**QUESTIONNAIRE** **BASELINE**

**Data declared by the patient Today's date** └─┴─┘└─┴─┘└─┴─┴─┴─┘

**Filling start time questionnaire** └─┴─┘└─┴─┘

# Data​ demographic

*( LastName )* **NAME :**

## FIRST NAME:

*( Sex )* **Sex:**

Male Female Other

*( YearOfBirth )* **Date of birth:** └─┴─┘└─┴─┘└─┴─┴─┴─┘

# SPICES Score (Evaluation of fragility social)

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Questions | Yes | No |
| EP1 | Meet Sometimes A worker social (assistant social, educator)  ? |  |  |
| EP2 | Is there of the periods In THE month Or YOU meet of real financial difficulties has TO DO face has your needs (food, rent, EDF…) ? |  |  |
| EP3 | Do you benefit of a insurance disease complementary (mutual) ? |  |  |
| EP4 | Do you live in couple ? |  |  |
| EP5 | Are you owner of your accommodation (Or accessor has there property) ? |  |  |
| EP6 | Is it you arrived of TO DO of sport At course of the 12 last month ? |  |  |
| EP7 | Are you go At show (movie theater, theater…) At course of the 12 last months ? |  |  |
| EP8 | Are you left in vacation At course of the 12 last month ? |  |  |
| EP9 | At course of the 6 last month, have you got had of the contacts with of the members of your family others that your parents Or your children ? |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| EP10 | In case of difficulties (financial, family, of health…) is there In your entourage of the people on Who YOU may count For YOU host for a few days if necessary ? |  |  |
| EP11 | In case of difficulties (financial, family, of health…), is there In your entourage of the people on Who YOU may count For YOU provide material assistance (including a loan) ? |  |  |

# GIRERD Score (Evaluation of observance)

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| This Morning have you got forget of take your medicine ? *(GR1)* |  |  |
| From there last consultation have you got summer in breakdown of medicine ? *(GR2)* |  |  |
| YOU is it arrived of take your treatment with delay by report has the usual time? *(GR3)* |  |  |
| YOU is it arrived of born not take your treatment because that, some days, Is your memory failing you? *(GR4)* |  |  |
| YOU is it arrived of born not take your treatment because that, some days, YOU have the impression that your treatment YOU do more of wrong that of GOOD ?  *(GR5)* |  |  |
| Do you think that YOU have too much of drugs has take ? *(GR6)* |  |  |

**FRIED questionnaire (Evaluation of fragility)**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Have you got lost of weight (more of 5kg) of way involuntary Since 1 year ? *(FR1)* |  |  |
| Do you feel tired all the time or frequently? *(FR2)* |  |  |
| Do you find that your physical activity is reduced? *(FR3)* |  |  |
| Have you got of the difficulties has to walk on 100m Or your speed of Is walking slowed down? *(FR4)* |  |  |
| Do you feel a decrease in muscle strength? *(FR5)* |  |  |

# Data clinics

## *(THROMBP)* Your doctor YOU does he have prescribed In the year A treatment anticoagulant ?

Yes No

* *(THROMBPFO)* **If yes, in what form ?**

injectable oral

* *(THROMBPDU)* **If yes, over what duration ?**

1 month

3 month

6 month Undetermined

* *(THROMBPIND)* **If yes, do you know the indication ?**

Thrombosis (phlebitis) Embolism pulmonary FA

Others: ……………………………..

## *(THROMBPINF)* If yes, have you been informed of the importance of follow your anticoagulant treatment ?

Yes No

# Level of health

## About the questionnaire Breast -Q

For patients who have had surgery in the last year: Mastectomy with or without

Reconstruction Or a surgery conservative of breast (with Or without mammoplasty)

The questions below are about your breasts. Read each question then check the answer which best suits your situation. If you are unsure between several answers, choose the one that approximate THE more of This that YOU feel. Please answer has all THE questions.

## THE questions below carry on your chest. At course of the 7 last days, were you satisfied or not :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not All satisfied | Instead not satisfied | Instead satisfied | Very satisfied |
| **1. Of your reflection in the mirror when you are dressed ?**  *(BREASTQMAST\_Q01) (BREASTQREC\_Q01) (BREASTQBCT\_Q01)* | 1 | 2 | 3 | 4 |
| **2. From the comfort of your bra ?**  *(BREASTQMAST\_Q02) (BREASTQREC\_Q02) (BREASTQBCT\_Q02)* | 1 | 2 | 3 | 4 |
| **3. Being able to wear clothes more tight?**  *(BREASTQMAST\_Q03) (BREASTQREC\_Q03) (BREASTQBCT\_Q03)* | 1 | 2 | 3 | 4 |
| **4. Of your reflection in the mirror when you are naked ?**  *(BREASTQMAST\_Q04) (BREASTQREC\_Q04) (BREASTQBCT\_Q04)* | 1 | 2 | 3 | 4 |

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## About the questionnaire EORTCQLQC30

We We we are interested has YOU And has your health. Reply yourself has all THE questions in surrounding the number Who corresponds THE better has your situation. He no has not of "Good" Or of "bad" answer. These information are strictly confidential .

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not All | A little | Enough | A lot |
| **1. Do you have difficulty doing certain strenuous physical exertion such as carrying a bag loaded groceries or a suitcase?** *(EORTCQLQC30\_Q01)* | 1 | 2 | 3 | 4 |
| **2. Do you have difficulty making a long ride?**  *(EORTCQLQC30\_Q02)* | 1 | 2 | 3 | 4 |
| **3. Do you have difficulty making a small turn outside?**  *(EORTCQLQC30\_Q03)* | 1 | 2 | 3 | 4 |
| **4. Are you obliged to stay in bed or in A chair during the daytime?**  *(EORTCQLQC30\_Q04)* | 1 | 2 | 3 | 4 |
| **5. Do you need help eating, get dressed, wash or go to the bathroom?** *(EORTCQLQC30\_Q05)* | 1 | 2 | 3 | 4 |
| **During the week past:** | | | | |
| **6. Have you been hampered in doing your job? Or your activities of all days?** *(EORTCQLQC30\_Q06)* | 1 | 2 | 3 | 4 |
| **7. Have you been hampered in your activities Recreation ?**  *(EORTCQLQC30\_Q07)* | 1 | 2 | 3 | 4 |
| **8. Did you have the breath cut?**  *(EORTCQLQC30\_Q08)* | 1 | 2 | 3 | 4 |
| **9. Did you feel pain?**  *(EORTCQLQC30\_Q09)* | 1 | 2 | 3 | 4 |
| **10. Do you need rest?**  *(EORTCQLQC30\_Q10)* | 1 | 2 | 3 | 4 |
| **During the week past:** | | | | |

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not All | A little | Enough | A lot |
| **11. Did you have difficulty sleep?**  *(EORTCQLQC30\_Q11)* | 1 | 2 | 3 | 4 |
| **12. Did you feel weak?**  *(EORTCQLQC30\_Q12)* | 1 | 2 | 3 | 4 |
| **13. Did you miss appetite?**  *(EORTCQLQC30\_Q13)* | 1 | 2 | 3 | 4 |
| **14.Have you had nausea (soreness in heart )?**  *(EORTCQLQC30\_Q14)* | 1 | 2 | 3 | 4 |
| **15. Have you vomit?**  *(EORTCQLQC30\_Q15)* | 1 | 2 | 3 | 4 |
| **16. Have you been constipated ?**  *(EORTCQLQC30\_Q16)* | 1 | 2 | 3 | 4 |
| **17. Have you had diarrhea?**  *(EORTCQLQC30\_Q17)* | 1 | 2 | 3 | 4 |
| **18. Were you tired ?**  *(EORTCQLQC30\_Q18)* | 1 | 2 | 3 | 4 |
| **19. Has pain disrupted your daily activities ?**  *(EORTCQLQC30\_Q19)* | 1 | 2 | 3 | 4 |
| **During the week past:** | | | | |
| **20. Have you had any difficulties concentrate on certain things, for example, to read the newspaper or watch the television?** *(EORTCQLQC30\_Q20)* | 1 | 2 | 3 | 4 |
| **21. Did you feel tense ?**  *(EORTCQLQC30\_Q21)* | 1 | 2 | 3 | 4 |
| **22. Have you made yourself worry?**  *(EORTCQLQC30\_Q22)* | 1 | 2 | 3 | 4 |
| **23. Did you feel irritable?**  *(EORTCQLQC30\_Q23)* | 1 | 2 | 3 | 4 |
| **24. Did you feel depressed ?**  *(EORTCQLQC30\_Q24)* | 1 | 2 | 3 | 4 |
| **25. Have you had any difficulties for yourself memory of some things?**  *(EORTCQLQC30\_Q25)* | 1 | 2 | 3 | 4 |
| **26. Your physical condition or treatment medical have they hindered you in your life family ?** *(EORTCQLQC30\_Q26)* | 1 | 2 | 3 | 4 |
| **27. Your physical condition or treatment did they interfere with your social activities? (for example, going out with friends, going to the movie theater… )?** *(EORTCQLQC30\_Q27)* | 1 | 2 | 3 | 4 |
| **28. Your physical condition or treatment medical problems caused you financial?** *(EORTCQLQC30\_Q28)* | 1 | 2 | 3 | 4 |

## For THE questions following, please answer in surrounding THE figure between 1 And 7 Who applies the best for you situation

**29.Comment évalueriez-vous votre**  **état** **de** **santé** **au cours de la semaine passée? *(****EORTCQLQC30\_Q29)*

1

2

3

4

5

6

7

Très mauvais

Excellent

**30.Comment évalueriez-vous l’ensemble de votre**  **qualité** **de** **vie au cours de la semaine passée?**

(*EORTCQLQC30\_Q30)*

1

2

3

4

5

6

7

Très mauvais

Excellent

## About the EORTC QLQ LMC questionnaire 21

Patients sometimes report the following symptoms or problems. Could you indicate, if please, if, during the past week, you have been affected by any of these symptoms or problems. Circle, if you please, THE figure Who corresponds THE better has your situation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not All | A little | Enough | A lot |
| **38.Have you had tingling in your hands or feet?**  *(EORTC QLQ-LMC21)* | 1 | 2 | 3 | 4 |

## About the questionnaire FACT-ES

Please surround Or tick A figure by line For indicate your answer concerning THE 7 last days.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not All | A little little | A little | Enough | A lot |
| **1. I have losses white**  *(FACTES\_ES4)* | 0 | 1 | 2 | 3 | 4 |
| **2. I have vaginal itching/irritation**  *(FACTES\_ES5)* | 0 | 1 | 2 | 3 | 4 |
| **3. I have bleeding or flows vaginal** *(FACTES\_ES6)* | 0 | 1 | 2 | 3 | 4 |
| **4. I have a drought vaginal**  *(FACTES\_ES7)* | 0 | 1 | 2 | 3 | 4 |
| **5. My sexual relations are painful or unpleasant**  *(FACTES\_ES8)* | 0 | 1 | 2 | 3 | 4 |
| **6. I have pain joints**  *(FACTES\_BRM1)* | 0 | 1 | 2 | 3 | 4 |

## About the questionnaire EORTCQLQBR23

Patients sometimes report the following symptoms or problems. Could you please indicate if, during there week passed, YOU have summer affected by mon of these symptoms Or problems.

## During the week past:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not All | A little | Enough | A lot |
| **1. Did your mouth dried?**  *(EORTCQLQBR23\_Q31)* | 1 | 2 | 3 | 4 |
| **2. Did the food and drink have A taste unusual?**  *(EORTCQLQBR23\_Q32)* | 1 | 2 | 3 | 4 |
| **3. Were your eyes irritated, tearful or painful?**  *(EORTCQLQBR23\_Q33)* | 1 | 2 | 3 | 4 |
| **4. Have you lost hair?**  *(EORTCQLQBR23\_Q34)* | 1 | 2 | 3 | 4 |
| **5. Answer this question only if you have lost hair: loss hair does she have on you upset?** *(EORTCQLQBR23\_Q35)* | 1 | 2 | 3 | 4 |
| **6. Have you felt sick or suffering?**  *(EORTCQLQBR23\_Q36)* | 1 | 2 | 3 | 4 |
| **7. Have you got had of the puffs of heat?**  *(EORTCQLQBR23\_Q37)* | 1 | 2 | 3 | 4 |
| **8. Did you have pain in your head?**  *(EORTCQLQBR23\_Q38)* | 1 | 2 | 3 | 4 |
| **9. Have you felt less attractive caused by your illness or treatment?** *(EORTCQLQBR23\_Q39)* | 1 | 2 | 3 | 4 |
| **10. Have you felt less feminine caused by your illness or treatment?**  *(EORTCQLQBR23\_Q40)* | 1 | 2 | 3 | 4 |
| **11. Did you find it difficult to look naked?** | 1 | 2 | 3 | 4 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *(EORTCQLQBR23\_Q41)* |  |  |  |  |
| **12. Does your body have you displeased?**  *(EORTCQLQBR23\_Q42)* | 1 | 2 | 3 | 4 |
| **13. Have you worried about your health for the future?**  *(EORTCQLQBR23\_Q43)* | 1 | 2 | 3 | 4 |

## Over the past four years weeks:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not All | A little | Enough | A lot |
| **14. To what extent do you are you interested in sexuality?**  *(EORTCQLQBR23\_Q44)* | 1 | 2 | 3 | 4 |
| **15. Did you have any activity sexual of any kind (with or without report )?** *(EORTCQLQBR23\_Q45)* | 1 | 2 | 3 | 4 |
| **16. Answer this question only if you have had sexual activity : in to what extent did the sexual activity provide of pleasure?**  *(EORTCQLQBR23\_Q46)* | 1 | 2 | 3 | 4 |

## During the week past:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not All | A little | Enough | A lot |
| **17. Have you got had wrong At arm Or has the shoulder?**  *(EORTCQLQBR23\_Q47)* | 1 | 2 | 3 | 4 |
| **18. Have you got had there hand Or THE arm swollen?**  *(EORTCQLQBR23\_Q48)* | 1 | 2 | 3 | 4 |
| **19. Have you got had of wrong has lift THE arm Or has move it laterally?**  *(EORTCQLQBR23\_Q49)* | 1 | 2 | 3 | 4 |
| **20. Have you felt pain in the breast area treaty?**  *(EORTCQLQBR23\_Q50)* | 1 | 2 | 3 | 4 |
| **21. The area of your breast treated Was it swollen?**  *(EORTCQLQBR23\_Q51)* | 1 | 2 | 3 | 4 |
| **22. The area of your treated breast was she particularly sensitive?** *(EORTCQLQBR23\_Q52)* | 1 | 2 | 3 | 4 |
| **23. Have you had skin problems in the area of your treated breast (itching, peeling skin , skin dried)?**  *(EORTCQLQBR23\_Q53)* | 1 | 2 | 3 | 4 |

## About the comorbidity questionnaire SACQ

THE painting below present of the problems of health currents.

In the first column, indicate whether you currently have the problem (circle the correct answer). If you answer no, move on to the problem following.

If YOU answer Yes, indicate In there second column if YOU take of the drugs Or if YOU undergo any treatment for this issue.

Indicate In there third column if This issue YOU limit Or No In moon Or the other of your activities. Finally, if YOU have of the problems medical born appearing not In THE painting, please THE add below “Other medical problems”, at the bottom of the painting.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Do you have this problem ?  *( ComorbiditiesSACQ )* | | Are you receiving treatment for this problem ?  *(FU1)* | | This problem does it limit your activities ?  *(FU2)* | |
| YES (1) | NO (0) | YES (1) | NO (0) | YES (1) | NO (0) |
| Has a doctor ever told you that you have any of these problems? ? | | | | | | |
| **Disease of heart**  *(ComorbiditiesSACQ\_HeartDiseaseFU1 ComorbiditiesSACQ\_HeartDiseaseFU2)* | O | NOT | O | NOT | O | NOT |
| **Hypertension (high pressure)**  *(ComorbiditiesSACQ\_HighBloodPressureFU1 ComorbiditiesSACQ\_HighBloodPressureFU2)* | O | NOT | O | NOT | O | NOT |
| **Disease pulmonary**  *(ComorbiditiesSACQ\_LungDiseaseFU1 ComorbiditiesSACQ\_LungDiseaseFU2)* | O | NOT | O | NOT | O | NOT |
| **Diabetes**  *(ComorbiditiesSACQ\_DiabetesFU1 ComorbiditiesSACQ\_DiabetesFU2)* | O | NOT | O | NOT | O | NOT |
| **Ulcer Or disease of the stomach**  *(ComorbiditiesSACQ\_StomachDiseaseFU1 ComorbiditiesSACQ\_StomachDiseaseFU2)* | O | NOT | O | NOT | O | NOT |
| **Disease of kidney**  *(ComorbiditiesSACQ\_KidneyDiseaseFU1 ComorbiditiesSACQ\_KidneyDiseaseFU2)* | O | NOT | O | NOT | O | NOT |
| **Disease of liver**  *(ComorbiditiesSACQ\_LiverDiseaseFU1 ComorbiditiesSACQ\_LiverDiseaseFU2)* | O | NOT | O | NOT | O | NOT |
| **Anemia or other disease of the blood**  *(ComorbiditiesSACQ\_BloodDiseaseFU1* | O | NOT | O | NOT | O | NOT |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *ComorbiditiesSACQ\_BloodDiseaseFU2)* |  |  |  |  |  |  |
| **Cancer / Other cancer (during the last 5 years)**  *(ComorbiditiesSACQ\_CancerFU1 ComorbiditiesSACQ\_CancerFU2)* | O | NOT | O | NOT | O | NOT |
| **Depression**  *(ComorbiditiesSACQ\_DepressionFU1 ComorbiditiesSACQ\_DepressionFU2)* | O | NOT | O | NOT | O | NOT |
| **Osteoarthritis , osteoarthritis degenerative**  *(ComorbiditiesSACQ\_OsteoarthritisFU1 ComorbiditiesSACQ\_OsteoarthritisFU2)* | O | NOT | O | NOT | O | NOT |
| **Pain of back**  *(ComorbiditiesSACQ\_BackPainFU1 ComorbiditiesSACQ\_BackPainFU2)* | O | NOT | O | NOT | O | NOT |
| **Arthritis rheumatoid**  *(ComorbiditiesSACQ\_RheumatoidArthritisFU1 ComorbiditiesSACQ\_RheumatoidArthritisFU2)* | O | NOT | O | NOT | O | NOT |
| **Other problems medical (Please to specify)**  *( ComorbiditiesSACQ\_Other )* | O | NOT | O | NOT | O | NOT |
| **1.** | O | NOT | O | NOT | O | NOT |
| **2.** | O | NOT | O | NOT | O | NOT |
| **3.** | O | NOT | O | NOT | O | NOT |