

# THE PATIENT EXPERIENCE SURVEY

## FEAR-LESS SCREENING QUESTIONNAIRES

Thank you for agreeing to participate in this survey about the *Fear-Less* Program. This survey focuses on your experiences of completing the program's screening questionnaires.

The survey may take up to 5 minutes of your time.

Your responses are confidential, and you don't need to answer any questions if you don't want to.

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|---|
| <b>Date:</b> ____/____/____   |
| <b>1. What format did you use to complete the screening questionnaires?</b><br><input type="checkbox"/> <sub>1</sub> In person <input type="checkbox"/> <sub>2</sub> Phone <input type="checkbox"/> <sub>3</sub> Online (via email link) <input type="checkbox"/> <sub>4</sub> Returned by mail   |
| <b>2. Were the reasons &amp; procedures for completing the screening questionnaires well-explained?</b><br><input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes   |
| <b>3. The screening questionnaires procedures were <u>easy to complete</u>.</b><br><input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub> <input type="checkbox"/> <sub>4</sub> <input type="checkbox"/> <sub>5</sub><br>Strongly disagree    Disagree    Don't know    Agree    Strongly Agree            |
| <b>4. The screening questionnaires procedures were <u>easy to understand</u>.</b><br><input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub> <input type="checkbox"/> <sub>4</sub> <input type="checkbox"/> <sub>5</sub><br>Strongly disagree    Disagree    Don't know    Agree    Strongly Agree          |
| <b>5. The <u>time</u> it took to complete the screening questionnaires was acceptable.</b><br><input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub> <input type="checkbox"/> <sub>4</sub> <input type="checkbox"/> <sub>5</sub><br>Strongly disagree    Disagree    Don't know    Agree    Strongly Agree |
| <b>6. Which questionnaire best described your experience?</b><br><input type="checkbox"/> <sub>1</sub> Fear of Cancer Recurrence Inventory - Short Form (FCRI-SF) (first questionnaire) <input type="checkbox"/> <sub>2</sub> Fear of Progression Questionnaire - Short Form (FoP-Q-SF) (second questionnaire)  |
| <b>7. How important do you think it is to screen for fear of cancer returning or progressing?<br/>When do you think is the best time to screen for fear of cancer returning or progressing?</b><br>_____<br>_____   |

Please add any additional comments or feedback about the *Fear-Less* Program's screening questionnaires.

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Thank you for participating in this survey.

# THE PATIENT EXPERIENCE SURVEY

## FEAR-LESS POST SELF-MANAGEMENT INTERVENTION

Thank you for agreeing to participate in this survey about the 'Fear-Less' Program. You have been asked to complete this survey because you have completed the program's screening questionnaires, received the self-management intervention. When you see the term 'self-management intervention' we mean the booklet and the follow up phone calls you received.

This survey is about your experiences with the self-management intervention. The survey may take up to 10 minutes of your time. Your responses are confidential, and you are free to withdraw from the survey at any stage.

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**1. Prior to this program, has anyone ever discussed fear of cancer returning or progressing with you?**

<sub>0</sub> No

<sub>1</sub> Yes

If yes, please tell us who discussed this with you and what happened next?  
\_\_\_\_\_

**2. Prior to this program, have you previously received information, treatment or support to improve your fear of cancer returning or progressing?**

<sub>0</sub> No (proceed to Question 4)

<sub>1</sub> Yes (please complete Q3a and 3b)

**2a. Please specify the type of support you received for your fear:**

<sub>0</sub> Psychological treatment

<sub>1</sub> Medical treatment

<sub>2</sub> Professional advice. Explain \_\_\_\_\_

<sub>3</sub> Information or fact sheets

<sub>4</sub> Other: \_\_\_\_\_

**2b. Please specify who recommended this support**

<sub>0</sub> I sought it myself

<sub>1</sub> My medical team (e.g., oncologist; doctors; nurses)

<sub>2</sub> My friends or family

<sub>3</sub> Other: \_\_\_\_\_

**3. What has stopped you from seeking help for your fear of cancer returning or progressing in the past?**

- <sub>0</sub> I did not have the time
- <sub>1</sub> I was embarrassed about seeking help
- <sub>2</sub> I did not know what to expect from the help or support
- <sub>3</sub> I was worried I would feel more upset or anxious
- <sub>4</sub> I felt that I had enough support from elsewhere
- <sub>5</sub> I thought that I did not need help
- <sub>6</sub> Other: \_\_\_\_\_

**4. Thinking about the 'Fear-Less' Program self-management intervention you have just received, please rate the amount of the booklet that you have read:**

- <sub>0</sub> 0% of the booklet (none)
- <sub>1</sub> 25% of the booklet
- <sub>2</sub> 50% of the booklet
- <sub>3</sub> 75% of the booklet
- <sub>4</sub> 100% of the booklet

**5. How many exercises in the booklet did you complete?** (i.e., Finding Your Values; Setting Goals; Relaxation Diary ; Getting To Know Your Triggers; Thought Diary; Looking at Your Control; Your Plan To Manage Fear)

- <sub>0</sub> 0
- <sub>1</sub> 1
- <sub>2</sub> 2
- <sub>3</sub> 3
- <sub>4</sub> 4
- <sub>5</sub> 5
- <sub>6</sub> 6
- <sub>7</sub> 7

**6. Which of the exercises in the booklet were most helpful?** (You can tick more than one)

- <sub>1</sub> Finding Your Values
- <sub>2</sub> Setting Goals
- <sub>3</sub> Relaxation diary
- <sub>4</sub> Getting To Know Your Triggers
- <sub>5</sub> Thought Diary
- <sub>6</sub> Looking At Your Control
- <sub>7</sub> Your Plan To Manage Fear
- <sub>6</sub> Other (please specify) \_\_\_\_\_

**7. Thinking about the 'Fear-Less' Program self-management intervention you have just received, what aspects of your care were most useful and helpful?**

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**8. Thinking about the 'Fear-Less' Program self-management intervention you have just received, what aspects of your care were least useful and helpful?**

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**9. Which of the following best describes any change in your fear of cancer returning or progressing since receiving the 'Fear-Less' self-management intervention? (please tick)**

- <sub>1</sub> My fear is much worse
- <sub>2</sub> My fear is somewhat worse
- <sub>3</sub> My fear has not changed
- <sub>4</sub> My fear is somewhat better
- <sub>5</sub> My fear is much better

**10. To what extent do you think the changes in your fear are related to your self-management intervention?**

- <sub>1</sub> **Not at all related**                      <sub>2</sub> **Partly related**                      <sub>3</sub> **Completely related**

**11. What is your preferred way of receiving the *Fear-Less* follow-up care for fear of cancer returning or progressing? (Please tick)**

- <sub>1</sub> Telephone
- <sub>2</sub> Video-conferencing
- <sub>3</sub> Face-to-face by myself (one on one with a clinician)
- <sub>4</sub> Face-to face in a group
- <sub>5</sub> Online
- <sub>6</sub> Paper based resource/information

**12. Would you recommend the *Fear-Less* program to other patients with cancer?**

- <sub>1</sub> **Yes**                      <sub>2</sub> **Don't know**                      <sub>3</sub> **No**

**13. What are your suggestions about how we can improve the 'Fear-Less' Program or the intervention you received?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you for participating in the survey.**

# THE PATIENT EXPERIENCE SURVEY

## FEAR-LESS POST CONQUER FEAR INTERVENTION

Thank you for agreeing to participate in this survey about the 'Fear-Less' Program. You have been asked to complete this survey because you have completed the program's screening questionnaires, received a referral for the *Conquer Fear* psychology intervention and have completed that follow-up care.

This survey is about your experiences with the *Conquer Fear* psychology intervention. The survey may take up to 10 minutes of your time. Your responses are confidential, and you are free to withdraw from the survey at any stage.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### 1. Prior to this program, has anyone ever discussed fear of cancer returning or progressing with you?

<sub>0</sub> No

<sub>1</sub> Yes

If yes, please tell us who discussed this with you and what happened next?

\_\_\_\_\_

### 2. Prior to this program, have you previously received information, treatment or support to improve your fear of cancer returning or progressing?

<sub>0</sub> No (proceed to Question 4)

<sub>1</sub> Yes (please complete Q3a and 3b)

#### 2a. Please specify the type of support you received for your fear:

<sub>0</sub> Psychological treatment

<sub>1</sub> Medical treatment

<sub>2</sub> Professional advice. Explain \_\_\_\_\_

<sub>3</sub> Information or fact sheets

<sub>4</sub> Other: \_\_\_\_\_

#### 2b. Please specify who recommended this support

<sub>0</sub> I sought it myself

<sub>1</sub> My medical team (e.g., oncologist; doctors; nurses)

<sub>2</sub> My friends or family

<sub>3</sub> Other: \_\_\_\_\_

**3. What has stopped you from seeking help for your fear of cancer returning or progressing in the past?**

- <sub>0</sub> I did not have the time
- <sub>1</sub> I was embarrassed about seeking help
- <sub>2</sub> I did not know what to expect from the help or support
- <sub>3</sub> I was worried I would feel more upset or anxious
- <sub>4</sub> I felt that I had enough support from elsewhere
- <sub>5</sub> I thought that I did not need help
- <sub>6</sub> Other: \_\_\_\_\_

**4. Thinking about the 'Fear-Less' Program *Conquer Fear* psychology intervention you have just received, what aspects of your care were most useful and helpful?**

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**5. Thinking about the 'Fear-Less' Program *Conquer Fear* psychology intervention you have just received, what aspects of your care were least useful and helpful?**

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**6. Which of the following best describes any change in your fear of cancer returning or progressing since receiving your *Conquer Fear* psychology intervention in the 'Fear-Less' Program? (please tick)**

- <sub>1</sub> My fear is much worse
- <sub>2</sub> My fear is somewhat worse
- <sub>3</sub> My fear has not changed
- <sub>4</sub> My fear is somewhat better
- <sub>5</sub> My fear is much better

**7. To what extent do you think the changes in your fear are related to your *Conquer Fear* psychology intervention?**

- |                                       |                                       |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| Not at all related                    | Partly related                        | Completely related                    |

**8. What is your preferred way of receiving the *Conquer Fear* psychology intervention for fear of cancer returning or progressing? (Please tick)**

- <sub>1</sub> Telephone
- <sub>2</sub> Video-conferencing
- <sub>3</sub> Face-to-face by myself (one on one with a clinician)
- <sub>4</sub> Face-to face in a group
- <sub>5</sub> Online
- <sub>6</sub> Paper based resource/information

**9. Would you recommend the *Fear-Less* program to other patients with cancer?**

<sub>1</sub>

**Yes**

<sub>2</sub>

**Don't know**

<sub>3</sub>

**No**

**10. What are your suggestions about how we can improve the '*Fear-Less*' Program or the psychology intervention you received?**

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**Thank you for participating in the survey.**