PaCCCt_02_WellbeingPatientv06 (Default)

Variable Name	Question Text	Saved Value
data_date	What is today's date?	User selected date
pid	3. Participant ID	User captured barcode
hadchemo	4.Has the patient had chemotherapy in the last 7 days?	1 Yes 0 No
Place_Of_Interview	5.Place of interview:	1 Home 2 QECH 3 Other - specify
Place_Other	5b. Other (Specify):	User entered text
Present_at_Interview1	Nurse	1 Yes 0 No
Present_at_Interview2	Field Worker	1 Yes 0 No
Present_at_Interview3	Guardian/ Carer	1 Yes 0 No
Present_at_Interview4	Other (Specify):	1 Yes 0 No
Present_Other	6b. Other (Specify):	User entered text
Patient_Carer	7. Is the respondent a patient or a Carer	1 Patient 2 Carer
vtype	9. What visit is this?	1 Baseline 2 1 Month 3 3 Months 4 6 Months

WHOperformance_score	10. WHO performance score of patient at time of interview	0 | 0 1 | 1 2 | 2 3 | 3 4 | 4
Given_Information	11. How much information have you and your family been given?	0 | 0 (none) 1 | 1 2 | 2 3 | 3 4 | 4 5 | 5 (as much as wanted) 6 | N/A
Feel_CaringFor	12. How confident does the family feel caring for the patient?	0 | 0 (not at all) 1 | 1 2 | 2 3 | 3 4 | 4 5 | 5 (very confident)
Feeling_WorriedClient	13. Has the family been feeling worried about the Client over the last 3 days?	0 | 0 (not at all) 1 | 1(ocassionally) 2 | 2(sometimes) 3 | 3 4 | 4(most of the time) 5 | 5 (severe worry) 6 | N/A
mainpro	14. What have been your main problems or concerns over the past 3 days?	User entered text
symp1	Pain	0 | Not at all 1 | Slightly 2 | Moderately 3 | Severely

		4 Overwhelmingly 9 Cannot assess (unconscious)
symp2	Shortness of breath	0 Not at all 1 Slightly 2 Moderately 3 Severely 4 Overwhelmingly 9 Cannot assess (unconscious)
symp3	Weakness or lack of energy	0 Not at all 1 Slightly 2 Moderately 3 Severely 4 Overwhelmingly 9 Cannot assess (unconscious)
symp4	Nausea (feeling like you are going to sick)	0 Not at all 1 Slightly 2 Moderately 3 Severely 4 Overwhelmingly 9 Cannot assess (unconscious)
symp5	Vomiting (being sick)	0 Not at all 1 Slightly 2 Moderately 3 Severely 4 Overwhelmingly 9 Cannot assess (unconscious)
symp6	Poor appetite	0 Not at all 1 Slightly 2 Moderately 3 Severely

		4 Overwhelmingly 9 Cannot assess (unconscious)
symp7	Constipation	0 Not at all 1 Slightly 2 Moderately 3 Severely 4 Overwhelmingly 9 Cannot assess (unconscious)
symp8	Sore or dry mouth	0 Not at all 1 Slightly 2 Moderately 3 Severely 4 Overwhelmingly 9 Cannot assess (unconscious)
symp9	Drowsiness	0 Not at all 1 Slightly 2 Moderately 3 Severely 4 Overwhelmingly 9 Cannot assess (unconscious)
symp10	Poor Mobility	0 Not at all 1 Slightly 2 Moderately 3 Severely 4 Overwhelmingly 9 Cannot assess (unconscious)
symp11t	specify other symptom	User entered text
symp11	Other Symptom	0 Not at all 1 Slightly 2 Moderately

		3 Severely 4 Overwhelmingly 9 Cannot assess (unconscious)
symp12t	specify other symptom	User entered text
symp12	Other Symptom	0 Not at all 1 Slightly 2 Moderately 3 Severely 4 Overwhelmingly 9 Cannot assess (unconscious)
symp13t	specify other symptom	User entered text
symp13	Other Symptom	0 Not at all 1 Slightly 2 Moderately 3 Severely 4 Overwhelmingly 9 Cannot assess (unconscious)
feel1	Have you been feeling worried about your illness or treatment?	0 Not at all 1 Occassionally 2 Sometimes 3 Most of the time 4 Always 9 Cannot access (Unconscious)
feel5	Did you feel at peace	0 Always 1 Most of the time 2 Sometimes 3 Ocassionally 4 Not at all 9 Cannot access (Unconscious)

feel6	Have you been able to share how you are feeling with family or friends as much as you wanted?	0 Always 1 Most of the time 2 Sometimes 3 Ocassionally 4 Not at all 9 Cannot access (Unconscious)
feel7	Have you had as much information as you wanted?	0 Always 1 Most of the time 2 Sometimes 3 Ocassionally 4 Not at all 9 Cannot access (Unconscious)
feel8	Have any practical problems resulting from your illness been addressed? (Such as fiancial or personal)	0 Problems Addressed/ No problems 1 Problems mostly addressed 2 Problems partly addressed 3 Problems not addressed 4 Problems hardly addressed 9 Cannot access (Unconscious)
Primary_Work_BeforeSickness	21. What WAS your primary employment, or normal work, or normal other main activity BEFORE YOU BECAME UNWELL?	1 Unemployed 2 Formal paid work 3 Informal paid work 4 Retired 5 Student 6 Housework 7 Other
Work_BeforeSickness_Specify	21b. Other (Specify):	User entered text
Household_Breadwinner	22. Before you became unwell were you the main breadwinner in the household?	1 Yes 0 No

Spouse_Breadwinner	23. Were you the spouse of the breadwinner	1 Yes 0 No
DaysWorked_BeforeIllness	24. When you were well how many days a week were you working ?	User entered integer
MonthlyIncome_BeforeIllness	25. When you were well how much was your net income per month (after tax)?	User entered integer
Household_BreadwinnerNow	26. As of NOW are you the main breadwinner in the household?	1 Yes 0 No
Primary_Work_Now	27. What IS your primary employment, or normal work, or normal other main activity NOW?	1 Unemployed 2 Formal paid work 3 Informal paid work 4 Retired 5 Student 6 Housework 7 Other
Work_Now_Specify	27b.Other (Specify):	User entered text
HoursWorked_Now	28. How many days a week are you working now (time of diagnosis)?	User entered integer
MonthlyIncome_Now	29. How much do you estimate your net income is per month now?	User entered integer
Description_CurrentSituation1	30. Which of these phrases would most accurately describe your current situation?	1 I have no problems with discrimination 2 I have slight problems with discrimination 3 I have moderate problems with discrimination 4 I have severe problems with discrimination 5 I am unable to take part in society because of discrimination
Description_CurrentSituation2	31. Which of these phrases would most accurately describe your current situation?	1 I have no problems getting food 2 I have slight problems getting food

		3 I have moderate problems getting food 4 I have severe problems getting food 5 I am unable to get food
MonthlyRevenue_Now	32. How much do you estimate your total net household revenue is per month (income after tax) now?	User entered integer
ExtraIncome_BeforeDiagnosis	33. Do you have any extra sources of income support which have been assisting you before the diagnosis of cancer?	1 Yes 0 No
ExtraIncome_Source1	Extended family in country	1 Yes 0 No
ExtraIncome_Source2	Extended family overseas	1 Yes 0 No
ExtraIncome_Source3	Church support	1 Yes 0 No
ExtraIncome_Source4	NGO support	1 Yes 0 No
ExtraIncome_Source5	Support (other)	1 Yes 0 No
ExtraIncome_Other	34b. Other (Specify):	User entered text
MonthlyCash_Specify	35. Please specify total cash value of support received per month	User entered integer
IllnessEffect_SocialLife	36. Has the illness affected your social or private life through divorce or separation from spouse/partner?	1 Yes 0 No
MainConcern_AboutIllness	37. What – in your own words – is your main concern relating to your illness today?	User entered text
mainproc	14. What have been the patient's main problems or concerns over the past 3 days?	User entered text
symp1c	Pain	0 Not at all

		1 Slightly 2 Moderately 3 Severely 4 Overwhelmingly 9 Cannot assess (unconscious)
symp2c	Shortness of breath	0 Not at all 1 Slightly 2 Moderately 3 Severely 4 Overwhelmingly 9 Cannot assess (unconscious)
symp3c	Weakness or lack of energy	0 Not at all 1 Slightly 2 Moderately 3 Severely 4 Overwhelmingly 9 Cannot assess (unconscious)
symp4c	Nausea (feeling like you are going to sick)	0 Not at all 1 Slightly 2 Moderately 3 Severely 4 Overwhelmingly 9 Cannot assess (unconscious)
symp5c	Vomiting (being sick)	0 Not at all 1 Slightly 2 Moderately 3 Severely 4 Overwhelmingly 9 Cannot assess (unconscious)
symp6c	Poor appetite	0 Not at all

		1 Slightly 2 Moderately 3 Severely 4 Overwhelmingly 9 Cannot assess (unconscious)
symp7c	Constipation	0 Not at all 1 Slightly 2 Moderately 3 Severely 4 Overwhelmingly 9 Cannot assess (unconscious)
symp8c	Sore or dry mouth	0 Not at all 1 Slightly 2 Moderately 3 Severely 4 Overwhelmingly 9 Cannot assess (unconscious)
symp9c	Drowsiness	0 Not at all 1 Slightly 2 Moderately 3 Severely 4 Overwhelmingly 9 Cannot assess (unconscious)
symp10c	Poor Mobility	0 Not at all 1 Slightly 2 Moderately 3 Severely 4 Overwhelmingly 9 Cannot assess (unconscious)
symp11c	Other Symptom	0 Not at all

		1 Slightly 2 Moderately 3 Severely 4 Overwhelmingly 9 Cannot assess (unconscious)
symp12c	Other Symptom	0 Not at all 1 Slightly 2 Moderately 3 Severely 4 Overwhelmingly 9 Cannot assess (unconscious)
symp13c	Other Symptom	0 Not at all 1 Slightly 2 Moderately 3 Severely 4 Overwhelmingly 9 Cannot assess (unconscious)
feel1c	Has the patient been feeling worried about his or her illness or treatment?	0 Not at all 1 Occassionally 2 Sometimes 3 Most of the time 4 Always 9 Cannot access (Unconscious)
feel2c	Have any of his or her family or friends been anxious or worried about the patient?	0 Not at all 1 Occassionally 2 Sometimes 3 Most of the time 4 Always 9 Cannot access (Unconscious)

feel3c	Do you think she or he felt depresed?	0 Not at all 1 Occassionally 2 Sometimes 3 Most of the time 4 Always 9 Cannot access (Unconscious)
feel5c	17. Do you think he or she felt at peace	0 Always 1 Most of the time 2 Sometimes 3 Ocassionally 4 Not at all 9 Cannot access (Unconscious)
feel6c	18. Has the patient been able to share how she or he is feeliing with family or friends as mich as he or she wanted?	0 Always 1 Most of the time 2 Sometimes 3 Ocassionally 4 Not at all 9 Cannot access (Unconscious)
feel7c	19. Has the patient had as much information as he or she wanted?	0 Always 1 Most of the time 2 Sometimes 3 Ocassionally 4 Not at all 9 Cannot access (Unconscious)
feel8c	20. Have any practical problems resulting from his or her illness been addressed? (Such as fiancial or personal)	0 Problems Addressed/ No problems 1 Problems mostly addressed 2 Problems partly addressed

		3 Problems not addressed 4 Problems hardly addressed 9 Cannot access (Unconscious)
Primary_Work_BeforeSicknessc	21. What WAS the patient's primary employment, or normal work, or normal other main activity BEFORE THEY BECAME UNWELL?	1 Unemployed 2 Formal paid work 3 Informal paid work 4 Retired 5 Student 6 Housework 7 Other
Work_BeforeSickness_Specifyc	21b. Other (Specify):	User entered text
Household_Breadwinnerc	22. Before the patient became unwell was he/she the main breadwinner in the household?	1 Yes 0 No
Spouse_Breadwinnerc	23. Was the patient the spouse of the breadwinner	1 Yes 0 No
DaysWorked_BeforeIllnessc	24. When the patient was well, how many days a week were they working ?	User entered integer
MonthlyIncome_BeforeIllnessc	25. When the patient was well, how much was his/her net income per month?	User entered integer
Household_BreadwinnerNowc	26. As of NOW is the patient the main breadwinner in the household?	1 Yes 0 No
Primary_Work_Nowc	27. What IS the patient's primary employment, or normal work, or normal other main activity NOW?	1 Unemployed 2 Formal paid work 3 Informal paid work 4 Retired 5 Student 6 Housework 7 Other
Work_Now_Specifyc	27b.Other (Specify):	User entered text

HoursWorked_Nowc	28. How many days a week is the patient working now (time of diagnosis)?	User entered integer
MonthlyIncome_Nowc	29. How much does he patient estimate his/her net income is per month now?	User entered integer
Description_CurrentSituation1c	30. Which of these phrases would most accurately describe the patient's current situation?	1 Patient has no problems with discrimination 2 Patient has slight problems with discrimination 3 Patient has moderate problems with discrimination 4 Patient has severe problems with discrimination 5 Patient is unable to take part in society because of discrimination
Description_CurrentSituation2c	31. Which of these phrases would most accurately describe the patient's current situation?	1 Patient has no problems getting food 2 Patient has slight problems getting food 3 Patient has moderate problems getting food 4 Patient has severe problems getting food 5 Patient is unable to get food
MonthlyRevenue_Nowc	32. How much do you estimate the patient's total net household revenue is per month (income after tax) now?	User entered integer
ExtraIncome_BeforeDiagnosisc	33. Does the patient have any extra sources of income support which have been assisting them before the diagnosis of cancer?	1 Yes 0 No
ExtraIncome_Source1c	Extended family in country	1 Yes 0 No
ExtraIncome_Source2c	Extended family overseas	1 Yes 0 No
ExtraIncome_Source3c	Church support	1 Yes 0 No

ExtraIncome_Source4c	NGO support	1 Yes 0 No
ExtraIncome_Source5c	Support (other)	1 Yes 0 No
ExtraIncome_Otherc	34b. Other (Specify):	User entered text
MonthlyCash_Specifyc	35. Please specify total cash value of support received per month	User entered integer
IllnessEffect_SocialLifec	36. Has the illness affected the patient's social or private life through divorce or separation from spouse/partner?	1 Yes 0 No
MainConcern_AboutIllnessc	37. What – in your own words – is the patient's main concern relating to his/her illness today?	User entered text
Comments_Observations	Comments and observations by Interviewer:	User entered text
meta	Hidden from user	
instanceID	Hidden from user	