**Multiple choice questions**

Answers marked in red are correct

1. What factors influence participation in meaningful everyday activities and potentially will affect the HRQoLof children with cancer during hospitalisation
2. parents attitude
3. demographic differences and socioeconomic contexts,
4. cancer types,
5. treatment regimens
6. type of hospital unit admitted to
7. In longer admissions for children with cancer in South Africa occupational therapy oncology rehabilitation
8. has been largely ignored,
9. is not necessary
10. needs to consider activity limitations and participation restrictions in daily activities
11. is based on symptoms of the cancer
12. consider this disruption in engagement in meaningful occupations.
13. Health-related quality of life (HRQoL) considers
    1. the type of cancer the child presents with
    2. the child’s perception of how they are dealing with the condition
    3. patent’s perspective of how the child in coping
    4. the occupational therapist’s perspective of how the child in coping
    5. the child’s perception of how they are dealing with treatment consequences for cancer when in hospital.
14. Physical functioning related to HRQoL in children with cancer includes
    1. fatigue and weakness due to reduced daily energy
    2. eating disorders
    3. lower levels of physical activity often associated with side effects of treatment and pain.
    4. changes in self-esteem and self-image due to deformities
    5. fear of treatment
15. The primary participants in the study were the children
    1. who had a confirmed diagnosis of cancer and were in-patients in the oncology unit
    2. were still in the induction or consolidation phase of treatment actively receiving treatment.
    3. were not accompanied by parents who stayed in the hospital lodge during the hospitalisation were
    4. had experienced the effects of the illness as well as the side effects of treatment
    5. were from 8 to 12 years old
16. On the **PedsQL**TM Generic Core Scales (4.0) (Figure 1)
    1. both parent and child participants rated the children to be functioning within the intermediate
    2. school function did not impact HRQoL
    3. parent participants considered the HRQoL related to physical function and health more affected than the child participants
    4. emotional functioning considered fear, low mood and sleep
    5. children perceived better functioning and less occupational disruption for relationships and play than parents.
17. The parent participants scores on the **PedsQLTM** Cancer Module TM (3.0)
    1. viewed pain and hurt and nausea as having less impact on their children’s HRQoL than the children
    2. scored their children at a low level of HRQoL for procedural anxiety,
    3. had significantly lower scores for HRQoL associated with treatment anxiety and worry
    4. scored cognitive problems, perceived physical appearance and communication at a high level of HRQoL
    5. agreed with their children on the impact of all subscales on the child’s HRQoL
18. At a young age hospitalisation for cancer treatment
    1. is a predictor of participation restriction
    2. Is associated with good outcomes
    3. presents a significant risk factor for possible impairment in physical functioning
    4. indicates a lack of severity of disease
    5. presents risk for emotional and social functioning, which results in later dysfunction
19. The child participants were more at risk for impaired HRQoL associated with emotional and social function which
    1. is influenced by perceived self-efficacy
    2. results in increased distress, increased depression, anxiety, and decreased functional status,
    3. is due to having no parental support during their hospitalisation
    4. correlates with lower motivation
    5. they perceived had less effect on the HRQoL than their physical function
20. The intermediate level of HRQoL of the children hospitalised for treatment of cancer indicates
    1. an acceptable level of HRQoL
    2. occupational therapy intervention is required for engagement and participation in meaningful occupations
    3. only social functioning should be addressed
    4. parents should not expect the children to engage in any activities during this time
    5. intervention should include adapting activities while hospitalised as well as preparation for return to previous occupations on discharge.