

## Patient Assessment of cancer Communication Experiences (PACE)

This document presents sets of items intended to assess patients' perceptions of communication between patients and cancer care teams over the course of cancer care. We drew heavily on what we learned from interviews with patients and family members about their experiences with and views on communication over the course of cancer care. We also considered the six functions of communication as described by Epstein and Street in their monograph on patient centered communication, and created items that we felt addressed these functions in ways that would be salient to patients. Our goal is for physicians, practices, and healthcare organizations to use these items to collect information on patients' experiences with communication across the cancer care continuum.

For additional information, please contact Kathy Mazor at [Kathy.mazor@meyersprimary.org](mailto:Kathy.mazor@meyersprimary.org) or [Kathleen.mazor@umassmed.edu](mailto:Kathleen.mazor@umassmed.edu) or 508.791.7392.

Mazor KM, Street Jr RL, Sue VM, Williams AE, Rabin BA, Arora NK. Assessing patients' experiences with communication across the cancer care continuum, *Patient Education and Counseling* (2016). 10.1016/j.pec.2016.03.004

<http://dx.doi.org/10.1016/j.pec.2016.03.004>

**Funding:** This work was completed under the Cancer Research Network Cancer Communication Research Center (CCRC), a Center of Excellence in Cancer Communication Research, funded by the National Cancer Institute. [P20CA137219]

**Patient Assessment of cancer Communication Experiences (PACE)  
Core Item Set**

Please mark the extent to which each statement reflects your experiences with communication with your doctors, nurses and other healthcare professionals during your cancer care, **from the time there was a suspicion that you might have cancer, through the present.**

	Never ▼	Some- times ▼	Usually ▼	Always ▼	Does Not Apply ▼
I was treated with sensitivity and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt known as a person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt listened to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt comfortable asking questions and voicing my concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that everyone worked together as a team in taking care of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I got the information I needed, when I needed it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I got clear, understandable information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I knew who to contact if I had a question or concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I got consistent information from all my doctors and nurses; everyone was on the same page.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My cancer care team helped me cope with any uncertainty or unknowns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My cancer care team helped me cope with difficult feelings, like fear, anxiety, and feeling down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt optimism and hope from my doctors and nurses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall, how would you rate your experiences with communication related to your cancer care, **from the time there was a suspicion that you might have cancer, through the present?**

- Excellent
- Very good
- Good
- Fair
- Poor

Our goal is to provide consistently excellent communication. If your experience was less than excellent, please tell us how we fell short, and what we should do differently in the future:

**Patient Assessment of cancer Communication Experiences (PACE)  
Cancer Diagnosis Item Set**

Please mark the extent to which you agree or disagree with each statement about your experiences with communication when **you were diagnosed with cancer**.

<b>When I was diagnosed with cancer...</b>	<b>Strongly Disagree</b> ▼	<b>Disagree</b> ▼	<b>Agree</b> ▼	<b>Strongly Agree</b> ▼	<b>Does Not Apply</b> ▼
I was told I had cancer in a way that was sensitive and caring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The person who told me I had cancer was the right person to tell me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My cancer care team helped me cope with the uncertainty or unknowns about my diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soon after I was told I had cancer, someone was available to answer my questions about my diagnosis and next steps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soon after I was told I had cancer, I knew what would happen next, and what decisions I would face.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall, how would you rate your experiences with communication **when you were diagnosed** with cancer?

- Excellent
- Very good
- Good
- Fair
- Poor

Our goal is to provide consistently excellent communication. If your experience was less than excellent, please tell us how we fell short, and what we should do differently in the future:

**Patient Assessment of cancer Communication Experiences (PACE)  
Deciding About Cancer Treatment Item Set**

Please mark the extent to which each statement reflects your experiences with communication as you decided about treatment.

	Never ▼	Some- times ▼	Usually ▼	Always ▼	Does Not Apply ▼
I got clear, understandable information about treatments we were considering.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I got consistent information from all my doctors and nurses; everyone was on the same page.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My cancer care team helped me cope with the uncertainty or unknowns about my treatment decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given the right amount of information, at the right time, on my treatment choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understood what treatment choices were available to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understood the risks of my different treatment choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understood the likely benefits of different treatment choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I got a clear recommendation about what treatment approach would be best for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understood why my doctor recommended a certain treatment approach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was involved in making decisions as much as I wanted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt comfortable telling my doctor my thoughts and feelings about my treatment choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was encouraged to ask questions about my treatment choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt my doctor understood what was important to me, and considered that in recommending a treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I got the treatment that was best for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was told clearly whether the treatment(s) we chose would be likely to cure my cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall, how would you rate your experiences with communication **as you decided about treatment?**

- Excellent
- Very good
- Good
- Fair
- Poor

Our goal is to provide consistently excellent communication. If your experience was less than excellent, please tell us how we fell short, and what we should do differently in the future:

**Patient Assessment of cancer Communication Experiences (PACE)  
Surgery Item Set**

Please mark the extent to which each statement reflects your experiences with communication related to your **surgery**.

	Never ▼	Some- times ▼	Usually ▼	Always ▼	Does Not Apply ▼
I was given enough information, at the right time, on how to avoid or deal with any possible complications of my surgery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given enough information, at the right time, on what to expect from my surgery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given enough information, at the right time, on how to take care of myself after surgery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I knew who to contact if I had a question or concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I got consistent information from all my doctors and nurses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My surgery team helped me cope with difficult feelings, like fear, anxiety, and feeling down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt optimism and hope from my doctors and nurses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The doctors and nurses listened to what I had to say about how I was recovering from the surgery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My doctors respected my wishes about trying additional treatments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall, how would you rate your experiences with communication **related to your surgery**?

- Excellent
- Very good
- Good
- Fair
- Poor

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**Patient Assessment of cancer Communication Experiences (PACE)  
Radiation Treatment Item Set**

Please mark the extent to which each statement reflects your experiences with communication during the period you were receiving **radiation treatment**.

	Never ▼	Some- times ▼	Usually ▼	Always ▼	Does Not Apply ▼
I was given enough information, at the right time, on how to avoid or deal with side effects of radiation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given enough information, at the right time, on what to expect during my radiation treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given enough information, at the right time, on how to take care of myself during radiation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that the doctors and nurses worked together as a team in taking care of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I knew who to contact if I had a question or concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I got consistent information from all my doctors and nurses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My cancer care team helped me cope with difficult feelings, like fear, anxiety, and feeling down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt optimism and hope from my doctors and nurses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The doctors and nurses listened to what I had to say about how the radiation treatments were affecting me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall, how would you rate your experiences with communication during the period when you were receiving **radiation treatment**?

- Excellent
- Very good
- Good
- Fair
- Poor

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**Patient Assessment of cancer Communication Experiences (PACE)  
Chemotherapy Treatment Item Set**

Please mark the extent to which each statement reflects your experiences with communication when you were receiving **chemotherapy**.

	Never ▼	Some- times ▼	Usually ▼	Always ▼	Does Not Apply ▼
I was given enough information, at the right time, on how to avoid or deal with the side effects of chemotherapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given enough information, at the right time, on what to expect during chemotherapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given enough information, at the right time, on how to take care of myself during chemotherapy..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that the doctors and nurses worked together as a team in taking care of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I knew who to contact if I had a question or concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I got consistent information from all my doctors and nurses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My cancer care team helped me cope with difficult feelings, like fear, anxiety, and feeling down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt optimism and hope from my doctors and nurses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The doctors and nurses listened to what I had to say about how the chemotherapy was affecting me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My doctors respected my wishes about trying additional treatments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall, how would you rate your experiences with communication during the period you were receiving chemotherapy?

- Excellent
- Very good
- Good
- Fair
- Poor

Our goal is to provide consistently excellent communication. If your experience was less than excellent, please tell us how we fell short, and what we should do differently in the future:

## Patient Assessment of cancer Communication Experiences (PACE)

### After Treatment Completion Item Set

Please mark the extent to which each statement reflects your experiences with communication **after you completed treatment.**

	Never ▼	Some- times ▼	Usually ▼	Always ▼	Does Not Apply ▼
I had help with difficult feelings, like fear, anxiety, and feeling down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given enough information on possible long-term side effects of my cancer treatment(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that my doctors and nurses listened to my concerns about whether my cancer treatment(s) worked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I knew where to go for my different health care needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I knew what sort of follow up care I should have, and when to get it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall, how would you rate your experiences with communication **after you completed treatment?**

- Excellent
- Very good
- Good
- Fair
- Poor

Our goal is to provide consistently excellent communication. If your experience was less than excellent, please tell us how we fell short, and what we should do differently in the future: