

## Quality of Life Form – Venous Access Device

<b>QUALITY OF LIFE FORM – Venous Access Device</b>	
<b>Cancer And Venous Access (CAVA) – A randomised controlled trial with associated qualitative research of venous access devices for the delivery of long-term chemotherapy</b>	
<b>PATIENT TRIAL IDENTIFIER:</b> _____	<b>DATE of BIRTH:</b> <u>DD</u> / <u>MON</u> / <u>YYYY</u>

We are trying to assess how much your Hickman type device, chest wall port or PICC line interferes with your life. Please take a couple of minutes to answer these questions. Please indicate your answer by circling the number that best applies to you. Thank you for your assistance.

**Please give the date this questionnaire was completed DD / MON / YYYY**

**Does the access device reduce your ability to carry out the following day to day activities?**

	Not At all	A Little	Quite a bit	Very much
Driving a car?	1	2	3	4
Getting in or out of a car?	1	2	3	4
Using public transport?	1	2	3	4
Going out shopping?	1	2	3	4

**Does the access device affect you ability to carry out normal day to day activities such as:**

Eating	1	2	3	4
Hygiene - washing, bathing, showering, hair brushing, drying yourself etc.	1	2	3	4
Sleeping	1	2	3	4
Mobility or movement	1	2	3	4
Normal work activity	1	2	3	4
Exercise - swimming etc	1	2	3	4
Hobbies - gardening etc	1	2	3	4
Does the access device make you self conscious?	1	2	3	4
Has it affected your socialising?	1	2	3	4
Do you feel at risk of infecting the access device?	1	2	3	4
Do you feel at risk of damaging the access device?	1	2	3	4
To what extent has the presence of the access device had a negative impact on your quality of life ?	1	2	3	4

Please use the box below to write anything else you feel is relevant to how the vascular access device effects your quality of life