

Suppl. 2. English version of Needs Evaluation Questionnaire

QUESTIONNAIRE NUMBER.....

1. I need more information about my diagnosis
☐ Yes
☐ No
2. I need more information about my future condition
☐ Yes
☐ No
3. I need more information about the exams I am undergoing
☐ Yes
☐ No
4. I need more explanations of treatments
☐ Yes
☐ No
5. I need to be more involved in the therapeutic choices
☐ Yes
☐ No
6. I need clinicians and nurses to give me more comprehensible information
☐ Yes
☐ No
7. I need clinicians to be more sincere with me
☐ Yes
☐ No
8. I need to have a better dialogue with Clinicians
☐ Yes
☐ No
9. I need my symptoms (pain, nausea, insomnia, etc.) to be better controlled
☐ Yes
☐ No
10. I need more help with eating, dressing, and going to the bathroom
☐ Yes

☐ No

11. I need better respect for my intimacy

☐ Yes

☐ No

12. I need better attention from nurses

☐ Yes

☐ No

13. I need to be more reassured by the clinicians

☐ Yes

☐ No

14. I need better services from the hospital (bathrooms, meals, cleaning)

☐ Yes

☐ No

15. I need to have more economic insurance information (tickets, invalidity, etc..) In relation to my illness

☐ Yes

☐ No

16. I need economic help

☐ Yes

☐ No

17. I need to speak with a psychologist

☐ Yes

☐ No

18. I need to speak with a spiritual advisor

☐ Yes

☐ No

19. I need to speak with people who have this same experience

☐ Yes

☐ No

20. I need to be more reassured by my relatives

☐ Yes

☐ No

21. I need to feel more useful within my family

☐ Yes

☐ No

22. I need to feel less abandoned

☐ Yes

☐ No

23. I need to receive less commiseration from other people

☐ Yes

☐ No

DEMOGRAPHIC AND CLINICAL DATA

1. Gender:

- ☐ female
- ☐ male

2. Age:years

3. Education:

- ☐ primary
- ☐ secondary
- ☐ high

☐ Place of residence

☐ city,

☐ village

4. Professional activity

- ☐ student
- ☐ active
- ☐ active, but actually sick leave
- ☐ unemployed
- ☐ pensioner
- ☐ disability pensioner

6. Marital status

- ☐ married or in a stable informal relationship
- ☐ relationship broken during disease or in relation to disease
- ☐ single
- ☐ divorced
- ☐ widow/widower

7. Living with:

- ☐ partner
- ☐ partner and child/children
- ☐ child/children
- ☐ another family member
- ☐ alone

8. Do you have a medical doctor as a close family or friend?

- ☐ yes
- ☐ no

9. Cancer:.....

10. Approximate date of cancer diagnosis:.....
(month/year)