NA
4. My father/ <i>Bapa saya</i>	1	2	3	4	5	NA
5. My brother/ <i>Abang/adik lelaki saya</i>	1	2	3	4	5	NA
6. My mother-in law / <i>Ibu mertua saya</i>	1	2	3	4	5	NA
7. My father in-law / <i>Bapa mertua saya</i>	1	2	3	4	5	NA

8.	My female relatives/ <i>Saudara perempuan saya</i>	1	2	3	4	5	NA
9.	My male relatives/ <i>Saudara lelaki saya</i>	1	2	3	4	5	NA
10.	My friend/s/ <i>Rakan-rakan saya</i>	1	2	3	4	5	NA
11.	My best friend/ <i>Rakan akrab saya</i>	1	2	3	4	5	NA
12.	My work colleagues/ <i>Rakan sejawatan di tempat kerja</i>	1	2	3	4	5	NA
13.	My employer/ <i>Majikan saya</i>	1	2	3	4	5	NA
14.	My family doctor/ <i>Doktor peribadi atau doktor keluarga saya</i>	1	2	3	4	5	NA
15.	My surgeon/ <i>Pakar bedah saya</i>	1	2	3	4	5	NA
16.	My oncologist (chemotherapy/ radiotherapy)/ <i>Pakar onkologi (kemoterapi dan radioterapi)</i>	1	2	3	4	5	NA
17.	Hospital Nurses/ <i>Jururawat hospital</i>	1	2	3	4	5	NA
18.	Hospital counter staff when I attended clinic or other services/ <i>Kerani di kaunter klinik atau kaunter hospital lain</i>	1	2	3	4	5	NA
19.	Food Supplement Salesperson/ <i>Jurujual produk makanan tambahan</i>	1	2	3	4	5	NA
20.	Alternative or complimentary therapist/ <i>Pengamal perubatan alternatif atau komplementari</i>	1	2	3	4	5	NA

Section D/ *Bahagian D:*

My Source of Information On Breast Cancer/ Sumber Maklumat Berkenaan Kanser Payudara

The following are my important source of information that I used after my diagnosis of cancer. Using 5 levels of grading below, circle the one closest to your answer. Circle NA if the item is not applicable to you.

Berikut adalah sumber maklumat berkenaan kanser payudara yang telah saya gunakan setelah saya disahkan menghidap kanser payudara. Penilaian boleh dibuat mengikut keutamaannya dengan 5 tahap berikut. Bulatkan jawapan yang paling hampir dengan jawapan anda. Anda boleh bulatkan NA sekiranya ungkapan di bawah tidak berkaitan dengan anda.

1.	Very Important <i>Tersangat Penting</i>
2.	Important <i>Penting</i>
3.	Neither Not Important nor Important <i>Tidak Penting Ataupun Penting</i>
4.	Not Important <i>Tidak Penting</i>
5.	Least Important <i>Langsung Tidak Penting</i>
6.	<i>Not Applicable To Me</i> <i>Tidak Berkaitan Dengan Saya</i>

<u>My source of information :-</u> <u>/ Sumber maklumat saya:-</u>	Very Important <i>Tersangat penting</i>	Important <i>Penting</i>	Neither not important nor important <i>Tidak Penting Ataupun Penting</i>	Not important <i>Tidak Penting</i>	Least important <i>Langsung Tidak Penting</i>	Not Applicable to me <i>Tidak Memberi kesan kepada sa</i>
<i>Example: Contoh: Novel / Buku cerita</i>	1	2	3	4	5	NA
1. Newspaper/ Surat khabar	1	2	3	4	5	NA
2. Women magazines/ Majalah Wanita	1	2	3	4	5	NA
3. Books on breast cancer/ Buku berkenaan kanser payudara	1	2	3	4	5	NA
4. Internet/ Internet	1	2	3	4	5	NA
5. Survivor Support Group Members/ Ahli Kumpulan Sokongan yang terdiri dari wanita yang pernah menghidapi kanser payudara	1	2	3	4	5	NA
6. Doctor/ Doktor	1	2	3	4	5	NA
7. Nurse/ Jururawat	1	2	3	4	5	NA

8.	Friends/ <i>Rakan-rakan</i>	1	2	3	4	5	NA
9.	Food Supplement Salesperson/ <i>Jurujual produk makanan tambahan</i>	1	2	3	4	5	NA
10.	Alternative or complementary therapist/ <i>Pengamal perubatan alternatif atau komplementari</i>	1	2	3	4	5	NA
11.	Family members/ <i>Ahli keluarga</i>	1	2	3	4	5	NA
12.	Women with breast cancer/ <i>Wanita lain yang menghidap kanser payudara</i>	1	2	3	4	5	NA
13.	Television/ <i>Television</i>	1	2	3	4	5	NA
14.	Movies / <i>Wayang gambar</i>	1	2	3	4	5	NA
15.	VCD/DVD on breast cancer/ <i>VCD/DVD berkenaan kanser payudara</i>	1	2	3	4	5	NA

2. Supportive Care Needs Survey

INSTRUCTIONS

To help us plan better services for people diagnosed with cancer, we are interested in whether or not needs which you may have faced as a result of having cancer have been met. For every item on the following pages, indicate whether you have needed help with this issue within the last month as a result of having cancer. Put a circle around the number which best describes whether you have needed help with this in the last month. There are 5 possible answers to choose from:

NO NEED	1	Not applicable – This was not a problem for me as a result of having cancer.
	2	Satisfied - I did need help with this, but my need for help was satisfied at the time.
SOME NEED	3	Low need - This item caused me concern or discomfort. I had little need for additional help.
	4	Moderate need – This item caused me concern or discomfort. I had some need for additional help.
	5	High need - This item caused me concern or discomfort. I had a strong need for additional help.

For Example:

In the last 1 month, how much help did you need for the following item?

	No need		Some need		
	Not applicable	Satisfied	Low need	Moderate need	High need
1. Being informed about things you can do to help yourself to get well	1	2	3	4	5

If you put the circle where we have, it means that you did not receive as much information as you wanted about things you could do to help yourself get well, and therefore needed some more information.

Now please complete the 36 item survey on the following pages.

Begin here:-

Currently in the last 1 month, how much help did you need for the following items?

	No need		Some need			For
	Not applicable	Satisfied	Low need	Moderate need	High need	
1. Pain	1	2	3	4	5	
2. Lack of energy and tiredness	1	2	3	4	5	
3. Feeling unwell a lot of the time	1	2	3	4	5	
4. Work around the home	1	2	3	4	5	
5. Not being able to do the things you used to do	1	2	3	4	5	
6. Anxiety	1	2	3	4	5	
7. Feeling down or depressed	1	2	3	4	5	
8. Feelings of sadness	1	2	3	4	5	
9. Fears about the cancer spreading	1	2	3	4	5	
10. Worry that results of treatment are beyond your control	1	2	3	4	5	
11. Uncertainty about the future	1	2	3	4	5	
12. Learning to feel in control of your situation	1	2	3	4	5	
13. Keeping a positive outlook	1	2	3	4	5	

14.	Feelings about death and dying	1	2	3	4	5	
15.	Changes in sexual feelings	1	2	3	4	5	
16.	Changes in your sexual relationships	1	2	3	4	5	
17.	Concerns about the worries of those closest to you	1	2	3	4	5	
**	Concerns about your financial situation	1	2	3	4	5	
**	Concerns about getting to and from the hospital	1	2	3	4	5	
18.	More choice about which cancer specialists you see	1	2	3	4	5	
19.	More choice about which hospital you attend	1	2	3	4	5	
20.	Reassurance by medical staff that the way you feel is normal	1	2	3	4	5	
21.	Hospital staff attending promptly to your physical needs	1	2	3	4	5	
22.	Hospital staff acknowledging, and showing sensitivity to, your feelings and emotional needs	1	2	3	4	5	
23.	Being given written information about the important aspects of your care	1	2	3	4	5	
24.	Being given information (written, diagrams, drawings) about aspects of managing your illness and side-effects at home	1	2	3	4	5	
25.	Being given explanations of those tests for which you would like explanations	1	2	3	4	5	
26.	Being adequately informed about the benefits and side-effects of treatments before you choose to have them	1	2	3	4	5	
27.	Being informed about your test results as soon as feasible	1	2	3	4	5	
28.	Being informed about cancer which is under control or diminishing (that is, remission)	1	2	3	4	5	
29.	Being informed about things you can do to help yourself to get well	1	2	3	4	5	
30.	Having access to professional counselling (eg. psychologist, social worker, counsellor, nurse specialist) if you, family or friends need it	1	2	3	4	5	
31.	Being given information about sexual relationships	1	2	3	4	5	
32.	Being treated like a person not just another case	1	2	3	4	5	
33.	Being treated in a hospital or clinic that is as physically pleasant as possible	1	2	3	4	5	
34.	Having one member of hospital staff with whom you can talk to about all aspects of your condition, treatment and follow-up	1	2	3	4	5	
							Total Score