

STEP 3 CARE PATHWAY - PERSON AFFECTED BY CANCER (LONG VERSION)

The following questions are about your clinical experience and the information provided by your care team during your own episode of care related to cancer or genetic predisposition to cancer. A care team is defined as the various healthcare professionals who work together: doctors, nurses, pivot nurses, pharmacists, nutritionists, psychologists, social workers, physiotherapists, etc.

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.

In which establishment are you followed ?

- At CHUM
- At CIUSSS de l'Est-de-l'Île-de-Montréal
- At CHU de Québec - Université Laval
- At CISSS de la Montérégie-Est
- At CISSS de la Montérégie-Centre
- At CIUSSS de l'Estrie
- At CISSS de la Côte-Nord

What is the main type of cancer for which you are currently being treated ?

- Oral cavity
- Brain
- Colorectal (colon, rectum)
- Cervix
- Endometrium / Uterus
- Stomach
- Esophagus
- Liver
- Leukemia
- Non-Hodgkin's lymphoma
- Melanoma
- Ovary
- Pancreas
- Skin (non-melanoma)
- Lung / Bronchus
- Prostate
- Kidney
- Breast
- Thyroid
- Bladder
- Other cancer

If you are currently being treated for a type of cancer other than those listed, please specify which: _____

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Is this cancer metastatic ?

- Yes
 No
 Don't know

If yes, what is the location ? _____

Is this cancer :

- A new cancer (a cancer treated for the first time)
 A recurrence of a cancer treated in the past
 A second or third cancer
 Don't know

When were you diagnosed with the cancer for which you are now being treated ?

- Less than one month
 Between 1 and 3 months
 Between 4 and 6 months
 Between 7 and 11 months
 Between 1 and 3 years
 Between 3 and 5 years
 More than 5 years
 Don't know

If you were diagnosed with cancer more than 5 years ago, please indicate the number of years _____

Are you currently undergoing treatment ?

- Yes
 No

What type of treatment or surgery have you received to date (check all that apply) ?

- Chemotherapy through the veins (Intravenous)
 Chemotherapy with tablets to be swallowed
 Hormone therapy (antihormones)
 Radiotherapy or brachytherapy
 Immunotherapy
 Partial surgery (removing the tumor while preserving as much healthy tissue as possible)
 Complete surgery (completely removing the affected organ)
 Reconstructive surgery
 Transplantation or transplant
 Medication for symptoms (pain, nausea)
 Alternative medicine

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- I have not yet received any treatment for my cancer
 Other
 Don't know

If you have received any treatment other than those listed, please specify: _____

At what stage of the care trajectory are you at the time of completing this questionnaire ?

- Around the announcement of the diagnosis
 Around the screening test
 Before the start of radiotherapy
 During radiotherapy
 After the end of radiotherapy
 Before the start of chemotherapy
 During chemotherapy
 After chemotherapy
 Before immunotherapy
 During immunotherapy
 After immunotherapy
 Before surgery
 After surgery
 After acute treatment
 Other

If other, please specify: _____

These treatments began :

- I have not yet received any treatment
 Less than 1 month
 Between 1 and 3 months
 Between 4 and 6 months
 Between 7 and 11 months
 Between 1 and 3 years
 Between 3 and 5 years
 More than 5 years
 Don't know

If your treatments began more than 5 years ago, please indicate the number of years _____