

ACT Clinician Annual Questionnaire



The questions in this booklet relate to:

Person completing this questionnaire is:

Today's date:

 / /

MRN:

Please! Do not mark below this line

Survey # 232

12/02/2016 11:38:36 AM

Doctor Visit

| Date | Cancer/Treatment Related | Check-up/Problem | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|--|---------------------------------------|---------------------------|---|---|------------------------------------|---|---|--|------------------------------------|------------------------------------|--|---|--|--------------------------------|-------------------------------------|-----------------------------------|--|
| <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M D D Y Y Y Y | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> Check-up <input type="checkbox"/> Problem | | | | | | | | | | | | | | | | | | | |
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— Please! Do not mark below this line —

Hospitalizations

| Date | Cancer/Treatment Related |
|---|---|
| <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> / <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> / <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: 8px; margin-top: 2px;"> M M D D Y Y Y Y </div> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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Medications

| Type | Sub-Type | Cancer/Treatment Related | | | Type | Sub-Type | Cancer/Treatment Related | | |
|-----------------------------|----------|--------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--------------------------|--|
| | | | Unknown | | | | Unknown | | |
| | | Yes | No | | | Yes | No | | |
| Antibiotic | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Musculoskeletal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Anti-epileptic | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Biphosphonates | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Cardiovascular | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Muscle relaxants | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Anti-arrhythmic | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Anti-hypertensive | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Nutritional Supplements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Inotropic/CHF | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appetite stimulant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Statins | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Boost/Ensure etc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Calcium/Vitamin D | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Chemo/Immunosuppressant | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrolytes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Diabetic or Prediabetic Rx | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Minerals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| GI | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vitamins | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Antidiarrheal | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pain Meds | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| H2 blockers/PPI | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Migraine therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Promotility | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Non-opiate analgesic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | NSAID | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| GU | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Opiate analgesic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Antispas/Anticholinergics | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Psychotropic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ADD/ADHD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Hormones for Birth Control | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Anger/Impulse control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Hormone Replacement | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Anxiety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| DDAVP | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Depression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Estrogen/Progesterone | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | OCD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Growth hormone | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Steroids | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Respiratory | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Testosterone | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Antihistamine/Decongest | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Thyroid | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Anti-inflammatories | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bronchodilator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Hormones to Prevent Puberty | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Hormones to Regulate Menses | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

Please! Do not mark below this line