Physician questionnaire Center number :

Patient number :

INCLUSION CRITERIA							
The patient agreed to answer the questionnaire Yes 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 inclus 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 Lif yes, please the present of the patient of the patie	ıse						
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 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/hers	elf 🗌						
Other	Cii						
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 the day: specify the diagnosis of the most important tumour	nat						
□ 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 							

Patient questionnaire

YOUR PERSONAL SITUATION	
Year of birth (YYYY): 19 II_I Sex: male □female □	
What is your current family situation? □ Do you live alone? □ Do you live in a coupl □ Do you live in an institution? □ Oth Do you have any children? □ No Yes,□ if yes, please specify the number of children still at home in your care: II_I Are you aware of any cases of skin cancer in your family? □ Yes No □ □ I can't say.	ner
Are you covered by the Health Insurance (Social Security)? Do you have additional coverage (mutual insurance, private insurance)? Do you have specific ALD (100%) coverage for your skin cancer? Tyes No CML Yes No Supple	mentary CMU□□.
Do you currently have a professional activity? No Yes, if yes, please specify your curred Executive or professional Craftsman, trader, company director Employee Other, specify	□ Worker □ Intermediate
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 step pre-cancer?	atment
If you have not missed work, have you been forced to work because of your skin cancer?	cancer or pre-
∜To apply for part-time work?	☐ Yes No☐
	☐ Yes No☐ ☐ Yes No☐
SAdjust your working hours? SAdapt your workstation?	☐ Yes No☐
SAdapt 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☐ ☐ Yes No☐
Has your efficiency at work been reduced? 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☐
тине уст стоеми сту стинето и при стране стр	
IF YOU ARE NOT WORKING (out of work, unemployed, housewife)	
How many months have you been out of work: months wish to answer	☐ Do not
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 r	ot wish to
answer Have you encountered any difficulties with insurance cases?	☐ Yes No☐
Have you encountered any difficulties with loan applications?	☐ Yes No☐

Patient questionnaire

THE FOLLOWING QUESTIONS ARE ABOUT HOW YOU FEEL ABOUT YOUR ILLNESS AND THE MANAGEMENT OF YOUR CANCER OR PRE-CANCER

HOW DID YOU FEEL WHEN THE DIAGNOSIS WAS ANNOUNCED?

When you were first told that you had skin cancer or pre-cancer, how did you feel?	Yes	No	I don't know or more
Were you shocked?			
Did you immediately think and fear about the progression of the disease?			
Did you imagine that you would have to undergo heavy and difficult treatments right away?			
Have you been worried about what the treatment or skin cancer might cause?			
Did you immediately think of a generalization of the disease (metastasis)?			
Were you afraid of dying from the disease?			
Did you trust your dermatologist immediately?			
Did you feel the need to discuss this with another doctor?			
Did you feel the need to seek a second opinion from another doctor?			
Have you talked to your partner about this?			
Have you talked to your children about it?			
Have you told your family about it?			
Have you talked to your professional circle about it?			
Have you told your social contacts and friends about it?			

HOW DO YOU FEEL ABOUT YOUR TREATMENT?

For each question, tick the answer that best reflects your opinion, bearing in mind that there are no right or wrong answers. If you are unsure about any of the answers, select **the one** that you think best suits your situation

	Absence Adverse effects	No, not at all	A little	Moderately	Quite	Yes, many
Do the side effects of your treatment have an impact on your physical abilities?				П		
Do the side effects of your treatment have an impact on your leisure and recreation activities?						
Has your treatment caused any scarring or cosmetic problems?				О		
Has your treatment caused any discomfort or pain that has an impact on your daily life?						
Do the side effects of your treatment have an impact on your daily tasks?				О		
	I am not currently taking any treatment	No, not at all	A little	Moderately	Quite	Yes, many
Does the treatment you are currently taking help your symptoms?						
Is the treatment you have easy to take?						
Do you feel an improvement after taking your treatment?						
Is the treatment you are currently taking easy to comply with						

Patient questionnaire

Would you say that you are generally satisfied with your treatment?			
Have you ever thought of stopping your treatment?			

ABOUT YOUR FEELINGS ABOUT THE IMPACT OF YOUR SKIN CANCER OR PRE-CANCER ON YOUR LIFE

Please answer the following questions about yourself by indicating your level of agreement using the following scale

			Some-		1/	NI-4
Because of your skin cancer or pre-cancer:	Never	Rarely	times	Often	Very often	Not concerned
have you found that you have no time to look after yourself?						
have you found that you have no time to look after your family?						
were you forced to take time off work?						
were you obliged to take annual leave?						
do you feel that your sexual relationships have been affected?						
did you feel that your relationship was in difficulty?						
have you noticed a drop in your libido?						
have you noticed a negative change in your family relationships?						
have you noticed a negative evolution in your social relations?						
have you noticed a negative change in your professional relationships?						
have you tended to withdraw into yourself?						
did you feel discouraged?						
did you find the gaze of your relatives difficult to bear?						
do you fear for the future of your children?						
are you worried about passing on your skin cancer or pre- cancer to one of your children?						
has it been difficult to live with the way your children look at you?						
did you have trouble sleeping?						
did you feel tired?						
did you feel tense)?						
did you feel depressed?						
did you feel lonely?						
Because of your skin cancer or pre-cancer:	Never	Rarely	Some- times	Often	Very often	Not concerned
are you aware of the side effects of the treatment?						
have you had to change your sun exposure habits?						
have you had to change your sun protection habits?						
have your relatives changed their sun exposure habits?						
have your relatives changed their sun protection habits?						
have you had to change your eating habits?						
did you have to give up a holiday?						
have you had to change your holiday plans?						
have you had to give up certain leisure activities?						
had to give up some sports?						
did you have to be more careful with your spending?						
I believe in the proverbial 'fair weather after the rain'.						
I rarely count on good things happening to me.						