

English translation – see below for the original version in German

Patient survey on financial burden in the context of radiotherapy

Sozio-demographic data

1.) Sex:	<input type="checkbox"/> female	<input type="checkbox"/> male
2.) How old are you?	_____ years	
3.) How do you live?	<input type="checkbox"/> alone <input type="checkbox"/> with spouse <input type="checkbox"/> with partner	
4.) How many persons are living in your household?	___ (<i>number, including yourself</i>)	
5.) Your highest school graduation:	<input type="checkbox"/> None <input type="checkbox"/> < 10 years of education („ <i>Hauptschulabschluss</i> “) <input type="checkbox"/> 10 years of education („ <i>Realschulabschluss</i> “) <input type="checkbox"/> > 10 years of education („ <i>Abitur</i> “)	
6.) What is your health insurance?	<input type="checkbox"/> social	<input type="checkbox"/> private
6a.) if social: Are you exempt from copayments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Clinical data

7.) When was the cancer you are currently treated for diagnosed first?	_____/_____ (<i>mm/yyyy</i>)	
8.) For which type of cancer are you currently treated with radiotherapy?	<input type="checkbox"/> Breast cancer <input type="checkbox"/> Prostate cancer <input type="checkbox"/> Head and Neck cancer <input type="checkbox"/> Lung cancer <input type="checkbox"/> Esophageal cancer <input type="checkbox"/> Rectal Cancer <input type="checkbox"/> other: (<i>please note</i>)	
9.) Did you receive chemotherapy along with your radiotherapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No (<i>hormone therapy excluded</i>)	
10.) Have you been hospitalized during your radiotherapy?	<input type="checkbox"/> Yes, throughout <input type="checkbox"/> Yes, in part <input type="checkbox"/> No, not at all	

Employment and financial data

11.) What is your current employment status?	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Official <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired		
12.) What is your monthly net household income? This means, the money at your disposal after deduction of taxes and social insurance contributions.	<input type="checkbox"/> < 1.300 € <input type="checkbox"/> 1.301 – 1.700 € <input type="checkbox"/> 1.701 – 2.600 € <input type="checkbox"/> 2.601 – 3.600 € <input type="checkbox"/> 3.600 – 5.000 € <input type="checkbox"/> > 5.000 €		

- 13.) Have you been on sick leave during your radiotherapy? Yes No
- 14.) Did you have any loss of income due to your radiotherapy?
 Yes No
- 14a.) If yes, to which degree overall?
 < 100 € 101 - 500€ 501 - 1500€ 1501 - 2500€ > 2500€
- 15.) Did you have any additional costs due to your radiotherapy? (e.g. copayments, medicines exempt from reimbursement etc.)? Yes No
- 15a.) If yes, to which degree overall?
 < 100 € 101 - 500€ 501 - 1500€ 1501 - 2500€ > 2500€
- 15b.) What were the reasons for additional costs? (*multiple choices possible*)
- Copayments (e.g. drugs, therapeutic products, medical aids, hospital stay etc.)
- Transportation
- Drugs/Products for supportive care to alleviate side effects of radiotherapy that are exempt from reimbursement (e.g. care lotions or washes)
- Alternative medicines for supportive care to alleviate side effects of radiotherapy that are exempt from reimbursement (e.g. homoeopathy)
- Other (e.g. PET-CT) (*please note*):
- 16.) *During the past week*: has your physical condition or medical treatment caused you financial difficulties?
 Not at all A little Quite a bit Very much
- 17.) On a scale from 1 (not well informed) to 5 (very well informed):
 At the beginning of your radiotherapy, how well were you informed about any personal financial burden in the context of radiotherapy?
- | | | | | |
|--------------------------|---|---|---|---------------------------|
| 1 | 2 | 3 | 4 | 5 |
| <i>Not well informed</i> | | | | <i>Very well informed</i> |
- 18.) On a scale from 1 (strongly disagree) to 5 (strongly agree):
 My radiation oncologist should inform me about any financial burden in the context of radiotherapy.
- | | | | | |
|--------------------------|---|---|---|-----------------------|
| 1 | 2 | 3 | 4 | 5 |
| <i>Strongly disagree</i> | | | | <i>Strongly agree</i> |

Health status and quality of life

For the following questions please circle the number between 1 and 7 that best applies to you:

- 19.) How would you rate your overall health during the past week?
- | | | | | | | |
|------------------|---|---|---|---|---|------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| <i>Very poor</i> | | | | | | <i>Excellent</i> |
- 20.) How would you rate your overall quality of life during the past week?
- | | | | | | | |
|------------------|---|---|---|---|---|------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| <i>Very poor</i> | | | | | | <i>Excellent</i> |

Patientenfragebogen zur finanziellen Belastung im Rahmen der Strahlentherapie

Sozio-Demographische Aspekte

1.) Geschlecht: weiblich männlich

2.) Wie alt sind Sie? _____ Jahre

3.) Wie leben Sie?
 alleine mit Ehepartner/-in mit Lebenspartner/-in

4.) Wie viele Personen leben in Ihrem Haushalt? _____ (Anzahl, Sie eingeschlossen)

5.) Ihr höchster Schulabschluss:
 kein Abschluss Hauptschulabschluss Realschulabschluss Abitur

6.) Wie sind Sie krankenversichert? gesetzlich privat

6a.) falls gesetzlich: Sind Sie von Zuzahlungen befreit? Ja Nein

Angaben zur Erkrankung

7.) Wann wurde die aktuell behandelte Tumorerkrankung bei Ihnen zuerst festgestellt?
 _____/_____ (Monat/Jahr, z.B. 05/2021)

8.) Für welche Tumorerkrankung erhalten Sie aktuell die Strahlentherapie?
 Brustkrebs Prostatakrebs Rachen-/Mundhöhlen- / Kehlkopfkrebs
 Lungenkrebs Speiseröhrenkrebs Darmkrebs
 sonstige, nicht aufgeführte Tumorerkrankung:
 (bitte notieren)

9.) Haben Sie parallel zur aktuellen Strahlentherapie eine Chemotherapie erhalten?
 Ja Nein (Hormontherapie zählt nicht dazu)

10.) Erfolgte die Strahlentherapie stationär, d.h. waren Sie stationär im Krankenhaus aufgenommen? Ja, durchgehend Ja, teilweise Nein, gar nicht

Berufliche und finanzielle Aspekte

11.) Wie ist Ihr aktueller Erwerbsstatus?
 Angestellt Selbstständig Beamter/in nicht erwerbstätig berentet

12.) Wie hoch ist ihr gesamtes monatlich verfügbares Haushalts-Nettoeinkommen, also das Geld, das nach Abzug der Steuern und Sozialversicherungsbeiträge dem gesamten Haushalt übrigbleibt?
 unter 1.300 € 1.301 – 1.700 € 1.701 – 2.600 €
 2.601 – 3.600 € 3.600 – 5.000 € über 5.000 €

13.) Waren/sind Sie während der Strahlentherapie krankgeschrieben? Ja Nein

