

## Appendix 1: Questionnaire

*In every question that follows, please tick the boxe(s) that apply best to your case :*

1. How far do you think to be informed on your treatment ?

- ☐ Well informed
- ☐ Moderately well informed
- ☐ Not well informed
- ☐ I was informed but I did not understand well or I've forgotten the information

2. Who informed you about your treatment and the way to take the tablets ? (you may tick more than one box)

- ☐ My specialist (oncologist or hematologist)
- ☐ My general practitioner
- ☐ A nurse
- ☐ Nobody

3. Did you receive any written document (booklet describing the treatment and side effects, or notebook to register tablets intake) ?

- ☐ Yes
- ☐ No
- ☐ Yes, but I did not read it/did not use it

4. Did the instructions regarding treatment intake (such as fasting or during lunch) make it constraining ?

- ☐ Very constraining
- ☐ Moderately constraining
- ☐ Not constraining at all
- ☐ Not relevant, I had no particular instruction

5. Do you think that your treatment was difficult to take (too many tablets or tablets too big, etc..) ?

- ☐ Yes
- ☐ No
- ☐ I don't know

6. Did you forget to take your treatment during the last month ?

- ☐ Never
- ☐ Sometimes (1 to 3 times)
- ☐ Often (4 to 9 times)
- ☐ Very often (10 times or more)

7. Did you voluntarily not take your treatment during the last month ?

- ☐ Never
- ☐ Sometimes (1 to 3 times)
- ☐ Often (4 to 9 times)
- ☐ Very often (10 times or more)

8. Since you started your treatment, did you reduce the dosing by yourself ?

- ☐ Yes
- ☐ No
- ☐ I don't know

9. Since you started your treatment, did your doctor reduce the dosing ?

- ☐ Yes
- ☐ No
- ☐ I don't know

10. In case you voluntarily or not missed any tablet, or reduced your treatment dosing, did you inform your doctor ?

- ☐ Yes
- ☐ No
- ☐ I never stopped or modified my treatment

11. Did your oncologist or hematologist ask you whether you took correctly your treatment or not ?

- ☐ Yes
- ☐ No
- ☐ I don't know

12. How do you make yourself remember to take the treatment ? (you may tick more than one box)

- ☐ My family circle helps me remember
- ☐ Someone prepares the tablets for me
- ☐ I have some tricks (calendar, smartphone, etc..)
- ☐ That's automatic

13. How far are you motivated to carry on your treatment ?

- ☐ Very motivated
- ☐ Moderately motivated
- ☐ Not motivated at all

14. Did you experience troublesome side-effects related to your treatment ?

- ☐ Yes
- ☐ No
- ☐ I don't know

15. How many different sorts of tablets do you take daily (not including the tablets assessed in this questionnaire) ?

- ☐ None
- ☐ 1 to 2
- ☐ 3 to 5
- ☐ More than 5
- ☐ I don't know