

I-POS 'Patient/family anxiety and communication subscale' for patient

Over the past 3 days:

	<i>Not at all</i> ▼	<i>Occasionally</i> ▼	<i>Sometimes</i> ▼	<i>Most of the time</i> ▼	<i>Always</i> ▼
Q3. Have you been feeling anxious or worried about your illness or treatment?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Q4. Have any of your family or friends been anxious or worried about you?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Q5. Have you been feeling depressed?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
	<i>Always</i> ▼	<i>Most of the time</i> ▼	<i>Sometimes</i> ▼	<i>Occasionally</i> ▼	<i>Not at all</i> ▼
Q6. Have you felt at peace?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Q7. Have you been able to share how you are feeling with your family or friends as much as you wanted?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Q8. Have you had as much information as you wanted?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

	<i>Problems addressed/ No problems</i> ▼	<i>Problems mostly addressed</i> ▼	<i>Problems partly addressed</i> ▼	<i>Problems hardly addressed</i> ▼	<i>Problems not addressed</i> ▼
Q9. Have any practical problems resulting from your illness been addressed? (such as financial or personal)	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

I-POS 'Patient/family anxiety and communication subscale' for proxy

	Not at all ▼	Occasionally ▼	Sometimes ▼	Most of the time ▼	Always ▼	Cannot assess (e.g. unconscious) ▼
Q3. Has s/he been feeling worried about his/her illness or treatment?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Q4. Have any of his/her family or friends been anxious or worried about the patient?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Q5. Do you think s/he felt depressed?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
	Always ▼	Most of the time ▼	Sometimes ▼	Occasionally ▼	Not at all ▼	Cannot assess (e.g. unconscious) ▼
Q6. Do you think s/he has felt at peace?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Q7. Has the patient been able to share how s/he is feeling with his/her family or friends as much as s/he wanted?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Q8. Has the patient had as much information s/he wanted?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

	Problems addressed/ No problems ▼	Problems mostly addressed ▼	Problems partly addressed ▼	Problems hardly addressed ▼	Problems not addressed ▼	Cannot assess (e.g. unconscious) ▼
Q9. Have any practical problems resulting from his/her illness been addressed? (such as financial or personal)	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅