

STEP 3 CADICEE TOOL

CONFIDENCE/TRUST | AUTONOMY | DECISION-MAKING | INFORMATION | LIFE CONTEXT | EMPATHY | EXPERTISE

GENERAL INFORMATION

We know how important the relationship with the healthcare professionals we consult is. The purpose of this questionnaire is to assess certain aspects of this relationship. The results will help you and your professionals to better understand your needs and those of your loved ones and better adapt to them.

IMPORTANT. If you are the family member, caregiver or legal guardian, and you are helping the patient to complete the questionnaire, please ensure that you answer from the patient's point of view.

Date of last consultation related to your cancer _____

The professional consulted is:

- A doctor
- An occupational therapist
- A social worker
- A nurse
- A physiotherapist
- A psychologist
- A pharmacist
- Other

If other, please specify _____

This professional is

- A woman
- A man

Did the consultation with this professional take place in the language of your choice?

- Yes
- No

If you checked NO, what is the language of your choice? _____

Why did you consult this oncology professional? (you may tick more than one answer). If you are answering as a family member or caregiver, this question concerns the patient you are accompanying.

- For an initial cancer diagnosis
- For cancer treatment
- For oncology follow-up
- For an unscheduled appointment related to your oncology treatment
- For hospitalization related to your oncology treatment
- For a health problem related to the side effects of cancer treatment
- For treatment or follow-up of a chronic disease associated with cancer (e.g. hypertension, diabetes)
- Other

If other, please specify _____

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GENERAL ASSESSMENT OF THE CONSULTATION

	Not at all	A little	Moderately	A lot	Don't know/ Not applicable
Overall, did this consultation meet your needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on your overall assessment of the consultation : _____

THE CONSULTATION

The next questions focus on your relationship with your chosen professional. They cover seven themes: Trust/Confidence, Autonomy, Decision-making, Information, Life Context, Empathy and Expertise (CADICEE). For each theme, there are questions about your needs/expectations before the consultation and others about your experience during it.

During this consultation, did you receive a prescription?

- Yes
 No

CONFIDENCE/TRUST

Trusting someone makes you feel safe with them. You feel you can rely on them.

QUESTIONS ABOUT TRUST

	Not at all	A little	Moderately	A lot	Don't know/ Not applicable
Before the consultation, did you need to feel a bond of trust with this professional?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the consultation, did you feel confident with the professional you consulted?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the consultation, were you open to the professional's point of view (advice, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments _____

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AUTONOMY

The ability to take care of one's own health (or that of a loved one). For example, being able to do your own exercise, take your own medication or take care of yourself.

QUESTIONS ABOUT AUTONOMY

	Not at all	A little	Moderately	A lot	Don't know/ Not applicable
Before the consultation, did you need this professional to help you become more independent?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the consultation, did this professional help you become more independent (through advice, opinions, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments _____

DECISION-MAKING

During a consultation, you may have to make decisions related to your care. For example, deciding on the goal of care or choosing a medication or treatment.

QUESTIONS ABOUT PARTICIPATING IN DECISION-MAKING

	Not at all	A little	Moderately	A lot	Don't know/ Not applicable
Before the consultation, did you need to be involved in decision-making related to your care? Answer thinking only of the consultation you have chosen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the consultation, did you participate in decision-making related to your care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments _____

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INFORMATION SHARING

All the information that can be shared between you and your healthcare professional, in relation to your condition and situation.

QUESTIONS ON INFORMATION SHARING

	Not at all	A little	Moderately	A lot	Don't know/ Not applicable
Before the consultation, did you expect to give important information about your health or care to this professional?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the consultation, did you give important information about your health or care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the consultation, did you receive any important information that you did not wish to receive?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments _____

ADAPTING TO YOUR LIFE CONTEXT

Your situation (family, work, projects, etc.) and your values can influence the healthcare professional's approach, for example when discussing the best care to choose.

QUESTIONS ABOUT ADAPTING CARE TO YOUR LIVING ENVIRONMENT

	Not at all	A little	Moderately	A lot	Don't know/ Not applicable
Before the consultation, did you expect your care to be adapted to your life context (family, work, values, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the consultation, was your care adapted to your life context?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments _____

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EMPATHY

Empathy is the ability to put oneself in someone else's place, to understand how they feel (their feelings).

QUESTIONS ABOUT EMPATHY

	Not at all	A little	Moderately	A lot	Don't know/ Not applicable
Before the consultation, did you expect empathy from this professional?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the consultation, did you feel empathy from this professional?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the consultation, did you show empathy towards this professional?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments _____

RECOGNITION OF YOUR EXPERTISE

By living with a health problem, you can develop knowledge and experience that you can then share with healthcare professionals.

FOR EXAMPLE:

- Knowing when it's serious or not, based on what you've already experienced.
- Knowing how your body reacts to certain treatments.
- Know who is the best person to perform a given procedure.
- Know where to find a professional or obtain a service.
- Knowledge about your health problem.

QUESTIONS ABOUT RECOGNIZING YOUR EXPERTISE

	Not at all	A little	Moderately	A lot	Don't know/ Not applicable
Before the consultation, did you expect your expertise to be recognized and taken into account by this professional?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the consultation, did you feel that your expertise was recognized and taken into account by this professional?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	Not at all	A little	Moderately	A lot	Don't know/ Not applicable
Before the consultation, did you think that this professional had expertise that would be useful for the consultation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the consultation, did this professional demonstrate useful expertise in relation to what was said or done during the consultation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments _____

As part of this consultation, we'd like to know which were the 3 most important themes for you. Please select the 3 options that apply to you:

- Confidence/Trust
- Autonomy
- Participation in decision-making
- Sharing of information
- Adaptation to your life context
- Empathy
- Recognition of your expertise