

Suppl. 4. English version of Validation Procedure Questionnaire

VALIDATION No

I. Time of completion the questionnaire

1. main questionnaire: minutes
2. demographics: minutes

II. Comprehensibility and acceptability of the questionnaire

1. Is the form of the questionnaire good in your opinion?
☐ Yes
☐ No
2. Is the font size big enough in your opinion?
☐ Yes
☐ No
3. Do you think that the questionnaire is sufficiently long?
☐ Yes
☐ No – should be shorter
☐ No – should be longer
4. Are the questions generally understandable in your opinion?
☐ Yes
☐ No
5. Are any questions difficult for you to answer clearly?
☐ Yes
Which? Number of question
☐ No
6. Are any questions you do not want to answer?
☐ Yes
Which? Number of question
☐ No
7. Is there anything else you would like to tell about your needs?
☐ Yes
What?.....
☐ No
8. Do you think that completing this questionnaire may facilitate better contact with the doctor / nurse / other staff?

☐ Yes

☐ No

9. Did you identify any important needs, which you did not recognize before the questionnaire?

☐ Yes

What?.....

Number of question

☐ No