

INCLUSION CRITERIA

The patient agreed to answer the questionnaire Yes [] No [] No if "no" the follow-up stops
Project & anonymity information was submitted and accepted Yes [] No [] if "no" the follow-up stops
The patient has agreed to offer the spouse the "spouse" questionnaire [] Yes [] No [] Not concerned
Caution if the consultation concerns isolated actinic keratoses (AK): limit, per investigator, the inclusions to 1 patient with a first treatment of AK and to 1 patient with follow-up of AK without associated cancer

BACKGROUND

For this patient, are you aware of any history of skin cancer(s) or precancerous lesion(s)? [] No Yes [] if yes, please specify:
[] Melanoma, specify number [] 1 [] >=1 Specify most recent treatment(s)
[] Basal cell carcinoma, specify number [] 1 [] 2 to 5 [] 5 to 19 [] >=20
[] Invasive squamous cell carcinoma, specify number [] 1 [] 2 to 5 [] 5 to 19 [] >=20 Specify treatment(s) for most recent lesion
[] Actinic keratosis(es), specify [] isolated multiple []
[] Bowen's disease(s), specify number [] 1 [] 2 to 5 [] >5 Specify treatment(s)
[] Other malignant tumour (diagnosis in plain language)

TODAY'S CONSULTATION

The patient was initially referred by: [] City dermatologist General practitioner [] Patient him/herself [] Other.....
Is the patient seen: Consultation [] Day hospital [] Operating theatre Conventional hospitalization []

REASON FOR CARE (multiple answers possible)

[] Initial cancer assessment/management Follow-up/reassessment of the [] disease
[] Treatment of the most important lesion if more than one skin cancer to be managed at the same time on that day: specify the diagnosis of the most important tumour
[] Surgery Targeted therapy [] Chemotherapy [] Immunotherapy [] Clinical trial Dynamic phototherapy [] Radiotherapy [] Other []
[] Managing the side effects of treatment
[] Management of a recurrence, specify if the recurrence is: [] local [] regional distant metas []
[] Palliative treatment

TUMOUR(S) MANAGED TO DATE

[1] Melanoma []
[2] Basal cell carcinoma: Specify number [] 1 [] 2 to 5 [] >=5 []
[3] Squamous cell/spinocellular carcinoma: Specify number [] 1 [] 2 to 5 [] >=5 []
[4] Other []

MAIN COMORBIDITY(IES) IMPACTING ON CARE

[] Anticoagulant treatment Dementia [] [] Impaired mobility - functional disability
[] Psychiatric history Immunosuppression [] (haemopathy) [] Immunosuppression (organ transplant)
[] Genodermatosis predisposing to skin cancers [] Other.....

HOW DO YOU ASSESS THE PATIENT'S GENERAL CONDITION THIS DAY (WHO scale)

[] Normal activity, unrestricted, asymptomatic patient
[] Slightly reduced activity due to symptoms allowing part-time work
[] Reduced activity, preventing any work, but not requiring lying or sitting for more than half the day
[] Reduced activity, requiring lying or sitting for more than half the day
[] Bedridden, unable to care for themselves, confined to bed or chair

Patient questionnaire

YOUR PERSONAL SITUATION ...

Year of birth (YYYY): 19 |__|__| Sex: male female

What is your current family situation?

Do you live alone? Do you live in a couple Do you live in an institution? Other

Do you have any children? No Yes,

if yes, please specify the number of children still at home in your care: |__|__|

Are you aware of any cases of skin cancer in your family? Yes No I can't say.

Are you covered by the Health Insurance (Social Security)?

Yes No CMU

Do you have additional coverage (mutual insurance, private insurance)?

Yes No Supplementary CMU

Do you have specific ALD (100%) coverage for your skin cancer?

Yes No

Do you currently have a professional activity? No Yes, if yes, please specify your current occupation:

Farmer/operator

Executive or professional

Worker

Craftsman, trader, company director

Employee

Intermediate

Other,

specify.....

IF YOU ARE IN A PROFESSIONAL SITUATION

Have you had to miss one (or more) day(s) of work in the last 6 months because of your skin cancer or pre-cancer? Yes No Don't know **If yes**,

↳ Were any of these absences unplanned? Yes No

↳ What was the number of days off work: |__|__|

↳ What was the reason(s) for these absences from work?

Medical appointments Cancer treatment Other care Tests Reactions to treatment

Worsening of my health condition due to my cancer Great fatigue due to my cancer

Feeling (needing) to be alone

If you have not missed work, have you been forced to work because of your skin cancer or pre-cancer?

↳ To apply for part-time work?

Yes No

↳ If yes, did you obtain this part-time therapy?

Yes No

↳ Adjust your working hours?

Yes No

↳ Adapt your workstation?

Yes No

↳ Adapt your functions?

Yes No

↳ To reorient your professional activity?

Yes No

↳ To refuse a professional offer?

Yes No

↳ To choose a new job?

Yes No

Has your ability to go to work been impaired?

Yes No

Has your efficiency at work been reduced?

Yes No

Were you refused the job you hoped or wanted?

Yes No

Have you suffered a drop in income as a result of your skin cancer or pre-cancer?

Yes No

Have you encountered any difficulties with insurance cases?

Yes No

Have you encountered any difficulties with loan applications?

Yes No

IF YOU ARE NOT WORKING (out of work, unemployed, housewife)

How many months have you been out of work: months Do not wish to answer

Are you not active because of your skin cancer or pre-cancer

Yes No

Are you (have you) applied for recognition as a disabled worker?

Yes No

Are you currently on disability due to your skin cancer or pre-cancer?

Yes No

Have you suffered a drop in income as a result of your skin cancer or pre-cancer?

Yes No

Have you encountered any difficulties with insurance cases?

Yes No

Have you encountered any difficulties with loan applications?

Yes No

IF YOU ARE RETIRED

Please specify how many months you have been retired: months Do not wish to answer

Have you encountered any difficulties with insurance cases?

Yes No

Have you encountered any difficulties with loan applications?

Yes No

