



EORTC QLO-MEL38

Patients sometimes report that they have the following symptoms or problems. Please indicate the extent to which you have experienced these symptoms or problems. Please answer by circling the number that best applies to you.

During the past week:

	Not at all	A little	Quite a bit	Very much
31. Have you had swelling near your melanoma site?	1	2	3	4
32. Have you had numbness at the site of your melanoma?	1	2	3	4
33. Have you had problems with pain at or near your melanoma site?	1	2	3	4
34. Have you worried about complications due to your melanoma surgery?	1	2	3	4
35. Have you worried about the length of time needed for your melanoma surgery to heal?	1	2	3	4
36. Have you worried about side effects of your treatment?	1	2	3	4

During the past 4 weeks:

	Not at all	A little	Quite a bit	Very much
37. Have you been given enough time to think about the treatment options available to you?	1	2	3	4
38. Have your family been included in discussions about your treatment options?	1	2	3	4
39. Have you felt confident that your healthcare team communicate with you in a professional manner?	1	2	3	4
40. Have you worried whilst waiting for results of medical tests?	1	2	3	4
41. How important is it for you to see the same members of your healthcare team at each clinic visit?	1	2	3	4

Please go to next page

During the past week:

	Not at all	A little	Quite a bit	Very much	
42. Have you felt hopeful for the future?	1	2	3	4	
43. Have you felt able to face the challenges ahead?	1	2	3	4	
44. Have you felt able to cope with your diagnosis of melanoma?	1	2	3	4	
45. Have you felt able to accept that melanoma is a serious condition?	1	2	3	4	
46. Have you felt able to deal with the shock of being diagnosed with melanoma?	1	2	3	4	
47. Have you felt able to carry on with things as normal?	1	2	3	4	
48. Have you felt able to feel positive?	1	2	3	4	
49. Have you worried about the increased risk of melanoma for other members of your family?	1	2	3	4	
50. Have you had any regrets about your exposure to sunshine in the past?	1	2	3	4	
51. Have you felt concerned about conducting outdoor activities (e.g. working, swimming, walking, sport) which may result in exposure to the sun?	1	2	3	4	
52. Have you felt able to plan for the future?	1	2	3	4	
53. Have you considered making any significant changes to how you will live your life in the future?	1	2	3	4	
54. Have you used spiritual or religious beliefs to help you cope?	1	2	3	4	
55. Have you felt comfortable being intimate with your partner?	N/A	1	2	3	4

Please go to next page

During the past 4 weeks:

		Not at all	A little	Quite a bit	Very much
56. If you work, have you had support from your employer to continue working during your treatment (e.g. flexible/reduced hours)?	N/A	1	2	3	4
57. How much has your melanoma doctor supported you?		1	2	3	4
58. How much have your other healthcare professionals (e.g. nurse) supported you?		1	2	3	4
59. How much have your family members supported you?		1	2	3	4
60. How much has your primary care doctor supported you?		1	2	3	4
61. Have you felt able to contact the melanoma clinical staff if you needed to?		1	2	3	4
62. Have you felt confident that a psychological support service would be available if you needed it?		1	2	3	4
63. Have you received realistic and reliable information about the extent (spread) of your disease?		1	2	3	4
64. Have you felt confused by information about your diagnosis or treatment from different sources (e.g. internet)?		1	2	3	4
65. Have you had problems in understanding information given about your likely survival?		1	2	3	4

During the past week, have you been actively involved in a clinical trial?

Yes **No**

		Not at all	A little	Quite a bit	Very much
66. IF YES: Is being eligible for a clinical trial important to you?	N/A	1	2	3	4
67. IF YES: Is making multiple visits for tests difficult for you?	N/A	1	2	3	4
68. IF NO: Have you been disappointed because no trials were suitable for you at your treatment centre?	N/A	1	2	3	4