

Additional file 8: Questionnaire 1 and 5 days after the ultrasound-guided lymph node biopsy (in English)

Question 1.

Compared to venipuncture, I find the lymph node biopsy procedure (please check the appropriate box):

Not painful

Very painful

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

Question 2.

a. Have you experienced any complications following the procedure?

No	<input type="checkbox"/>	If you answered 'no', please continue to question 3
Yes	<input type="checkbox"/>	

b. If you answered 'yes' to question 2a, please mark which complication(s) you experienced:

1. Hematoma:

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

2. Wound leakage:

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

3. Bleeding:

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

4. Inflammation:

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

5. Severe pain:

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

6. Other complications, not mentioned before:

No	<input type="checkbox"/>
Yes, namely.....	<input type="checkbox"/>

Question 3.

a. In hindsight, which aspects of the lymph node biopsy procedure could have been better explained?

None, I am content with the information that was given	<input type="checkbox"/>
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or:

More detailed explanation of the procedure itself	<input type="checkbox"/>
The anesthetics procedure	<input type="checkbox"/>
After-care	<input type="checkbox"/>
Possible complications	<input type="checkbox"/>
Other, namely	<input type="checkbox"/>

b. If you ticked any of the boxes above, please explain which information you feel should have been given to prepare you for the procedure:

<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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Question 4.

In hindsight, do you feel anything could have improved your experience during the lymph node biopsy procedure?

No	<input type="checkbox"/>
Step-by-step explanation of what happens during the procedure	<input type="checkbox"/>
Distraction, for instance listening to music or jokes.	<input type="checkbox"/>
Other, namely.....	<input type="checkbox"/>

Question 5.

a. Would you consider undergoing another lymph node biopsy procedure?

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
Neutral	<input type="checkbox"/>

b. Please explain your choice:

.....	<input type="checkbox"/>
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Question 6.

a. Would you encourage someone else to partake in a research study that involves an inguinal lymph node biopsy procedure?

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
Neutral	<input type="checkbox"/>

b. Please explain your choice:

.....	<input type="checkbox"/>
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Question 7.

Would you like to be informed about the study results after the study has finished?

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

Please elaborate below, if you have any remarks about this questionnaire.

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Regarding the questionnaires before and after the procedure: please let us know if any of the questions were unclear and how we might improve these questions.

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Thank you for your cooperation!