



Screening Form

Patient-ID:  
(only after inclusion)

Date of Screening:

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Inclusion Criteria

Age of patient:	<input type="checkbox"/> ≥18 years <input type="checkbox"/> <18 years
Does the patient have sufficient language skills to participate?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is there a confirmed diagnosis of cancer?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is the patient receiving intravenous chemotherapy (duration of application including flushing at least 60 minutes)?	<input type="checkbox"/> yes <input type="checkbox"/> no
Will the first survey take place at least at the second chemotherapy session?	<input type="checkbox"/> yes <input type="checkbox"/> no
At least five chemotherapy sessions outstanding?	<input type="checkbox"/> yes <input type="checkbox"/> no
GAD-7 ≥ 5?	<input type="checkbox"/> yes <input type="checkbox"/> no

Exclusion Criteria

Are there any serious visual and/or hearing impairments?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are there any relevant pre-existing conditions? <sup>1</sup>	<input type="checkbox"/> yes <input type="checkbox"/> no
Were there any serious side effects from the first chemotherapy?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is the chemotherapy being carried out as part of another study?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are there any brain metastases?	<input type="checkbox"/> yes <input type="checkbox"/> no

Inclusion

Education has taken place	<input type="checkbox"/> yes <input type="checkbox"/> no
Inclusion and exclusion criteria enable participation	<input type="checkbox"/> yes <input type="checkbox"/> no

Does the patient consent to participate in the study?☐ yes ☐ no

In case of “Yes”, the declaration of consent will be signed. In case of “No”, the second page will be filled in.

<sup>1</sup> Neurological/psychiatric pre-existing conditions that affect the vestibular system, impair the sense of balance or alter visual perception, epilepsy or claustrophobia.



## Screening Form

Please check all that apply:

*Multiple responses possible*

- ☐ Own current state of health (physical, mental) speaks against participation.
- ☐ Focus should be on chemotherapy, participation is perceived as disruptive.
- ☐ Concern about too much additional effort during therapy.
- ☐ Concern about possible side effects.
- ☐ Concern about data protection.
- ☐ Concern about the collection of saliva samples.
- ☐ No need, as chemotherapy is not perceived as unpleasant or stressful.
- ☐ No need, as own strategies for distraction and bridging time are used (reading, smartphone/tablet, accompanying person, fellow patients, sleeping,...)
- ☐ No interest in participating in clinical trials in general.
- ☐ No interest in the question or in the VR technology.
- ☐ No interest in or skepticism about the effectiveness of the interventions.
- ☐ No interest in psycho-oncological support services.

If none of the points above apply or if further comments should be made, the free text field below may be used:

- ☐ No further indications of reasons.

**Many thanks!**

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- ☐ Patient did not want to provide feedback. *(Only to be filled in by the research team)*