The Oxford Cancer Centre has guidelines for vaccination of patients undergoing chemotherapy. To assess how successful these are, it would be helpful if you are able to complete this questionnaire. The information you provide is anonymous and your participation is completely voluntary.

1. What is your age?		
	.years	
2. For which type of cancer are you receiving chemotherapy?		
3. Are you up to date□ Yes	on your childh	ood vaccinations?
4. Have you received□ Yes	an influenza va □ No	accination ("flu jab") since September 2013?
 5. If yes, was this vaccination arranged because of your chemotherapy treatment, or due to another reason? (e.g. asthma, aged 65 years+) Chemotherapy Other reason 		
6. Have you received the past? □ Yes	a pneumococc	al vaccination ("Prevenar13" or "Pneumovax") at any time in
 7. If yes, was this vaccination arranged because of your chemotherapy treatment, or due to another reason? (e.g. asthma, aged 65 years+) Chemotherapy Other reason 		
 8. Did you receive any guidance from your cancer doctor regarding having vaccinations before or during your chemotherapy treatment? Yes No Unsure 		
9. Would you have lil before and during che□ Yes		guidance from your cancer team regarding having vaccinations
Many thanks for your time in filling out this questionnaire		

Dr Katie Herbert, CT2 / Michelle Toleman, FY2 / Dr David Church, Clinical Lecturer