

Part A. Demographics

1) What is your Age?

- <50 50-54 55-59 60-64 65-69
 70-74 75-79 80-84 85-90 >90

2) Are you male or female?

- male female

3) Are you

- married / living with partner single separated /divorced widowed

4) Do you live:

- by yourself with spouse / significant other with children with friend(s)

5) Highest level of education completed

- no formal education primary school junior/intermediate certificate
 leaving certificate post leaving diploma / certificate
 university degree or equivalent

6) What is your main activity (tick one box)?

- retired unemployed self-employed
 full-time employment working in the home student

7) Do you drive yourself to hospital appointments?

- Yes
 No, I get a drive from friend / family
 Other _____

8) Which is your cancer diagnosis?

- Skin cancer (Not melanoma) Colon/Rectum cancer
 Melanoma skin cancer Leukemia
 Lung cancer Lymphoma
 Breast cancer Prostate cancer
 Other: _____

9) How old were you when you were told you had cancer? _____

10) To the best of your knowledge, are you considered cured of cancer?

- Yes
 No, but I am currently receiving treatment
 No, but I was previously treated
 No, I have never had any treatment
 Do not know

Part B: Social Supports

The following two-page questionnaire asks about your social support. Please read the following questions and circle the response that most closely describes your current situation.

1. How many *close friends* do you have, people that you feel at ease with, can talk to about private matters?

- None
- 1 or 2
- 3 to 5
- 6 to 9
- 10 or more
- Unknown

2. How many of these *close friends* do you see at least once a month?

- None
- 1 or 2
- 3 to 5
- 6 to 9
- 10 or more
- Unknown

3. How many *relatives* do you have, people that you feel at ease with, can talk to about private matters?

- None
- 1 or 2
- 3 to 5
- 6 to 9
- 10 or more
- Unknown

4. How many of these *relatives* do you see at least once a month?

- None
- 1 or 2
- 3 to 5
- 6 to 9
- 10 or more
- Unknown

5. Do you participate in any groups, such as a senior center, social or work group, religious-connected group, self-help group, or charity, public service, or community group?

- No
- Yes
- Unknown

6. About how often do you go to religious meetings or services?

- Never or almost never
- Once or twice a year
- Every few months
- Once or twice a month
- Once a week
- More than once a week
- Unknown

7. Is there someone available to you whom you can count on to listen to you when you need to talk?

- None
- 1 or 2
- 3 to 5
- 6 to 9
- 10 or more
- Unknown

8. Is there someone available to give you good advice about a problem?

- None
- 1 or 2
- 3 to 5
- 6 to 9
- 10 or more
- Unknown

9. Is there someone available to you who shows you love and affection?

- None
- 1 or 2
- 3 to 5
- 6 to 9
- 10 or more
- Unknown

10. Can you count on anyone to provide you with emotional support (talking over problems or helping you make a difficult decision)?

- None
- 1 or 2
- 3 to 5
- 6 to 9
- 10 or more
- Unknown

11. Do you have as much contact as you would like with someone you feel close to, someone in whom you can trust and confide?

- None
- 1 or 2
- 3 to 5
- 6 to 9
- 10 or more
- Unknown

People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it? Please mark with an X a box in each line.

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Someone to help you if you were confined to bed					
Someone to take you to the doctor if you needed it					
Someone to prepare your meals if you were unable to do it yourself					
Someone to help with daily chores if you were sick					

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Part C: Online Support

PLEASE INSERT X IN THE CORRESPONDING BOX.
FOR SOME QUESTIONS YOU CAN TICK MORE THAN ONE BOX

1. Do you have a computer with internet access at home	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Can you use the computer	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Can you use the internet	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Do you have a smartphone or tablet ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Do you use e-mail ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Do you use the internet to talk to others about your cancer or treatment	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes to 6, do you connect to	Patient forums <input type="checkbox"/> Personal blogs <input type="checkbox"/> Other <input type="checkbox"/>
7. How do you look up medical information	Search engines (Google etc) <input type="checkbox"/> Specific websites <input type="checkbox"/>

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8. Which cancer websites have you used before	Irish cancer society (Cancer.ie) <input type="checkbox"/>
	Macmillan cancer support (www.macmillan.org.uk) <input type="checkbox"/>
	National cancer institute website (cancer.gov) <input type="checkbox"/>
	American Society of Clinical Oncology patient's information website (cancer.net) <input type="checkbox"/>
	Others <input type="checkbox"/>

This is the end of the questionnaire.
Thank you for participating.