

ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
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Validity and reliability of Cancer Therapy Satisfaction Questionnaire (CTSQ) among cancer out patients in Tikur Anbessa Specialized hospital, Addis Ababa, Ethiopia

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Validity and reliability of Cancer Therapy Satisfaction Questionnaire (CTSQ) among cancer out patients in Black lion Specialized hospital in Addis Ababa, Ethiopia

APPROVAL BY THE BOARD OF EXAMINERS

This thesis by Hiwot Shimelis is accepted in its present form by the board of examiners as fulfilling thesis requirement for the degree of master in Public Health.

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Acronyms and Abbreviation

CON	Convenience
CTSQ	Cancer Therapy Satisfaction Questionnaire
CT	Cancer Therapy
EFA	Exploratory Factor Analysis
ERC	Ethical Review Committee
ET	Expectation Therapy
FSE	Feeling of Side Effect
IV	Intravenous
KMO	Kaiser-Meyer-Olkin
LIC	Low Income Countries
MRI	Magnetic Resonance Imaging
NIOPDSS	North India Out Patient Department Satisfaction Scale
NCD	Non Communicable Disease
OPD	Out Patient Department
OTC	Oral Therapy Compliance
PAF	Principal Axis Factoring
QOL	Quality Of Life
SWT	Satisfaction With Therapy
USA	United State Of America
WHO	World Health Organization

ABSTRACT

Background- Cancer is becoming the most challenging issue in adult and geriatrics and intervention on patient therapy satisfaction is not commonly seen. The burden of cancer in morbidity and mortality is increasing through time .Cancer Therapy Satisfaction Questionnaire is the most widely used tool used to assess the satisfaction of cancer therapy in cancer patient. It is used to classify satisfaction for cancer patient as well satisfied or no satisfied. To improve quality of life different type cancer therapy has been given for the patients this can be measured through cancer therapy tools and tools in our context not validated so far.

Objective- To test the reliability and validity of Cancer Therapy Satisfaction Questionnaire and to assess its relation with quality of life (QOL), among cancer patient in Tikur Anbessa Specialized Hospital Addis Ababa, Ethiopia.

Method- Facility based cross sectional study was conducted from August to September 2019 among cancer patients in Black lion Specialized Hospital, Addis Ababa Ethiopia. A total of 288 cancer patients were selected using a Stratified random sampling technique. Cancer Therapy Satisfaction Questionnaire and one other (health-related) QOL questionnaire was administered among 288 randomly selected cancer patients. CTSQ has 3 domains and each domain has different number of Items. The reliability and validity of each Items of CTSQ were evaluated against the full Item of CTSQ. Accuracy, sensitivity, specificity and cut off point were evaluated to determine validity of CTSQ. The reliability also assessed using cronbaches α coefficient. Criterion-related validity of the CTSQ was evaluated computing the correlation between total CTSQ score and total score of QOL-BREF.

Result: The mean age (\pm SD) of the participants was 45.7 ± 7.3 years. About 225(78%) females and 63(21%) males participated in the study. Cronbaches α value of full CTSQ tool was found 0.95.The overall accuracy of CTSQ was 0.89(95 % CI, 0.82%-0.96%), $p < 0.001$). The sensitivity and specificity of CTSQ using established cut of point was 92.3% and 83.6% respectively. The overall cancer therapy satisfaction was found to be 80.6%.

Conclusion: CTSQ was valid and reliable to identify cancer therapy satisfaction among cancer patient and also CTSQ was positively correlate with QOL-BREF .CTSQ can be applied to measure cancer therapy in the Ethiopian contex

1. Introduction

1.1 Background

A twenty-five-year systematic analysis of cancer registry from 195 countries demonstrated that there were 17.5 million cancer cases and 8.7 million deaths in the year 2015 worldwide[1] . Anticancer therapies mostly offer modest improvements in survival, making the occurrence of adverse events an important outcome parameter in studies and clinical practice. It is well established that adverse events impair health related quality of life (HRQoL) [2].

Patients receiving chemotherapy tend to work closely with their physicians and are typically involved in their treatment decisions. When making decisions to start or continue treatment, patients often consider numerous factors, including treatment expectations of efficacy and side effects, satisfaction with medical care, satisfaction with the management of side effects, satisfaction with treatment modality or dosage form (intravenous [IV] or oral) and, possibly, life satisfaction[3]. All of these factors can directly influence patients' satisfaction with treatment overall. Moreover, patients' preferences and their assessments of the risks/benefits associated with chemotherapy may influence their decisions to continue treatment and ultimately determine their satisfaction with the outcome of therapy[4].

Satisfaction is a belief and an expression of attitude about a particular service process[5]. Patient satisfaction is defined as the patient's subjective evaluation of his/her cognitive and emotional reaction as a result of the interaction between expectations and perception of actual care[6]. Patient satisfaction has become an established outcome indicator, a tool to analyse the quality of a healthcare system, and input to develop strategies for accessible, sustainable, affordable and acceptable patient care. Individual facing a possible diagnosis of cancer are confronted with multiple physical, psychological, and educational challenges[7].

In 2005, the CTSQ (Cancer Therapy Satisfaction Questioner) was developed to assess patients' opinions and feelings concerning their cancer therapy and associated adverse events. A psychometric validation study of this questionnaire was performed, which resulted in an optimized and more brief version ensuring its reliability for research purposes[8]. The CTSQ was designed for adults with a wide range of cancer types and stages, receiving a variety of cancer treatment formulations[9]. Quality of life can be defined as "how well individuals function on some predefined activities in their life and wellbeing in physical, mental, and social domains of health[10].

Quality of life is an important aspect of the cancer patient care. Cancer is a very common disease and many new cases are appeared annually worldwide[11]. In cancer prospective, Quality-of-life can be defined as a sense of well-being, it is a multidimensional perspective that includes dimensions such as physical, psychological, social, and spiritual, changes in one QOL dimension can influence perceptions in other dimensions also. The WHOQOL-BREF (Field Trial Version) produces a quality of life profile. It is possible to derive four domain scores. There are also two items that are examined separately: question 1 asks about an individual overall perception of quality of life and question 2 asks about an individual overall perception of their health. The four domain scores denote an individual perception of quality of life in each particular domain. Domain scores are scaled in a positive direction (i.e. higher scores denote higher quality of life). The mean score of items within each domain is used to calculate the domain score. In clinical practice the WHOQOL assessments will assist clinicians in making judgment about the areas in which a patient is most affected by disease, and in making treatment decisions[12]. In some developing countries, where resources for health care may be limited, treatments aimed at improving quality of life through palliation, for example, can be both effective and inexpensive[13]

1.2 Statement of the problem

The number of available satisfaction questionnaires has increased dramatically over the past decades. Consequently, the choice of which questionnaire to use is becoming a major difficulty due to lack of valid and reliable questionnaires to measure patient satisfaction [14]. Several instruments to evaluate patient satisfaction have been developed specifically for cancer patients. The majority of these patient satisfaction questionnaires have been created in one country. Most of these instruments are highly specific since they concentrate on one area of care, one profession or one tumor site. In addition, few satisfaction questionnaires have been created for outpatients [15].

Cancer Therapy Satisfaction questioner is most widely used tool but not validated and used in our country .It also used as a tool to monitor the management of therapy and adverse events to improve HRQoL especially in cancer patients with a limited prognosis[16]. Using non validated tool for cancer therapy satisfaction questionnaire will affect patients to have proper intervention and timely follow up. The satisfaction of patients on cancer therapy strongly related to their quality of life and will affect their quality of if not validated tool is used.

Therefore, it is very important to test the validity and reliability of cancer therapy satisfaction questioner for cancer patient, making use of valid tools for best knowledge. There was no validated cancer therapy satisfaction tool in Ethiopia .Cancer therapy satisfaction questionnaire (CTSQ) was well validated and used in different countries. However, CTSQ has not been validated among cancer patients in Addis Ababa. In light of this, this particular study was conducted to evaluate the reliability and validity of CTSQ tool among cancer out patient in Black lion specialized hospital, Addis Ababa.

1.3 Significance of the study

Currently Increasing cancer in Ethiopia is an indicative to give attention for cancer patient. However; there was no valid tool to assess cancer therapy satisfaction among cancer patient. Validation of CTSQ tool is important for cancer patients to assess cancer therapy satisfaction and to have timely intervention. Patient satisfaction is important to have good adherence and quality of care .Patient satisfaction survey also plays a vital role in holistic aspects of healing and emotional well-being. Hospitals that have better engagement with patients may encourage greater observance. First, clinical standards of care and follow-up; patients who are more satisfied with a service may be more likely to come in for visits and follow the recommendations of the clinicians who they trust. Second, better patient experience scores could indicate that a hospital has stronger teamwork, organizational leadership, and commitment for improvement.

This study helps health care providers to assess the patient satisfaction of cancer therapy using the appropriate tool and provide suitable care to improve quality health service delivery. Evaluation of the tool and clear understanding on satisfaction among cancer patient is extremely useful for evidence based intervention. This study also have contribution for governments, program managers, researcher, patients and policy makers to give priority and give attention on cancer therapy satisfaction among cancer patients.

2. Literature Review

2.1 Public health importance of Cancer

Globally, cancer has become a major public health tricky and an increasingly important contributor to the burden of diseases [17]. Cancer causes an estimated 12.7 million new cases, 28 million chronic cases and 7.6 million deaths within five years from the initial diagnosis in 2011 [1, 2] In the United States, an estimated 569,490 deaths from cancer occurred in 2010. Although the incidence of cancer is increasing, improvements in early diagnosis and treatment have led to significantly increased survival rates in recent years [18]. The number of cancer survivors has exceeded 11 million and continues to grow. An advanced form of cancer is often accompanied by significant symptom, psychosocial distress and poor quality of life[19]. Unfortunately, cancer treatments may result in physical and mental impairment such as dysfunction of the nerve, musculoskeletal and internal organ systems. Cancer-related fatigue and deconditioning have also been frequently reported as effects of the treatments. These all contribute to the impairments and loss of functions[20].

Patient satisfaction is a concept which is receiving increasing attention in medical care. It is important as both a dependent and an independent variable. It represents the patient's evaluation of the structure, process, and outcome of their care and it is a predictor of patient behaviors such as utilization of care, continuity with provider, and compliance[21].Satisfaction is an abstract and multidimensional concept, which is hard to be directly observer measured, therefore should be evaluated using a variety of multi-item scales. Cassileth et al. found that the majority of cancer patients want as much information as possible. The information appears to be relevant for developing coping strategies and to initiate self -care behavior. Moreover, satisfaction with the available information appears to be associated with an improved quality of life[22].

Evaluation of clients satisfaction can address the reliability of services, or the assurance that services are provided in a consistent and dependable manner; the responsiveness of services or the willingness of providers to meet clients need; the courtesy of providers; and the security of services and records to keep the best level of confidentiality [23]. Measurement of patient satisfaction plays an important role in the growing push toward accountability among health care providers. Studies on patient satisfaction have a significant role in developing and delivering

high quality health care in the hospital with the involvement of patients in the management of their problem and treatment [24].

2.2 validation studies on cancer therapy satisfaction questionnaires

A cross sectional study conducted in North India to develop and conduct initial Psychometric testing of satisfaction questioner for patient attending OPDs. The North India out patient Department Satisfaction Scale (NIOPDSS) appear to be reliable and valid measure of patient satisfaction for patient attending OPDs in North India[25].

Juan Ignacio and his colleagues assess the psychometric properties of the OUT-PATSAT35RT a total of 100 patient with different tumor site completed the questioner and appear to be reliable and valid instrument when applied to a sample of Spanish patient in 2009[26]. Charalambous A. and Adamkidous T. studied a Rissrer patient satisfaction scale a validation study in Greek cancer patient in 2012. this study provide a valid and reliable tool to assess patient satisfaction in oncology setting .Means to monitor patient satisfaction a key aspect of the policy agenda for a quality care remain important for nurse leader to develop better care in oncology setting[27]. A cross sectional study conducted in United State in 2005 develop of the cancer therapy satisfaction Questioner (CTSQ). CTSQ was designed for adults with a wide range of cancer type and stage receiving a variety of cancer treatment formulation[28] . similar study done in Korea in 2013 and used a Korean version of the cancer therapy satisfaction Questioner(CTSQ) was found reliable and valid instrument[29]. A study conducted in Netherland the same tool was used and done in lung cancer patient .CTSQ was found to be reliable and valid instrument to assess satisfaction and expectation of treatment in lung cancer receiving intravenous chemotherapy[30].

2.3 The Cancer Therapy Satisfaction Questionnaire (CTSQ)

The Cancer Therapy Satisfaction Questionnaire (CTSQ) is a 16-item questionnaire measuring three domains related to patients' satisfaction with cancer therapy: Expectations of Therapy (ET), Feelings about Side Effects (FSE) and Satisfaction with Therapy (SWT). The CTSQ was developed for use in a wide range of cancer types and stages, and is specific to adult patients receiving cancer therapy. In particular, this instrument can be used for both IV and oral cancer therapy assessments. The CTSQ was developed based on extensive interviews with 70 oncology

patients (breast cancer, colorectal cancer, and lung cancer), seven clinicians, and focus groups with 18 nurses. Interviews took place in the United States, the United Kingdom and France. Additional cognitive debriefing interviews were conducted with 10 breast cancer patients in the US who were taking oral hormonal therapy. At the conclusion of the qualitative research phase of the development of the CTSQ, the questionnaire contained 21 items and 6 tentatively hypothesized domains; in addition to the three domains already mentioned, the questionnaire also included Convenience, Oral Therapy Compliance (OTC), a single-item Stopping Therapy (ST) domain, and a “check-all-that-apply” question asking patients to indicate reasons for non-compliance with oral therapy.

A stand-alone, observational, psychometric validation study was then conducted on the US English version of the CTSQ which included 15 clinical sites across the US and a total of 361 cancer patients (137 with breast cancer, 121 with colorectal cancer, 91 with lung cancer, and 12 with melanoma). Psychometric testing led to decisions to modify the domain assignments of some of the items. The single-item ST domain was eliminated because the item was moved to the SWT domain. In addition, decisions were made to eliminate five items and two domains from the CTSQ (OTC and CON). This resulted in the current 16-item, three-domain version of the CTSQ. The revised ET, FSE and SWT domains of the CTSQ were found to have acceptable reliability and validity for use in group-level research in breast, colorectal and lung cancer populations, as well as in a mixed cancer population similar to the sample used in the psychometric validation study. Details can be found in the final report (Psychometric Validation of the Cancer Therapy Satisfaction Questionnaire (CTSQ), report version 3.0, October 25, 2006).

3. Objective of the study

3.1 General objective

- To test the reliability and validity of Cancer Therapy Satisfaction Questionnaire and to assess its relation with quality of life (QOL), among cancer out patient in Tikur Anbessa Specialized Hospital Addis Ababa, Ethiopia.

3.2 Specific objectives

- To test the validity of Cancer Therapy Satisfaction Questionnaire among cancer outpatients at Tikur Anbessa Specialized, Addis Ababa ,Ethiopia
- To test the reliability of Cancer Therapy Satisfaction Questionnaire among cancer outpatients at Tikur Anbessa Specialized, Addis Ababa ,Ethiopia
- To compare Cancer Therapy Satisfaction Questionnaire against quality of life(WHOQOL-BREF)
- To assess satisfaction of cancer therapy at Tikur Anbessa Specialized Hospital, Addis Ababa, Ethiopia

4. Methodology

4.1 Study area and period

This study was conducted in Addis Ababa Tikur Anbessa specialized Hospital from August to September 2019. Addis Ababa is the capital city of Ethiopia. It is located on a well-watered plateau surrounded by hills and mountains in a geographic center of the country. Tikur Anbessa was established in 1972. In 1998, the Black lion, the largest referral hospital in the country, was transferred to Addis Ababa University by the Federal Ministry of Health, and it has since become a university teaching Hospital.

Tikur Anbessa Hospital is the training center for health professionals including undergraduate and postgraduate medical students, dentists, nurses, pharmacists, laboratory technicians and others paramedics. The hospital is staffed by many health professionals from various disciplines including physicians, nurses, oncology nurses, medical oncologists, specialized surgical oncologist, pathologists, hematologists, radiotherapists, pediatric oncologist, general and specialist surgeons and is equipped with CT and MRI (magnetic resonance and imaging) scanner and cobalt radiotherapy unit. The clinical oncology unit has 19 beds and monthly on average 728 patients visit the outpatient base and the inpatient part of the adult clinical oncology unit admit around 164 patients monthly. This study was conducted at the outpatient follow up section of the adult cancer unit. In 2014, the hospital had total beds of 678 and the bed reserved for cancer care at oncology unit was 20. The cancer unit of the Tikur Anbessa hospital has provided chemotherapy, radiation therapy and other supportive and palliative cares. It is the main center for cancer registry, early detection, prevention, standard treatment and palliative care in Addis Ababa.

4.2 Study design

Facility based cross sectional study design was conducted among cancer patient at Tikur Anbessa specialized Hospital, Addis Ababa, Ethiopia

4.3 Population

4.3.1 Source population

The source population was all cancer patients who come to the outpatients and follow up in Tikur Anbessa specialized hospital for care and treatment in Ethiopia.

4.3.2 Study population

The study population was selected cancer out patients and follow up in Tikur Anbessa Specialized Hospital from August- September 2019.

4.4 Eligibility criteria

4.4.1 Inclusion criteria

All cancer out patient, who are 18 year or more attending cancer therapy unit , a patient with a confirmed type of cancer, patients who came for 2nd follow up at Tikur Anbessa Specialized Hospital will be included in the study.

4.4.2 Exclusion criteria

Cancer patients who are seriously ill and on suffering from the illness .

4.5 Sample size and sampling procedure

4.5.1 Sample size determination

Sample size was determined both using a proportion in single and two population. Prevalence of satisfaction among out patients in general hospital 86 % which was done by Federal ministry of health[32] with a 95 % confidence level with a precision of 5%

For 1st specific objective- To assess the validity and reliability of the CTSQ among cancer outpatient in Black lion specialized Hospital, p-value 86%, $Z_{\alpha/2} = 1.96$, $d=4.5\%$ and 10% non-response rate

The sample size calculated using the formula;

$$\text{Sample size (n)} = \frac{(Z_{\alpha/2})^2 \times p \cdot (1-p)}{d^2}$$

n=sample size

$Z_{\alpha/2}$ = Standard proportion population at 95% confidence interval (1.96)

P= Estimated proportion of satisfaction

d=margin of error

$$n = \frac{1.96^2 \times 0.85(1-0.85)}{(0.045)^2} = 243 \quad \text{by considering non response rate } 10\% = 24$$

The sample size (n) was $n = 243 + 24 = 267$

For 2nd specific objective -Proportion in two population formula was used to calculate the sample size of the second objective by using OpenEpi, Version 2, open source calculator. Assuming proportion of satisfaction among out patient in general hospital of 86 %, with 95 % confidence level, 80 % power considering a reduction by 15 % in satisfaction among cancer patients and by considering 10% non-response rate .The sample size was 288

The sample size of the second objective (288) is higher than that of the sample size of the first objective (267). Therefore, the final sample size for this study was conducted among **288** cancer patients.

4.5.2 Sampling procedure

4.5.2 Sampling procedure

Study participants were selected using Stratified random sampling technique. Initially the oncology patients who participate were regular follow up patients. The total sample size was proportionally allocated in to each strata based on the monthly patient flow data that has been obtained from the head of nurse of adult oncology. According to the proportional allocation result 73 breast cancers, 57 cervixes, 14 colorectal and 144 other cancer. (**Figure 1**)

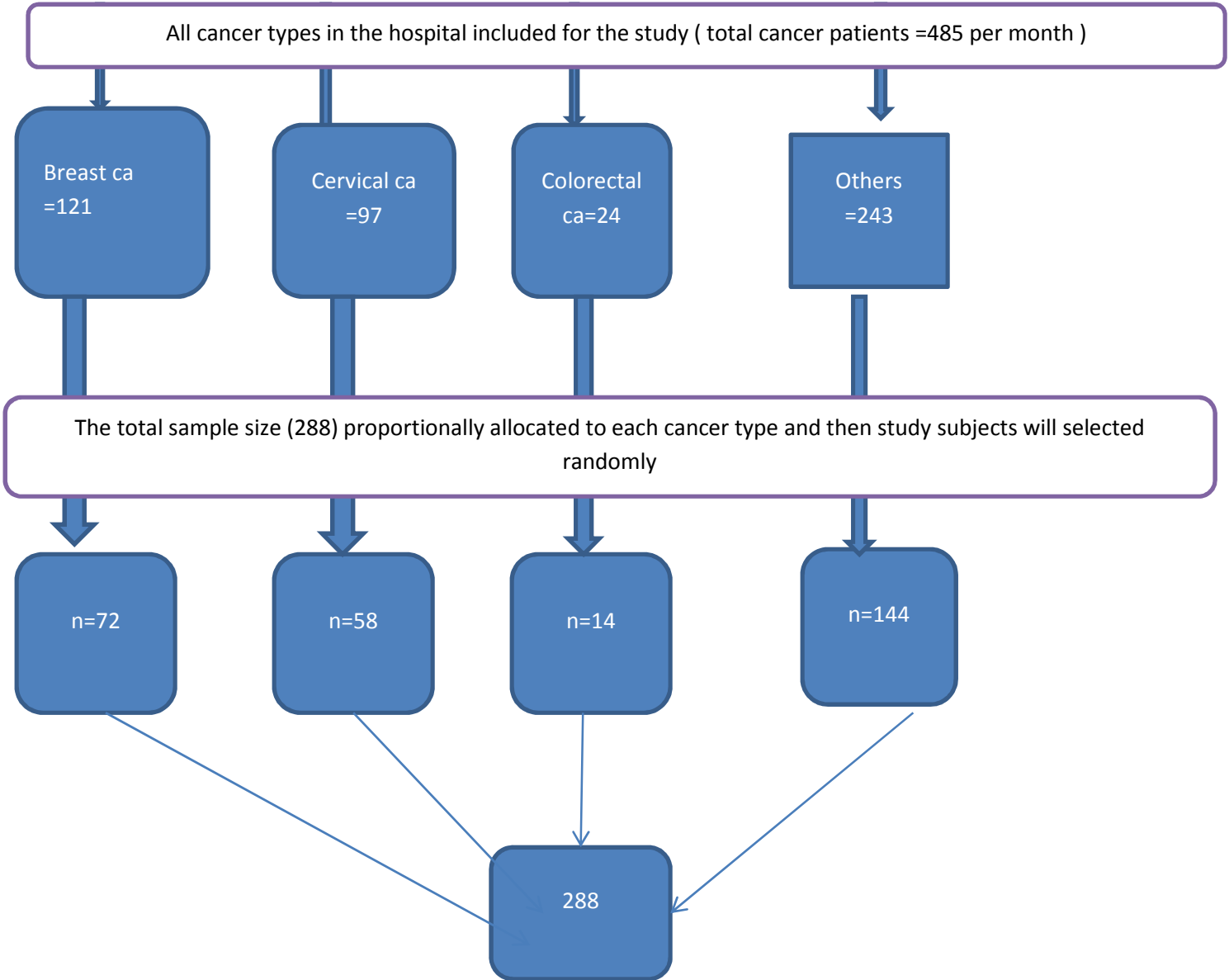


Figure 1: Schematic presentation of sampling procedure for cancer therapy satisfaction among cancer out patients at Tikure Anbessa Specialized Hospital Addis Ababa, Ethiopia,2019

4.6 The study evaluated the cancer therapy satisfaction Questionnaire (CTSQ)

The CTSQ was developed multicultural and was based on extensive interviews with 70 oncology patients with a variety of cancer types/stages, seven clinicians (from community and academic settings), four nurses and focus groups with 14 nurses (from hospital and community settings) and following by content validity testing in 30 patients and retesting in an additional 10 patients. The CTSQ assesses pertinent domains identified from the satisfaction literature and domains that match issues most relevant to patients[28]. Similar study done in Korea in 2013 and used a Korean version of the cancer therapy satisfaction Questioner(CTSQ) was found reliable and valid instrument[29]. A study conducted in Netherland the same tool was used and done in lung cancer patient CTSQ was found to be reliable and valid instrument to assess satisfaction and expectation of treatment in lung cancer receiving intravenous chemotherapy[30].

The Cancer Therapy Satisfaction Questionnaire (CTSQ) is a 16-item questionnaire measuring three domains related to patients' satisfaction with cancer therapy: Expectations of Therapy (ET), Feelings about Side Effects (FSE) and Satisfaction with Therapy (SWT). The CTSQ was developed for use in a wide range of cancer types and stages, and is specific to adult patients receiving cancer therapy.

The CTSQ's practical aim makes it a very good communication tool because it addresses the concerns of clinicians and patients. In addition, the CTSQ may address some needs of health authorities that are increasingly requesting information regarding the trade-offs that patients make when assessing whether or not to continue treatment. It is hoped that with psychometric validation the CTSQ will be appropriate for use in a range of oncology areas to assess patient satisfaction with cancer therapy. The instrument is composed of 16 items that must be answered by the participant checking on one of 5 possible answers, on a five-point scale, ranging from 1(not satisfied) to 5 (very satisfied).The initial statement is based on the question "That cancer therapy would ...".The CTSQ was designed for adults with a wide range of cancer types and stages, receiving a variety of cancer treatment formulations. A validation study is currently underway to examine the psychometric properties, further refine the questionnaire and develop scoring methods for the CTSQ.

4.7 WHOQOL-BREF

The WHOQOL-BREF (Field Trial Version) produces a quality of life profile. It is possible to derive four domain scores. There are also two items that are examined separately: question 1 asks about an individual overall perception of quality of life and question 2 asks about an individual overall perception of their health. The four domain scores denote an individual perception of quality of life in each particular domain. Domain scores are scaled in a positive direction (i.e. higher scores denote higher quality of life).

The WHOQOL-BREF instrument comprise 26 items which measure the following broad domains; physical health, psychological health, social relationship, and environment. The WHOQOL-BREF is shorter version of the original instrument that may be more convenient for use in large research studies or clinical trials. The WHOQOL-BREF enable health professionals to assess changes in quality of life over the course of treatment.

4.8 study variable

4.8.1 Dependent variable

- Validity of CTSQ
- Reliability of CTSQ
- Satisfaction of cancer therapy

4.8.2 Independent variable

Socio economic factors –age, sex, educational status marital status, Income, Ethnicity , family support ,diagnosis

- delay to seek medical care
- disease factors (stage of disease ,type of medication

4.9 Operational definition

Cancer therapy Satisfaction for this study determined by CTSQ cut of point after Cancer Therapy Satisfaction Questionnaire validated and categorized as satisfied with cancer therapy when CTSQ score >47 points.

4.10 Data collection procedures

A total of 3 data collectors were participating in the study and have 1 supervisor. For supervisors and data collectors a two days training was done on the areas of confidentiality, how to collect data, study design, significance of the study and how to undertake hardship situations. The questionnaire composed as sociodemographic characteristics, the CTSQ tool and quality of life tool. For the appropriateness of the designed questionnaire, translating to appropriate language was done before the actual data collection procedure. Initially the questionnaire developed in English and translated to Amharic and finally translated back to English with third person to check the consistency of the language. The CTSQ tool also was translated in the same manner after it was adapted from United States of America in which the tool initially developed. In addition, pretesting of the questionnaire on cancer patients was done at St. Paulo's Specialized hospital for the suitability of the questionnaire. All eligible patients came for visit was interviewed for the study. While data collection procedure frequent monitoring and supervision was done for the consistency of data. During interview and at the end of data collection, questionnaires was examine for its completeness and consistency. Data collectors and supervisors was had discussions at the end of the day on to solve challenges for the next day.

4.11 Data quality management

To ensure the accuracy and quality of data entry, epidata checks and cleaning was used. The quality of data was assured through careful design, translation and pretesting of questionnaire, and proper handling of data. The data was monitored frequently during data collection and a collected questionnaire was examined for completeness and consistency during interview and at the end of each day.

4.1.2 Data entry and statistical analysis

The data was entered using Epi-data version 3.1, exported to SPSS version 21.0 to be cleaned and analyzed and Internal consistency (reliability) of CTSQ was assessed by using cronbaches α coefficient. The CTSQ tool were assessed by conducting exploratory factor analysis .using the finding of analysis the construct and discriminant validity of the CTSQ was examined. Construct validity of the CTSQ was evaluated a significant positive spearman correlation between total

CTSQ score and single item of CTSQ. Spearman rank correlation is appropriate correlation analysis when the variable are measured on a scale that is at least ordinal. Criterion related validity of CTSQ tool assessed by correlating the domains of CTSQ score to total score of QOL BREF as criterion. Sensitivity and specificity of the CTSQ tool were calculated using cross tabulation considering cancer therapy satisfaction among cancer patient with CTSQ score against QOL-BREF. The overall accuracy of CTSQ was assessed using the area under the curve (AUC). Diagnostic accuracy of CTSQ, denoted by the area under the ROC curve and ranging from 0 to1, was defined as follows, excellent, ≥ 0.9 , Good, 0.8-0.9, worthless , 0.7-0.8,and 0.6-0.7 not good [33].Cancer therapy satisfaction level was assessed using cross tabulation .Satisfaction level was assessed by clinical condition ,by cancer therapy ,sex ,cancer stage.

4.13 Ethical clearance

Ethical clearance was obtained from Ethical Review Committee (ERC) of Addis Ababa University, College of Health Science, School of Public Health and Research Ethics Committee of Addis Ababa Health Bureau. Official letters of co-operation from ERC was obtained and gave to study selected Hospital. Prior to the interview written consent was obtained from study participant who were above 18 years. There was information for participants about the voluntary basis of participation and that they can stop the interview at any time if they are not comfortable. In order to ensure participants' confidentiality, no names or personal identifiers were included in the written questionnaires. There was seriously ill cancer patient found during data collection time, they was link health profession to have proper care.

4.14 Dissemination and plan

The finding of this research was disseminated in print form and submitted to Addis Ababa University; College of health Science, School of Public Health, Research and publication office and effort will be made to publish the results in relevant peer reviewed.

5. RESULT

5.1 Sociodemographic characteristics of participant

The overall response rate for each CTSQ question was 100%. The mean age (\pm SD) of the participants was 45.7 ± 7.3 years. Of the total 225(78%) females 192 (66.7%) were married and 70(24.3%) were divorce. Majority of the participants, 205 (71.2%) were Orthodox Christians. Regarding to educational status 140 (48.6 %) were secondary and above and 49(17.0%) were attended primary (1-8) grade. Of the total, 118(41.0%) were from Addis and 88(30.6) were from Oromia Region. (**Table 1**).

Table 1: socio demographic characteristics of cancer out patients in Tikure Anbessa Specialized Hospital, Addis Ababa, Ethiopia,2019 (n=288)

Category	Frequency	Percentage
Sex		
Male	63	21.9
Female	225	78.1
Mean age(\pmSD)	46.4 \pm 13.2	
Marital status		
Married	192	66.7
Widowed	26	9.0
Divorced	70	24.3
Religion		
Orthodox	205	71.2
Muslim	56	19.4
Protestant	27	9.4
Educational status		
Unread and unwrite	44	15.3
Write and read	55	19.1
Primary level (1-8	49	17.0
Secondary level and above (>9)	140	48.6
Place of residence		
Addis Ababa	118	41.0
Oromia	88	30.6
Amhara	57	19.8
SNNPR	9	3.1
Dire Dawa	3	1.0
Benshangul gumuz	4	1.38
Afar	2	0.6
Somali	3	1.0
Harari	2	0.69
Tigray	2	0.69

5.2 Clinical condition of cancer patients

Breast cancer was found to be leading cause of facility visit 73(25.3%) followed by cervical cancer 57(19.8%), thyroid cancer 49(17.0%). Among the patients who were stage 2 (45%) followed by stage 3 (19%). Majority of study participant who take treatment were chemotherapy (70%) and by type of cancer breast 65(89%), cervical 17(29.9%) and colorectal 12(85.7%). Among participant of cancer stage 4 by type of cancer were Breast 13(17.8%), cervical 16(28.1%), colorectal 4(28.6%). Among type of cancer thyroid 2(0.7%) were diagnosed by clinical investigation. (Table 2)

Table 2 : Clinical condition of cancer out patients at Tikure Anbessa Specialized Hospital, Ethiopia, 2019 (n=288)

Clinical condition	
Disease category	Frequenc%)
Breast ca	73(25.3)
Cervical ca	57(19.8)
Gastric ca	9(3.1)
Colorectal ca	14(4.9)
Esophageal ca	10(3.4)
Thyroid ca	49(17.0)
Prostatic ca	4(1.38)
Testicular ca	6(2.08)
Nasopharyngeal ca	11(3.81)
Ovarian ca	6(2.08)
Brain ca	5(1.7)
Sarcoma ca	4(1.3)
Non-Hodgkin's	10(3.47)
Laryngeal ca	4(1.38)
Other neoplasm	26(9)
Stage of cancer	
Stage 1	18(6.3)
Stage 2	131(45.5)
Stage 3	56(19.4)
Stage 4	83(28.8)
Type of Diagnosis	
Histology	275(95.5)
Cytology	11(3.8)
Clinical investigation	2(0.70)
Treatment	
Radiotherapy	84(29.2)
Chemotherapy	104(70.8)

5.3 validity and reliability analysis result

The CTSQ tool were assessed by conducting exploratory factor analysis .using the finding of analysis the construct and discriminant validity of the CTSQ was examined. The result of each component is displayed in the preceding sub-sections.

5.3.1 exploratory factor analysis

The exploratory factor analysis was done by principal axis factoring with varimax rotation.Data suitability for factor analysis was checked by referring to the KMO measure of adequate sampling, Bartlett's test of sphericity and determinant of R matrix. For this study sample ,the KMO measure of adequate sampling was 0.939.This result indicate that the data represented a homogenous collection of variables that were suitable for factor analysis and Bartlett's test of sphericity was also significant for the sample[$\chi^2 = 7138.060, df=120, p<.000$],which indicate that the set of correlation in the correlation matrix were significantly different from zero and thus suitable for factor analysis .The result yielded a three factor structure ,with factor loading of items that settled at each subscale of the CTSQ with three factors between 0.564 and 0.951.Factor 1 explained 62.212 % of the total variance (eigenvalue=9.954);factor 2 (explained 9.933% of the total variance (eigenvalue=1.589);factor 3 explained 8.633% of the total variance (eigenvalue=1.381).(figure 2)

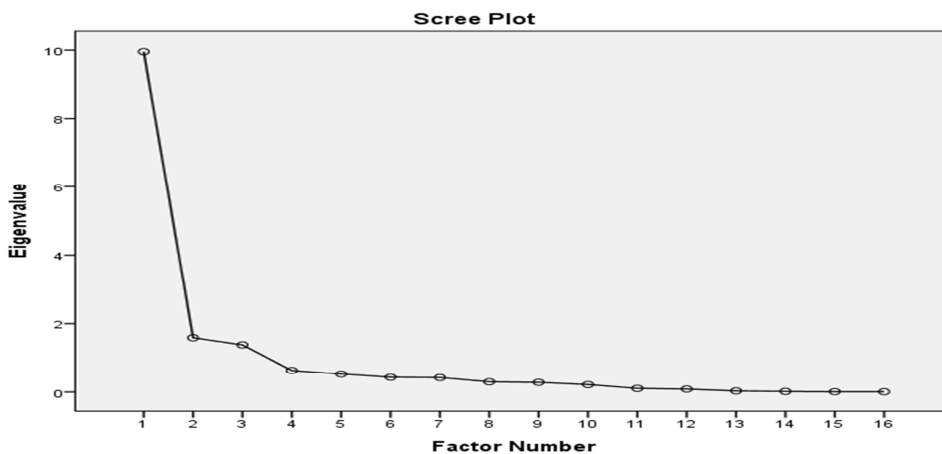


Figure 1: Eigenvalue and factor number of CTSQ among cancer out patients at Tikure Anbessa Specialized Hospital , Addis Ababa,Ethiopia,2019

Table 3 show that 16 items had high loading regarding their intended factors, factor 1 has 11 items factor 2 (3 item) and factor 3 (2 item).the sixistine item (subscale of CTSQ) measuring 3 domains related to patients satisfaction with cancer therapy and the first domain hope and satisfaction with therapy (HSWT),sensation about side effect(SSE) and stopping cancer therapy (SCT). (Table 3)

Table 3:Factor loading for exploratory factor analysis with varimax rotation of the CTSQ

The 16 items of CTSQ	Factor 1	Factor 2	Factor 3
1.return to normal life	0.944		
2.Get ride of cancer	0.950		
3..Prevent cancer from coming back	0.951		
4.stop cancer from spreading	0.945		
5.Help you live longer	0.945		
6.cancer therapy limited daily activity	0.582		
7.upset about side effects		0.564	
8.Taking cancer therapy as difficult as expected		0.819	
9.Were side effect as expected		0.744	
10.Worth taking even with side effects			0.763
11.Think about stopping cancer therapy			0.857
12.How worthwhile was cancer therapy	0.714		
13.Benefit meets expectation	0.873		
14.Satisfied with form of cancer therapy	0.759		
15.Satisfied with resent cancer therapy	0.828		
16.Would you take this cancer therapy again	0.683		

The internal consistency of the CTSQ tool as measured by Cronbachs α coefficient was found 0.952. The Cronbachs α value of the CTSQ tool will show slight increment if item 7 and 8 removed from the tool. On the other hand, the cronbaches α value of the tool will insignificantly lower if item 1-5 removed from the tool. (Table 4)

Table 4: Reliability of CTSQ among cancer out patients in Tikure Anbessa Specialized Hospital ,Addis Ababa ,Ethiopia ,2019 (cronbaches alpha =0.952,number of items =16)

CTSQ item	Cronbaches α if item delete
1.return to normal life	0.945
2.Get ride of cancer	0.945
3..Prevent cancer from coming back	0.945
4.stop cancer from spreading	0.945
5.Help you live longer	0.945
6.cancer therapy limited daily activity	0.950
7.upset about side effects	0.956
8.Taking cancer therapy as difficult as expected	0.956
9.Were side effect as expected	0.953
10.Worth taking even with side effects	0.954
11.Think about stopping cancer therapy	0.955
12.How worthwhile was cancer therapy	0.949
13.Benefit meets expectation	0.946
14.Satisfied with form of cancer therapy	0.947
15.Satisfied with resent cancer therapy	0.947
16.Would you take this cancer therapy again	0.949

5.4 construct Validity

There was a significant positive correlation between each subscale domains of CTSQ score and the sixteen items of CTSQ tool which strengthens the reliability of CTSQ tool.(Table 5)

Table 5: Correlation of each domains of CTSQ with each items (construct validity)

CTSQ item	ET R	FSE R	ST R	P value
1.return to normal life	0.993	0.553	0.823	< 0.001
2.Get ride of cancer	0.995	0.545	0.824	< 0.001
3..Prevent cancer from coming back	0.995	0.542	0.833	< 0.001
4.stop cancer from spreading	0.995	0.539	0.823	< 0.001
5.Help you live longer	0.990	0.531	0.822	< 0.001
6.cancer therapy limited daily activity	0.652	0.695	0.596	< 0.001
7.upset about side effects	0.361	0.764	0.319	< 0.001
8.Taking cancer therapy as difficult as expected	0.332	0.840	0.384	< 0.001
9.Were side effect as expected	0.440	0.827	0.431	< 0.001
10.Worth taking even with side effects	0.369	0.231	0.591	< 0.001
11.Think about stopping cancer therapy	0.303	0.188	0.55	< 0.001
12.How worthwhile was cancer therapy	0.758	0.486	0.826	< 0.001
13.Benefit meets expectation	0.901	0.568	0.880	< 0.001
14.Satisfied with form of cancer therapy	0.800	0.585	0.844	< 0.001
15.Satisfied with resent cancer therapy	0.852	0.561	0.903	< 0.001
16.Would you take this cancer therapy again	0.744	0.475	0.903	< 0.001

CTSQ cancer therapy satisfaction Questionnaire r= spearman correlation
Significant at p<0.05

Criterion related validity of CTSQ tool assessed by correlating the domains of CTSQ score to total score of QOL BREF as criterion. A significant positive correlation observed between domains of CTSQ score to total of QOL BREF score.(**Table 6**)

Table 6: Criterion validity of domains of CTSQ and QOL score (correlation between domains of CTSQ and QOL score

Domains of CTSQ	Correlation (r)	P value
QOL vs FSE	0.467	P<0.001
ET	0.592	P<0.001
SWT	0.493	P<0.001
CTSQ	0.586	P<0.001

CTSQ =cancer therapy satisfaction Questionnaire , QOL =quality of life

FSE feeling of side effect , ET expectation of therapy ,SWT satisfaction with therapy

r= spearman correlation significant at p<0.05

The area under the curve (AUC) was calculated and found 0.896(95 % CI, 0.823-0.969), p< 0.001) which shows the overall accuracy of CTSQ to identify satisfaction with cancer therapy among cancer patients. According to established cut of points, the sensitivity and specificity of the CTSQ was 92.% and 81.5% respectively. By using the Youden index the best cut of points to detect Cancer therapy satisfaction the present study was 47 with sensitivity and specificity of 92.3% and 83.6% .

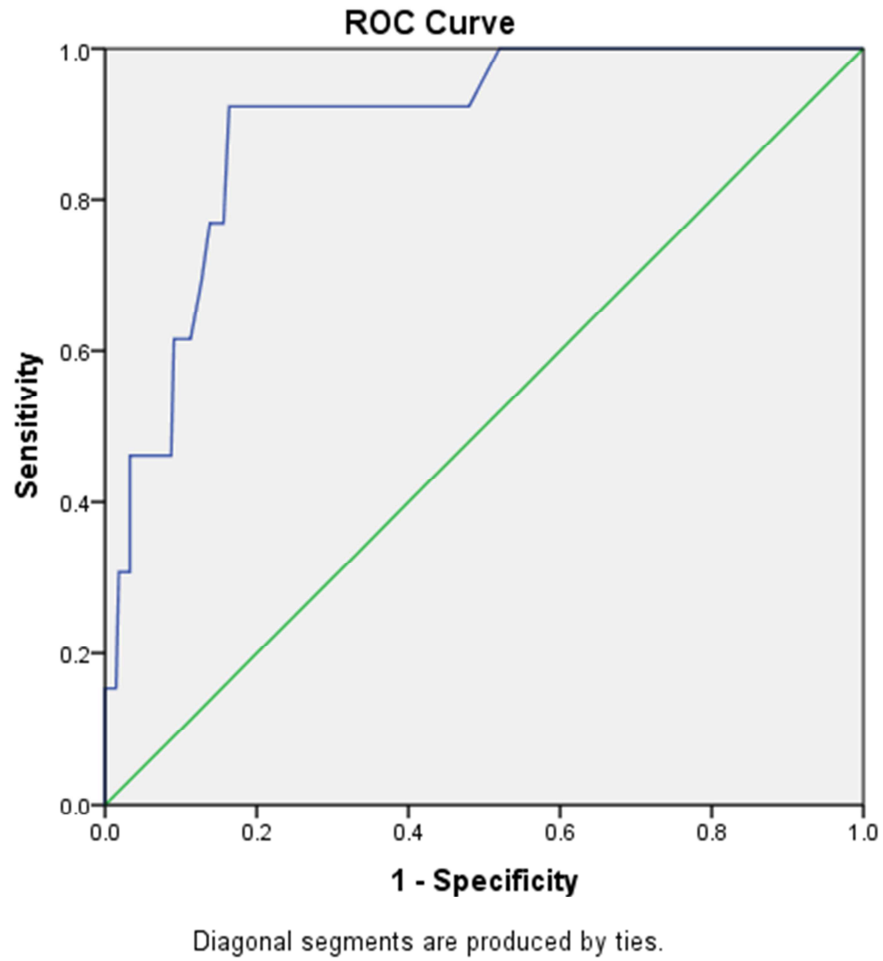


Figure 2:ROC curve of CTSQ in predicting cancer therapy Satisfaction as a marker of satisfaction among cancer out patients in Tikure Anbessa Specialized Hospital, Addis Ababa, Ethiopia, 2019(n=288)

5.5 cancer therapy satisfaction among cancer out patients

The overall cancer therapy satisfaction among cancer out patients in Black lion Specialized Hospital was found to be 80.6%. Forty seven percent of female (47%) and Eighty two percent (82%) of male were satisfied with cancer therapy.

5.5.1 Cancer therapy satisfaction by clinical condition

Cancer therapy satisfaction is higher among colorectal cancer patients (85.2%) followed by breast cancer patients (83.6%) .Satisfaction level by the type cancer therapy showed that 77% were satisfied among cancer patients taking chemotherapy IV and tablet 75.7% and 85.4% were satisfied respectively. The level of cancer therapy satisfaction was almost similar among stage1, stage 2and stage 4 (**Table 7**)

Table 7: Clinical condition characteristic by demonstration of cancer therapy satisfaction in Tikure Anbessa Specialized Hospital, Addis Ababa,Ethiopia,2019 (n=288)

Variable	Cancer therapy of satisfaction	
Respondent of type of cancer	Not satisfied	Satisfied
Breast ca	12(16.4%)	61(83.6%)
Cervical ca	15(26.3%)	42(73.3%)
Colorectal ca	2(14.3%)	12(85.2%)
Others	27(18.8%)	117(81.3%)
Cancer Treatment		
Radiotherapy	19(22.6%)	65(77.4%)
Chemotherapy Iv	18(24.3%)	56(75.7%)
Tablet	19(14.6%)	111(85.4%)
Cancer stage		
Stage 1	3(16.7%)	15(83.3%)
Stage 2	24(18.3)	107(81.7%)
Stage3	14(25.0%)	42(75%)
Stage 4	15(18.1%)	68(81.9%)

6. Discussion

The CTSQ could be used as a tool to monitor the management of therapy and adverse events to improve HRQoL. Especially in cancer patients with a limited prognosis, this may be of importance. Therefore, the objective of this study was to evaluate the reliability and validity of the CTSQ. Our study showed good results and hence supports the construct validity and internal consistency reliability of the CTSQ.

In the present study, the reliability of the CTSQ by cronbaches alpha was found 0.95 which was acceptable and implied that the CTSQ is reliable to assess the cancer therapy satisfaction among cancer patients and higher than study done in Netherland [30]. The reliability actually measures how the items of CTSQ were consistent, homogenous and relatively measures the same parameter [34]. The correlation between the items of the CTSQ were positive, which showed all items are relatively measuring correlated with each other positively. Higher value of cronbaches Alpha (close to 1) implies better reliability of the tool.

All items correlated better with their own domains than with the other domains, which is in line with the results of the psychometric validation study. However, the correlations between the items and domains were found to be higher in Expectation of therapy ET compared with other domains. We observed an increasing number of severe and chemotherapy-related adverse events that corresponded with a decreasing FSE domain score.

The exploratory analysis finding suggest that CTSQ is Three factor structure and have high factor loading and all CTSQ items correlated better with their own domains than with the other domains, which is in line with the results of the psychometric validation study. Criterion related validity of CTSQ tool assessed by correlating the domains of CTSQ score to total score of QOL BREF as criterion. In the present study, a significant positive correlation observed between domains of CTSQ score to total of QOL BREF score. High correlation between the CTSQ and QOL BREF implies the criterion validity of the tool and shows high interrelatedness of the CTSQ and QOL BREF.

The overall accuracy of CTSQ was assessed using ROC curve and found 0.869 (87%) which falls in good category. This finding implies that the proportion of CTSQ to correctly identify satisfied and dissatisfied with cancer therapy among cancer patients is 86%. This means that 13% of cancer patients were identified incorrectly as satisfied or not satisfied. The larger the AUC, the better is overall performance of the CTSQ to correctly identify cancer therapy satisfaction among cancer patient.

The current study showed the sensitivity and specificity of CTSQ with QOL BREF 92.3 % and 83.6% respectively. To assess this relation between patient satisfaction and expectations regarding treatment and HRQoL in more detail, We correlated the CTSQ domains with the HRQoL domains and items. There was positive correlations were found between the ET domain and any of the HRQoL domains or items. Therefore, we assume the CTSQ may give additional clinically relevant information that is provided by HRQoL questionnaires regarding patients' expectations and satisfaction with information provision and possibly also other aspects of cancer care.

The current study showed high sensitivity and specificity of the CTSQ which indicates the Questionnaire can correctly identifies true positives (92.3 % of cancer correctly identified as dissatisfied) and true negatives(83.6 % of Cancer patient correctly identified as satisfied).

The overall cancer therapy satisfaction was found to be 80.6% and lower than a study done in Federal ministry of Ethiopia with result of 86%[31].This difference could be due to lower attention given for cancer therapy.

6.1 Strength of study

Tool validation of CTSQ was not done before in Addis Ababa as well as in Ethiopia .This study will have great contribution for the country to assess cancer patients with valid tool.

6.2 Limitation of study

The construct validity of the CTSQ would have been comprehensive and strong if test retest reliability of the tool was assessed.

6.3 Conclusion

The current study demonstrated that the CTSQ was reliable and valid to identify satisfaction among cancer out patients. There was positive correlation between CTSQ and WHOQOL-BREF. Further we found that cancer therapy of satisfaction among cancer out patients to be 80.6%.

6.4 Recommendation

For programme managers

Efforts need to be made in order for health facility to have better cancer therapy satisfaction . This tool is a practical tool to be used to guide efforts in the constant improvement of care through the development and selection of more effective therapies, as a guide to the healthcare humanization process and to help the understanding of circumstances related to adherence and patient's stay in the care process.

For Health care professional

The validated CTSQ was easy and did not need special training to use in health care facility. Therefore; greater attention in the assessment of the cancer therapy satisfaction among cancer patient using the tool is needed. Health care provider should take in account cancer therapy satisfaction during contacting oncology patients.

For researchers

I therefore believe that our results may encourage researchers to use the CTSQ to investigate patients' expectations and satisfaction with therapy and also in future studies should identify factors that could affect cancer therapy satisfaction and test retest reliability among cancer patients.

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Appendices

Study Information sheet, consent form and questionnaires for cancer patient (English version)

Section I. study Information sheet.

Dear respondent my name is ----- . I am working as a data collector in the study conducted by the school of public health, Addis Ababa University. We are interviewing cancer patient age greater than 18 in order to generate information necessary for the planning appropriate interventions to promote the quality of care in cancer patient. To attain this objective, your honest and genuine participation by responding to the question prepared is very important and highly appreciated.

We will proceed to the interview after you understand the following points

Objective- To evaluate the reliability and validity of Cancer Therapy Satisfaction Questioner and to assess the patient satisfaction of cancer patients and among cancer patient at Black lion Specialized Hospital , Addis Ababa Ethiopia.

Benefit – the study may have no direct benefit for the participants. But the information generated from the help policy makers and health care professionals for designing appropriate intervention.

Harm – the participants do not have any harm by participating to the study

Duration of the study –the study conducted for one month. Participants are interviewed.

Duration of the interview- the interview may take 20- 30 minutes

Alternatives to participation- you do not have to take part in this research if you do not wish to do so and refusing to participate will not have any harm for you and your family. If you have question unclear you have a right to ask clarification. If you have also a question that you don't want to answer you can skip it .you will still have all the benefits that you would otherwise have at this center. You may stop participating in the research at any time.

Confidentiality: I am going to ask some questions that you may find it difficult to answer. Your answers are completely confidential. Your name will not be written in this form and will never be used in connection with any information you tell us. All information given by you will be kept confidential.

Are you willing to participate in this study? 1. Yes 2. No

Section II. Consent for cancer patient (English Version)

I have read this form or it has been read to me in the language that I understand. I understand all conditions stated above. Therefore, I am willing to participate in this study.

Signature-----

Name of principal investigator:

Hiwot Shimelis

Address: tell: +251913283181

Email – hiwotshimelis25@gmail.com

Signature-----

Name of interviewer-----

Signature-----

Name and sign of supervisor-----

Section III: Questionnaire

Date of interview	<input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year
Time started	Hour <input type="text"/> <input type="text"/> Minutes <input type="text"/> <input type="text"/>
Time ended	Hour <input type="text"/> <input type="text"/> Minutes <input type="text"/> <input type="text"/>
Medical record number	
Date of confirmed Diagnosis	
Date of first cancer visit	
Result*	<input type="text"/>
Interviewer Name	-----
Supervisor	-----
Checked by	-----
*Result codes	1=Completed 2=Not 3=Postponed 4=Refuse 5=Partly Completed 6=Incapacitated 7=Other (Specify)

PART ONE

Questions pertaining to socio demographic and economic characteristics of respondents

s.no	Question and filters	Coding categories	Skip question
101	Sex	Male.....1 Female.....2	
102	In what month and year you were born?	Month----- don't know—99 Year -----don't know---9999	
103	How old are you(complete in years)	-----	
104	Place of residence	Amhara.....1 Oromia.....2 Addis ababa.....3 SNNPR.....4 Other(specify).....9	
105	What is Your Religion?	Orthodox.....1 Muslim.....2 Protestant.....3 Other(Specify).....9	
106	What is Your Educational Status?	Unable to read and write-----1 Read and write-----2 Primary education (1-8)-----3 Secondary and above(>9)-----4	
107	What is your marital status?	Married-----1 Widowed-----2 Single/divorced/separated-----3	
108	Type of primary care giver?	Partner-----1 Child-----2 Relatives-----3 living alone -----4 other (specify)-----8	
109	How many people are living in your Home?	-----	
110	With whom you are living at home?	Partner-----1 Children-----2 Alone-----3	
111	What is your monthly income	-----birr	
112	What type of cancer do you have?	Breast-----1 Cervical-----2 Intestinal-----3 Other(specify)-----9	
113	Type of diagnosis	1.clinical only 2. Clinical investigation (x-ray etc.) 3.specific tumor markers 4.cytology /hematology	

		5.histology	
114	Current therapy stage	Surgery.....1 Chemotherapy...2 Radiotherapy.....3 Palliative care.....4 Other5 Specify	
115	cancer stage	Stage1.....1 Stage2.....2 Stage3.....3 Stage4.....4	

PART TWO

Cancer Therapy Satisfaction Questioner (CTSQ) to assess patient satisfaction among cancer patient

Complete the screen by filling in the boxes with the appropriate numbers.

CTSQ domains	Items		Score
Expectation of Therapy(ET)	201.return to normal life	Not satisfied-----1 Rarely-----2 Met my expectation-----3 Probably yes-----4 Very satisfied-----5	
	202,Get ride of cancer	Not satisfied-----1 Rarely-----2 Met my expectation-----3 Probably yes-----4 Very satisfied-----5	
	203.Prevent cancer from coming back	Not satisfied-----1 Rarely-----2 Met my expectation-----3 Probably yes-----4 Very satisfied-----5	

	204.stop cancer from spreading	Not satisfied-----1 Rarely-----2 Met my expectation-----3 Probably yes-----4 Very satisfied-----5	
	205.Help you live longer	Not satisfied-----1 Rarely-----2 Met my expectation-----3 Probably yes-----4 Very satisfied-----5	
Feeling about side effects(FSE)	206.cancer therapy limited daily activity	Not satisfied-----1 Rarely-----2 Met my expectation-----3 Probably yes-----4 Very satisfied-----5	
	207.upset about side effects	Not satisfied-----1 Rarely-----2 Met my expectation-----3 Probably yes-----4 Very satisfied-----5	
	208.Taking cancer therapy as difficult as expected	Not satisfied-----1 Rarely-----2 Met my expectation-----3 Probably yes-----4 Very satisfied-----5	
	209.Were side effect as expected	Not satisfied-----1 Rarely-----2 Met my expectation-----3 Probably yes-----4 Very satisfied-----5	

Satisfaction with therapy(SWT)	210.Worth taking even with side effects	Not satisfied-----1 Rarely-----2 Met my expectation-----3 Probably yes-----4 Very satisfied-----5	
	211.Think about stopping cancer therapy	Not satisfied-----1 Rarely-----2 Met my expectation-----3 Probably yes-----4 Very satisfied-----5	
	212.How worthwhile was cancer therapy	Not satisfied-----1 Rarely-----2 Met my expectation-----3 Probably yes-----4 Very satisfied-----5	
	213.Benefit meets expectation	Not satisfied-----1 Rarely-----2 Met my expectation-----3 Probably yes-----4 Very satisfied-----5	
	214.Satisfied with form of cancer therapy	Not satisfied-----1 Rarely-----2 Met my expectation-----3 Probably yes-----4 Very satisfied-----5	
	215.Satisfied with resent cancer therapy	Not satisfied-----1 Rarely-----2 Met my expectation-----3 Probably yes-----4	

		Very satisfied-----5	
	216.Would you take this cancer therapy again	Not satisfied-----1 Rarely-----2 Met my expectation-----3 Probably yes-----4 Very satisfied-----5	
Total score			
Minimum number of completed items required to score			
ET(Expectation of therapy) =3			
FST(Feeling about side effects) =4			
SWT(satisfaction with therapy) =5			

PART THREE

Quality of life Assessment Questionnaire (WHOQOL)

Instructions

This assessment asks how you feel about your quality of life, health, or other areas of your life. Please answer all the questions. If you are unsure about which response to give to a question, please choose the one that appears most appropriate. This can often be your first respon

Sno	Question	Score
301	How would you rate your quality of life?	Very poor -----1` Poor-----2 Neither poor nor good-----3 Good -----4 Very good-----5
302	How satisfied are you with your health?	very dissatisfied Dissatisfied Neither satisfied nor dissatisfied Satisfied Very satisfied
The following questions ask about how much you have experienced certain things in the last two weeks.		

303	To what extent do you feel that physical pain prevents you from doing what you need to do?	Not at all -----1 A little-----2 A moderate amount-----3 Very much-----4 An extreme amount-----5
304	How much do you need any medical treatment to function in your daily life?	Not at all -----1 A little-----2 A moderate amount-----3 Very much-----4 An extreme amount-----5
305	How much do you enjoy life?	Not at all -----1 A little-----2 A moderate amount-----3 Very much-----4 An extreme amount-----5
306	To what extent do you feel your life to be meaningful?	Not at all -----1 A little-----2 A moderate amount-----3 Very much-----4 An extreme amount-----5
307	How well are you able to concentrate?	Not at all -----1 A little-----2 A moderate amount-----3 Very much-----4 Extremely-----5
308	How safe do you feel in your daily life?	Not at all -----1 A little-----2 A moderate amount-----3 Very much-----4 Extremely-----5
309	How healthy is your physical environment?	Not at all -----1 A little-----2 A moderate amount-----3 Very much-----4 Extremely-----
The following questions ask about how completely you experience or were able to do certain things in the last two weeks		
310	Do you have enough energy for everyday life?	Not at all -----1 A little -----2 Moderately-----3

		Mostly-----4 Completely-----5
311	Are you able to accept your bodily appearance?	Not at all -----1 A little -----2 Moderately-----3 Mostly-----4 Completely-----5
312	Have you enough money to meet your needs?	Not at all -----1 A little -----2 Moderately-----3 Mostly-----4 Completely-----5
313	How available to you is the information that you need in your day-to-day life?	Not at all -----1 A little -----2 Moderately-----3 Mostly-----4 Completely-----5
314	To what extent do you have the opportunity for leisure activities?	Not at all -----1 A little -----2 Moderately-----3 Mostly-----4 Completely-----5
315	How well are you able to get around?	Very poor-----1 Poor -----2 Neither poor nor good-----3 Good -----4 Very good-----5

The following questions ask you to say how **good or satisfied** you have felt about various aspects of your life over the last two weeks.

316	How satisfied are you with your sleep?	Very dissatisfied-----1 Dissatisfied -----2 Neither satisfied nor dissatisfi-----3 Satisfied -----4 Very satisfied-----5
317	How satisfied are you with your ability to perform your daily living activities?	Very dissatisfied-----1 Dissatisfied -----2 Neither satisfied nor dissatisfied--3 Satisfied -----4 Very satisfied-----5
318	How satisfied are you with your capacity for work?	Very dissatisfied-----1 Dissatisfied -----2 Neither satisfied nor dissatisfied--3 Satisfied -----4 Very satisfied-----5
319	How satisfied are you with yourself?	Very dissatisfied-----1 Dissatisfied -----2 Neither satisfied nor dissatisfied--3 Satisfied -----4

		Very satisfied-----5
320	How satisfied are you with your personal relationships?	Very dissatisfied-----1 Dissatisfied -----2 Neither satisfied nor dissatisfied--3 Satisfied -----4 Very satisfied-----5
321	How satisfied are you with your sex life?	Very dissatisfied-----1 Dissatisfied -----2 Neither satisfied nor dissatisfied--3 Satisfied -----4 Very satisfied-----5
322	How satisfied are you with the support you get from your friends?	Very dissatisfied-----1 Dissatisfied -----2 Neither satisfied nor dissatisfied--3 Satisfied -----4 Very satisfied-----5
323	How satisfied are you with the conditions of your living place?	Very dissatisfied-----1 Dissatisfied -----2 Neither satisfied nor dissatisfied--3 Satisfied -----4 Very satisfied-----5
324	How satisfied are you with your access to health services?	Very dissatisfied-----1 Dissatisfied -----2 Neither satisfied nor dissatisfied--3 Satisfied -----4 Very satisfied-----5
325	How satisfied are you with your transport?	Very dissatisfied-----1 Dissatisfied -----2 Neither satisfied nor dissatisfied--3 Satisfied -----4 Very satisfied-----5
The following question refers to how often you have felt or experienced certain things in the last two weeks.		
326	How often do you have negative feelings such as blue mood, despair, anxiety, depression?	Never -----1 Seldom-----2 Quite often-----3 Very often-----4 Always-----5

ኮድ-----

አዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና ት/ቤት

የጥናቱ አጠቃላይ መረጃ፡ የፈቃደኝነት መጠየቂያ እና ቃለ መጠይቅ(የአማርኛ ትርጉም)



ምእራፍ አንድ፡- የጥናቱ አጠቃላይ መረጃ

ጤና ይስጥልን ስሜ ----- ይባላል። እኔ በአዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና ት/ቤት በሚካሄደው ጥናት መረጃ እየሰበሰብኩ ነው። የ ካንሰር ህሙማን የ ጤና አገልግሎት እረካታ በተመለከተ እድሜያቸው ከ 18 ዓመት በላይ ለሆኑ የ ካንሰር ህሙማን ቃለ መጠይቅ እያደረግን ነው ይህ መረጃም ውጤታማ እርምጃዎችን ለመውሰድና የተሻለ እና ጥራት ያለው አገልግሎት ለመስጠት ያስችላል። ይህን ለማሳካት የእርስዎ ተሳትፎ በጣም ትልቅ አስተዋጽኦ አለው። ለምንጠይቀዎት ጥያቄ እውነተኛ ምላሽ ስለሰጡን ከፍተኛ አድናቆትና ምስጋና ከወድሁ እናቀርባለን።

የሚከተሉትን ነጥቦች በተገቢው መንገድ ከተረዱ በኋላ ወደ መጠይቁ እንሄዳለን

የጥናቱ ዓላማ - የዚህ ጥናት ዋና ዓላማ በአዲስ አበባ በጥቁር አንበሳ ስፔሻላይዝድ ሆስፒታል የሚታከሙ የ ካንሰር ህሙማን የ ህክምና አገልግሎት እረካታ ለማጥናትና የ እረካታን ሁኔታን ሊለካ የሚችል መለኪያ መስፈርት ትክክለኛነቱን ማረጋገጥ ነው።

የሚገኝ ጥቅም - ለጥናቱ ተሳታፊዎች ቀጥተኛ የሆነ ጥቅም ላይኖር ይችላል። ነገር ግን የሚገኘውን መረጃ የፖሊሲ አውጭዎች፣ የጤና ባለሙያዎችና ሌሎችም መረጃውን ለ ካንሰር ህሙማን እረካታ ጋር ተያይዞ ላሉ ችግሮች እንደ መፍትሄ ይጠቀሙበታል።

የሚደርስ ጉዳት - ለዚህ ቃለ መጠይቅ የተሳተፉ ደንበኞች ስለተሳተፉ የሚደርስ ምንም ዓይነት ጉዳት የለም

ጥናቱ የሚወስደው ጊዜ - ጥናቱ የሚካሄደው ለ አንድ ወር ነው ።

ቃለ መጠይቁ የሚወስደው ጊዜ - ቃለ መጠይቁ ከ 20 እስከ 30 ደቂቃ ሊወስድ ይችላል።

ያለመሳተፍ መብት - በዚህ ቃለ መጠይቅ ፈቃደኛ ካልሆኑ ያለበሳተፍ መብት አለዎት። በዚህም ምክንያት በእርስዎም ላይ ሆነ በቤተሰብ ላይ የሚደርስ ምንም ዓይነት ችግር የለም። በቃለ መጠይቅ ወቅት ለእርስዎ ግልጽ ያልሆነ ነገር ካለ መጠየቅ ይችላሉ። ለመመለስ ፈቃደኛ ያልሆኑበት ጥያቄ ካለም ማለፍ ይችላሉ። በየትኛውም ምክንያት በመጠይቁ መሃል መቋረጥ ቢፈልጉ ጥያቄውን የማቋረጥ መብት አለዎት

ሚስጥር መጠበቅ፡ በመጠይቁ ላይ ብዙ ጥያቄዎችን ሊመልሱ ይችላሉ። ነገር ግን ለሚሰጡት መልስ ሚስጥራዊነት የተጠበቀ ነው። የእርስዎ ስም በዚህ ፎርም ላይ አይጻፍም ። ከዚህም ሌላ ከመረጃው ውጭ የእርስዎ ማንነት ከጥናቱ ጋር ምንም ዓይነት ግንኙነት አይኖረውም። ስለዚህ እርስዎ የሚሰጡን መረጃ ሙሉ በሙሉ ሚስጥራዊነቱ የተጠበቀ

ለዚህ ጥናት እርስዎ ፈቃደኛ ነዎት ? 1. አዎ 2. ፈቃደኛ አይደለሁም

ምእራፍ ሁለት የፈቃደኝነት መጠየቂያ ቅጽ እኔ በሚገባኝ ቋንቋ ሃሳቡ ተነበልኛል ወይም እንብቤዋለሁ. በዚህም መሰረት የጥናቱን ሃሳብና ዓላማ በሚገባ ተረድቻለሁ። ስለዚህ በዚህ ቃለ መጠይቅ ለመሳተፍ ፈቃደኛ ነኝ።

ፊርማ -----

የተመራማሪው ስም፡ ህይወት ሽመልስ አድራሻ፡ ስልክ ቁጥር - +251913283181 Email – hiwotshimelis25@gmail.com,

ፊርማ ----- የጠያቂው ስም -----ፊርማ-----የሱፐርቫይዘር ስም እና ፊርማ-----

ከፍል አንድ፡- የማህበራዊና ሥነ- ባህርያት መገለጫ መጠይቅ

ቃለ መጠይቅ የተደረገበት ቀን		___/___/___ ቀን ___/___/___ ወር	___/___/___ ዓ.ም
ያለቀበት ሰአት		ቀን ___/___	ደቂቃ ___/___
* ዉ.ጤት		___	
ቃለ መጠይቅ ያደረገው ስም		-----	
የሱፐርቫይዘር ስም		-----	
የ ታካሚው ካርድ ቁጥር			
የ ካንሰር በሽታ የተረጋገጠበት ቀን			
ለ መጀመሪያ ጊዜ ለ ካንሰር ህክምና ወደ ተቀም የ መጡበት ቀን			
* የዉ.ጤት ኮድ		1=የተጠናቀቀ 3= ለሌላ ቀን ተላልፏል 5= በግማሽ አልቋል	2= አላለቀም 4= ፈቃደኛ አይደለም 6= ሌላካለ ይገለጽ---
ተ.ቁ	ጥያቄ	ኮድ	ጥያቄውን ይለፉ
1 1	ጾታ	ወንድ.....1 ሴት.....2	
102	የትውልድ ዘመን ይነግሩኛል	ወር----- አላዉቅም-----99 አመት -----አላዉቅም-----9	
103	እድሜዎት ስንት ነው?	-----	
104	የ መኖርያ አድራሻ	አማራ-----1 አሮሞ-----2 አዲስ አበባ-----3 ደቡብ -----4 ሌላ ይጠቀ-----9	
105	የእርስዎ ሄማኖት ምንድን ነው?	አርቶዶክስ.....-1 ሙስሊም.....-2 ፕሮቴስታንት.....3 ሌላ.....9	
106	የትምህርት ደረጃ?	መጻፍ እና ማንበብ አልችልም-----1 መጻፍ እና ማንበብ እችላለሁ-----2 የመጀመሪያ ደረጃ ት/ት አጠናቅቄለሁ (1-8)-----3 ሁለተኛ ደረጃ እና ከዚያ በላይ (>9) -----4	
107	የጋብቻ ሁኔታ	ያገባ -----1 የሞተበት-----2 የፈታ/ያላገባ----- --3	
108	እርስዎን በቅርብ የሚንከባከብዎት ማንዉ?	የትዳር ጓደኛየ.....1 ልጆችዎ.....-2 ዘመድ..... ---3 ብቻዎን ነኝ-----4 ሌላ ይገለጽ-----9	
109	ቤት ዉስጥ ስንት ሰዎ ይኖራል ?	----- ----	
110	ቤት ዉስጥ የሚኖሩት ከማን ጋር ነዉ	ትዳር ጓደኛ-----1 ልጆች-----2 ለብቻየ----- --3	
111	የቤተሰብዎ የ ወር ገቢ ምን ያክል ነዉ?	-----ብር	
112	እርስዎ ምን እይነት የ ካንሰር በሽታ ነው የታመሙት?	የ ጡት-----1 የ ማህጸን በር-----2	

		የ አንጀት-----3 ሌላ ካለ ይገለጽ-----9	
113	ምን አይነት ዘዴ ነው በሽታው ሊረጋገጥ የቻለው(ህክምና ካርድ በማየት)	ክሊንካል ብቻ-----1 ክሊንካል ኢንቨስቲጊቨን-----2 ስፔሲፊክ ትዩምር-----3 ሳይቶሎጂ ወይም ሄሞቶሎጂ-----4 ሂስቶሎጂ-----5	
114		ሰርጀሪ.....1 ኬሞቴራፒ.....2 ራዲዮቴራፒ.....3 ፓሌቲቭ ኮየር.....4 ሌላ ካለ ይገለጽ.....9	
115	የ ካንሰሩ ደረጃ ምን ያህል ነው ?	ደረጃ1-----1 ደረጃ2-----2 ደረጃ3-----3 ደረጃ4-----4	

ክፍል ሁለት ፤ ከ ካንሰር ህክምና አገልግሎት እርካታ ዙሪያ ላይ የ ሚጠይቅ መጠይቅ

ተቁ	መለኪያ	የዉጤት ክፍፍልና ኮድ	ውጤት
ከ ካንሰር ህክምና አገልግሎት -ET			
201	እርስዎ የህክምና አገልግሎት ካገኙ ወዲህ ወደትክክለኛው ህይወት በመመለስዎ ረከተዋል?	አልረካሁም-----1 በትንሹ ረከቻለሁ-----2 የ ጠበኩትን ያህል ረከቻለሁ-----3 ረከቻለሁ-----4 በጣም ረከቻለሁ-----	
202	እረሰዎ የ ካንሰር ህመምን በ ህክምናው ለማስወገድ ስለቻሉ ረከተዋል	አልረካሁም-----1 በትንሹ ረከቻለሁ-----2 የ ጠበኩትን ያህል ረከቻለሁ -----3 ረከቻለሁ-----4 በጣም ረከቻለሁ-----5	
203	.የ ካንሰር ህክምናው ካንሰር ድጋሚ እንዳያምጣ እየተከላከለ ነው በማለት ረከተዋል?	አልረካሁም-----1 በትንሹ ረከቻለሁ -----2 የ ጠበኩትን ያህል ረከቻለሁ -----3 ረከቻለሁ-----4 በጣም ረከቻለሁ-----5	
204	የ ካንሰር ህክምናው የካንሰሩን ስርጭት አቁሞታል በማለት ረከተዋል?	አልረካሁም-----1 በትንሹ ረከቻለሁ-----2 የ ጠበኩትን ያህል ረከቻለሁ-----3 ረከቻለሁ-----4 በጣም ረከቻለሁ-----5	
205	የ ካንሰር ህክምናው እድሜዎን ለማስረዘም ስለረዳዎት ረከተዋል?	አልረካሁም-----1 በትንሹ ረከቻለሁ-----2 የ ጠበኩትን ያህል ረከቻለሁ-----3	

		ረከቸአለሁ-----4 በጣም ረከቻለሁ-----5		
	ድምር			
	ከ ካንሰር ህክምና ጎንዮሽ ችግር አንጻር- FSE			
206	የ ካንሰር ህክምናው የአረሶዎን የአለት ከአለት እንቅስቃሴ ገድቦታል?	ገድቦታል-----1 በትንሹ ገድቦታል -----2 የ ጠበኩትን ያህል ገድቦታል-----3 አልገደበውም-----4 በጣም አልገደበውም-----5		
207	የ ካንሰር ህክምና የጎንዮሽ ችግር አረሶዎን አስጨንቆታል?	አስጨንቆኛል-----1 በትንሹ አስጨንቆኛል-----2 የ ጠበኩትን ያህል አስጨንቆኛል -----3 አላስጨነቀኝም-----4 በጣም አላስጨነቀኝም -----5		
208	የ ካንሰር ህክምና አገልግሎት መጠቀም እንደጠበቁት ይከብዳል?	ይከብዳል-----1 በትንሹ ይከብዳል-----2 የ ጠበኩትን ያህል ይከብዳል-----3 አይከብድም-----4 በጣም አይከብድም-----5		
209	ከ ህክምና አገልግሎት ጋር ተያይዞ የሚመጣ ጎንዮሽ ችግር እረሶዎ እንደጠበቁት ረከተዋል?	አልረከሁም-----1 በትንሹ አልረከሁም -----2 የ ጠበኩትን ያህል ረከቻለሁ-----3 ረከቸአለሁ-----4 በጣም ረከቻለሁ-----5		
	ድምር			
	በ ካንሰር ህክምና ከ መረካት አንጻር- SWT			
210	እረሶዎ የ ካንሰር ህክምና አገልግሎት ጎንዮሽ ችግር ቢኖርም በሚገባ ለመወሰድ አስበዋል ?	አላሰበኩም-----1 በትንሹ አላሰበኩም-----2 የ ጠበኩትን ያህል አስቢያለሁ-----3 አስቢያለሁ-----4 በጣም አስቢያለሁ-----5		
211	እረሶዎ የ ካንሰር ህክምና አገልግሎት ለማቆም አስበዋል ?	አስቢያለሁ-----1 በትንሹ አስቢያለሁ -----2 የ ጠበኩትን ያህል አስቢያለሁ-----3 አላሰበኩም-----4		

		በጣም አላሰብኩም-----5		
212	እርስዎ የ ካንሰር ህክምና አገልግሎት ጠቀሜታ ምን ያህል ረከተዋል?	አልረካሁም-----1 በትንሹ-----2 የ ጠበኩትን ያህል ሆናል-----3 ረከቸአለው-----4 በጣም ረከቻለው-----5		
213	እርስዎ የ ካንሰር ህክምና አገልግሎት እንደጠበቁት ጥቅም አሰገኝታል?	አላሰገኘም-----1 በትንሹ አሰገኝተል-----2 የ ጠበኩትን ያህል አሰገኝተል -----3 አሰገኝተል-----4 በጣም አሰገኝተል -----5		
214	እርስዎ አሁን በሚወስዱት የ ካንሰር ህክምና ዘዴ ረከተዋል?	አልረካሁም-----1 በትንሹ ረከቸአለሁ-----2 የ ጠበኩትን ያህል ረከቻለሁ-----3 ረከቸአለሁ-----4 በጣም ረከቻለሁ-----5		
215	እርስዎ አሁን በሚወስዱት የ ካንሰር ህክምና ረከተዋል?	አልረካሁም-----1 በትንሹ ረከቻለሁ-----2 የ ጠበኩትን ያህል ረከቻለሁ-----3 ረከቸአለሁ-----4 በጣም ረከቻለሁ-----5		
216	እርስዎ አሁን በሚወስዱት የ ካንሰር ህክምና ድጋሜ ይወስዱታል?	አረካሁም-----1 በትንሹ-----2 የ ጠበኩትን ያህል ሆናል-----3 ረከቸአለው-----4 በጣም ረከቻለው-----5		
	ድምር			
	አጠቃላይ ድምር			
	በ ትንሹ መሙላት ያለባቸው የ ውጤት ክፍፍል ከ ካንሰር ህክምና አንጻር የ ምንጠብቀው =5 ከ ካንሰር ህክምና ጎንዮሽ ችግር አንጻር=4 በ ካንሰር ህክምና ከ መረካት አንጻር =7			

ክፍል 3 በ ላቀ ህይወት እና ጤና ዙሪያ ላይ የሚያተኩር መጠይቅ - QOL

ተ.ቁ	ጥያቄ	ደረጃ	
301	ያአንተ/ያአንቺ የ ላቀ ህይወት በምን ደረጃ ታስቆምጠዋለህ?	በጣም ደካማ -----1` ደካማ-----2 ደካማም ጥሩ ለማለት ይቻላል-----3 ጥሩ -----4 በጣም ጥሩ-----5	
302	ባንተ/ባንቺ ጤና ላይ ምን ያህል ትረካለህ/ሽ?	በጣም አረካሁም -----1 አረካሁም-----2 አረካሁም ማለት አልቻልኩም -----3 እረክቻለሁ -----4 በጣም ረክቻለሁ-----5	
ከ እዚህ ቀጥሎ ያሉት ጥያቄዎች ባለፉት 2 ሳምንታት በምን ያህል ነገሮችን አከናወንናል የሚለውን የዳስሳል			
303	ባንተ /ቺ ላይ የሚፈጠረው ህመም መስራት የምትፈልገውን እንዳትሰራ ምን ያክል ተጽኖ አሳድሮብኛል ብለህ ታስባለህ?	ምንም አሳገደኝም -----1 ትንሽ አግዶናል -----2 በመጠኑ አሳድሮብል-----3 በጣም ተጽኖ አሳድሮብኛል-----4 እጅግ በጣም ተጽኖ አሳድሮብኛል -----5	
304	የየቀን ኑሮዎትን ለማሻሻል ምን ያክል ህክምና ያስፈልግሃል ?	ምንም አያስፈልገኝም -----1 ትንሽ ያስፈልገኛል -----2 በመጠኑ ያስፈልገኛል-----3 በጣም ያስፈልገናል-----4 እጅግ በጣም ያስፈልገኛል -----5	
305	በኑሮህ ምን ያክል ደስተኛ ነዎት ?	ምንም -----1 ትንሽ -----2 በተወሰነ መጠን -----3 በጣም ደስተኛ ነኝ -----4 እጅግ በጣም ደስተኛ ነኝ -----5	
306	ህይወትዎ ምን ያክል ትርጉም አለዉ ብለው ያስባሉ?	ምንም ትርጉም የለዉም -----1 ትንሽ ትርጉም አለዉ -----2 በተወሰነ መተን ትርጉም አለዉ -----3 በጣም ትርጉም አለዉ -----4 እጅግ በታም ትርጉም አለዉ -----5	
307	ለነገሮች ምን ያክል ትኩረት መስጠት አቅም አልዎት?	ምንም ትኩረት የለኝም -----1 ትንሽ ትኩረት አለኝ -----2 በተወሰነ መጠን ትኩረት አለኝ -----3 በጣም ትኩረት አለኝ -----4 እጅግ በጣም ትኩረት አለኝ-----5	
308	በኑሮዎ ምን ያክል ምቹት ይሰማሃል ?	ምንም ምቹት የለኝም -----1 ትንሽ ምቹት አለኝ -----2 በተወሰነ መጠን ምቹት አለኝ -----3 በጣም ምቹት አለን -----4 እጅግ በጣም ምቹት አ-----5	
309	ሰውነትዎ ምን ያክል ጤንነት ይሰማዋል ?	ምንም ጤንነት ኤሰማኝም -----1 ትንሽ ጤንነት ይሰማኛል-----2 በተወሰነ መጠን ጤንነት ሰማኛል -----3 በጣም ጤንነት ይሰማኛል -----4	

		እጅግ በጣም ጤንነት ይሰማኛል-----5	
ቀጣይ ጥያቄዎች ባለፍው 2 ሳምንት ውስጥ ነገሮችን ምን ያህል እንዳከናወንክ የሚዳስስ ጥያቄ ነው			
310	በየቀኑ በህይወትዎ ላይ በቂ የሚባል አቅም/ሃይል አለ ?	ምንም የለኝም -----1 ትንሽ አለኝ -----2 በመጠኑ አለኝ -----3 በጣም አቅም አለኝ -----4 እጅግ በጣም ጥሩ አቅም አለኝ -----5	
311	የሰውነት አቋሞን ይወዱታል?	ምንም አሎደወይም -----1 ትንሽ -----2 በመጠኑ -----3 በጣም እወደዋለሁ -----4 እጅግ በጣም እወደዋለሁ-----5	
312	ፍላጎትዎን ለማሟላት በቂ ብር አሎት?	ምንም የለኝም -----1 ትንሽ አለኝ-----2 በመጠኑ አለኝ -----3 በቂ ብር አለኝ -----4 በጣም በቂ ብር አለኝ -----5	
313	በየቀኑ ህይወትዎ የሚስፈልገውን መረጃ ያገኛሉ?	ምንም አላገኝም -----1 ትንሽ አገኛለሁ -----2 በመጠኑ አገኛለሁ -----3 ብዙ ጊዜ አገኛለሁ -----4 ሙሉ መረጃ አገኛለሁ-----5	
314	ለመዝናናት ምን ያክል ጥሩ አጋጣሚዎች ይፈጠሩሎታል?	ምንም የለም -----1 ትንሽ አጋታሚዎች አሉ -----2 በመጠኑ -----3 ትሩ አጋጣሚ አለኝ-----4 እጅግ በጣም ጥሩ አጋጣሚ አለ-----5	
315	የሚፈልጉበት- በታ ለመሄድ ምን ያክል ጤነኛ ነዎት ?	በጣም መጥፎ -----1 መትፎ -----2 - ጥሩም መጥፎም አይደለም-----3 ጥሩ ነወ -----4 በጣም ጥሩ ነወ-----5	
ቀጣይ ጥያቄዎች ባለፉት 2 ሳምንት ውስጥ በ ኑሮህ/ሕይወትህ ላይ ምን ያክል እንደረከህ የሚዳስስ ጠያቂ ነው.			
316	በእንቅልፍዎ ምን ያክል ይረካሉ ?	በጣም አረካሁም -----1 አረካሁም-----2 ርክቻለሁ አረካሁም ማለት አልቻልኩም -----3 እርክቻለሁ -----4 በጣም ረክቻለሁ-----5	
317	በየቀኑ ስራዎችህን ለመስራት በችሎታዎ ምን ያክል ይረካሉ ?	በጣም አረካሁም-----1 አረካሁም -----2 ርክቻለሁ አረካሁም ማለት አልቻልኩም--3 ርክቻለሁ-----4 በጣም ረክቻለሁ-----5	
318	በስራ ባለዎት አቅም ምን ያክል ይረካሉ?	በጣም አረካለሁ-----1 አረካሁም -----2 ርክቻለሁ አረካሁም ማለት አልቻልኩም--3 እርክቻለሁ-----4 በጣም እርክቻለሁ -----5	
319	በራስዎት ምን ያክል ይረካሉ?	-በጣም አረካም-----1 አረካም-----2 ርክቻለሁ አረካሁም ማለት አልቻልኩም----3	

		እረክቻለሁ -----4 በጣም እረክቻለሁ -----5	
320	በግል ህይወትዎ ምን ያክል ይረካሉ ?	በጣም አረካሁም-----1 አረካሁም-----2 ረክቻለሁ አረካሁም ማለት አልቻልኩም-----3 እረክቻለሁ-----4 በጣም እረክቻለሁ -----5	
321	በግብረ ስጋ ግንኙነት ምን ያክል ይረካሉ?	በጣም አረካሁም-----1 አረካሁም-----2 ረክቻለሁ አረካሁም ማለት አልቻልኩም--3 እረክቻለሁ -----4 በጣም እረክቻለሁ -----5	
322	ከጓደኞችህ በምታገኙት ድጋፍ/እርዳታ ምን ያክል ይረካሉ ?	በጣም አረካሁም-----1 አረካሁም-----2 ረክቻለሁ አረካሁም ማለት አልቻልኩም--3 እረክቻለሁ-----4 -በጣም እረክቻለሁ -----5	
323	በመኖሪያ አካባቢዎ ባሉ ሁኔታዎች ምን ያክል ይረካሉ?	በጣም አረካሁም-----1 አረካሁም-----2 ረክቻለሁ አረካሁም ማለት አልቻልኩም--3 ረክቻለሁ-----4 በጣም እረክቻለሁ -----5	
324	ባቅራቢያህ የጤና አገልግሎት አግኝቻለሁ ብለው ይረካሉ?	- በጣም አረካሁም-----1 አረካሁም-----2 ረክቻለሁ አረካሁም ማለት አልቻልኩም--3 እረክቻለሁ-----4 በጣም እረክቻለሁ -----5	
325	ባለህ ትራንስፖርት ምን ያክል ይረካሉ?	በጣም አረካሁም-----1 አረካሁም-----2 ረክቻለሁ አረካሁም ማለት አልቻልኩም--3 እረክቻለሁ -----4 -በጣም እረክቻለሁ -----5	
326	በዚህ 2 ሳምንት ምን ያክል ጊዜ መጥፎ ስሜት ,(መጨናነቅ፣ድብርት) ይሰማዎታል?	በፍጹም-----1 አልፎ አልፎ-----2 እጅግ በጣም አለፎ አልፎ-----3 በጣም አልፎ አልፎ -----4 ሁልጊዜ-----5	

