

Instructions:

Please place a firm cross *e.g.* ☒ in a single box per row. A number of items are on a 0 to 10 scale with the meaning of the extremes of the scale stated in words (please choose a value between 0 and 10 that best represents your view).

Have you used complementary therapies in the past? No Yes

How much nausea (the feeling of being sick) do you think you will experience during your chemotherapy treatment?

0 1 2 3 4 5 6 7 8 9 10
Not at all Very frequently

How much vomiting (being sick) do you think you will experience during your chemotherapy treatment?

0 1 2 3 4 5 6 7 8 9 10
Not at all Very frequently

How much do you believe that the acupressure method if allocated will help you manage your sickness better?

0 1 2 3 4 5 6 7 8 9 10
Not at all Will help me a lot

How much faith do you have in complementary therapies in general?

0 1 2 3 4 5 6 7 8 9 10
None at all Complete faith

Date completed

d	d

 /

m	m

 /

y	y	y	y

Signed _____