## **Module 1: Importance of Treatment Outcomes**

The following questions will help us find out how important the following goals are to you personally in the **current treatment** of your CLL. By "treatment", we mean both the **care** provided by your doctors as well as any treatment with **medication**.

Hov	w important is it to you	not at all	somewhat	moderately	quite	very	does not apply
1	that the therapy reduces or prevents fatigue (exhaustion and chronic tiredness)?	0	0	0	0	0	0
2	that the therapy reduces or prevents the physical effects of CLL?	0	0	0	0	0	0
3	that the therapy helps make your CLL less visible?	0	0	0	0	0	0
4	that the treatment is not time-consuming?	0	0	0	0	0	0
5	that the therapy disrupts your daily routine as little as possible?	0	0	0	0	0	0
6	that the therapy you receive impairs your immune system as little as possible?	0	0	0	0	0	0
7	that the therapy is individually tailored to your comorbidities?	0	0	0	0	0	0
8	that the treatment helps you continue leading your life as before the diagnosis?	0	0	0	0	0	Ο
9	that the treatment enables you to continue your working life with fewer limitations?	0	0	0	0	0	Ο
10	that the treatment enables you to enjoy a normal everyday life and leisure activities?	0	0	0	0	0	0
11	that the treatment enables you to enjoy a normal social life?	0	0	0	0	0	0
12	that the treatment enables you to have a normal family life?	0	0	0	0	0	0
13	that the treatment makes you less anxious about a relapse?	0	0	0	0	0	0
14	that the treatment makes you less anxious about the future?	0	0	0	0	0	0
15	that the treatment means you think less about your CLL?	0	0	0	0	0	0
16	that the treatment helps you feel less depressed?	0	0	0	0	0	0
17	that the treatment makes you less anxious about side effects?	0	0	0	0	0	0
18	that there is a minimal financial burden associated with CLL and the treatment?	0	0	0	0	0	0

## **Module 2: Importance of process quality**

Using the following questions, we would like to find out how important the objectives of your **current** CLL **care** listed below are to you.

Hov	w important is it to you	not at all	somewhat	moderately	quite	very	does not apply to me
1	to be given explanations and information about CLL, the course of this condition, and the therapeutic options available?	0	0	0	0	0	0
2	to be given comprehensive information at the time of initial diagnosis?	0	0	0	0	0	0
3	to be provided with brochures or written information when you receive your initial diagnosis?	0	0	0	0	0	0
4	to be given an additional appointment soon after your initial diagnosis to provide you with further information, e.g., from trained practice staff?	0	0	0	0	0	0
5	to receive information about future therapeutic options as early as possible?	0	0	0	0	0	0
6	to receive information about support groups?	0	0	0	0	0	0
7	to receive information about rehabilitation options or residential treatment at a medical spa?	0	0	0	0	0	0
8	to be given information about the psychological support options, including for relatives if necessary?	0	0	0	0	0	0
9	that your doctor is up-to-date with the latest research?	0	0	0	0	Ο	0
10	that the doctors involved in your treatment communicate with each other?	0	0	0	0	0	0
11	that the doctor treating you has a positive attitude towards obtaining a second opinion?	0	0	0	0	0	0
12	that your doctor presents information clearly and in a way that is easy to understand?	0	0	0	0	0	0
13	that your doctor talks to you as an equal?	Ο	0	0	0	Ο	0
14	that your doctor and healthcare staff are empathetic?	Ο	0	0	0	0	0
15	that your doctor takes time for you?	Ο	0	0	0	Ο	0
16	to have a good trust-based relationship with your doctor?	Ο	0	0	0	0	0
17	to always be treated by the same doctor?	Ο	0	0	0	0	0
18	that waiting times at the practice or clinic are as short as possible?	0	0	0	0	0	0
19	that the practice or clinic is well organised?	0	0	0	0	Ο	0
20	that the practice or clinic is easy to contact by email or telephone?	0	0	0	0	0	0

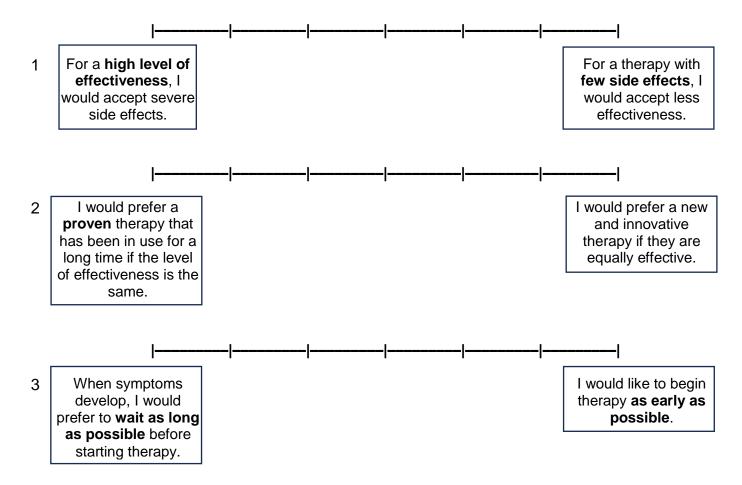
# **Module 2: Importance of process quality**

Using the following questions, we would like to find out how important the objectives of your **current** CLL **care** listed below are to you.

Hov	w important is it to you	not at all	somewhat	moderately	quite	very	does not apply to me
21	how your medication is administered (e.g. tablets or drip)?	0	0	0	0	0	0
22	where the medication is administered (i.e. at home or in the hospital/medical practice)?	0	0	0	0	Ο	0
23	that if you take tablets, you only need to take them as infrequently as possible?	0	0	0	0	Ο	0
24	that the doctor will consider the possibility of pausing the therapy your values have improved?	0	0	0	0	0	0
25	that you and your doctor reach decisions about the best treatmer plan together?	0	0	0	0	0	0
26	to receive detailed information about the treatment and its side effects at the start of treatment?	0	0	0	0	0	0

## Module 3: Relative treatment preferences

For each of the following two statements, please indicate where you would place yourself on the scale.



## **Module 1: Achievement of therapy outcomes**

Please indicate the extent to which your treatment objectives **have been achieved** and, therefore, how beneficial the treatment has been for you.

	e current therapy	not at all	somewhat	moderately	quite	very	did not apply to me
1	has reduced or prevented fatigue (exhaustion and chronic tiredness).	0	0	0	0	0	0
2	has reduced or prevented the physical effects of CLL.	0	0	0	0	0	0
3	has helped make my CLL less visible.	0	0	0	0	0	0
4	was not time-consuming.	0	0	0	0	0	0
5	has not greatly disrupted my daily routine.	0	0	0	0	0	0
6	has not greatly impaired my immune system.	0	0	0	0	0	0
7	has been tailored to my comorbidities.	0	0	0	0	0	0
8	has helped me continue leading my life as before the diagnosis.	0	0	0	0	0	0
9	has enabled me to continue my working life with fewer limitations	0	0	0	0	0	0
10	has enabled me to enjoy a normal everyday life and leisure activities.	0	0	0	0	0	Ο
11	has enabled me to enjoy a normal social life.	0	0	0	0	0	0
12	has enabled me to have a normal family life.	0	0	0	0	0	0
13	has made me less anxious about a relapse.	0	0	0	0	0	0
14	has made me less anxious about the future.	0	0	Ο	0	0	0
15	has helped me think less about my CLL.	0	0	0	0	0	0
16	has helped me feel less depressed.	Ο	0	0	0	0	0
17	made me less anxious about side effects.	0	0	0	0	0	0
18	has ensured that there is a minimal financial burden associated with CLL and the treatment.	0	0	0	0	0	Ο

## Module 2: Achievement of process quality

Please indicate the extent to which your objectives regarding the doctors and other people involved in your treatment **have been achieved** and, therefore, how beneficial the treatment has been for you.

you	t treatment <b>nave been acmeved</b> and, therefore, now beneficial the tr				1101 y	ou.	did not apply to me
Dui	ring my CLL care thus far	not at all	somewhat	moderately	quite	very	did not a
1	I was given explanations and information about CLL, the course of this condition, and the therapeutic options available.	0	0	0	0	0	0
2	I was given comprehensive information at the time of initial diagnosis.	0	0	0	0	0	0
3	I was provided with brochures or written information when I received my initial diagnosis.	0	0	0	0	0	0
4	I was given an additional appointment soon after my initial diagnosis to provide me with further information, e.g., from trained practice staff.	0	0	0	0	Ο	0
5	I received information about future therapeutic options as early as possible.	0	0	0	0	0	0
6	I received information about support groups.	0	0	0	0	0	0
7	I received information about rehabilitation options or residential treatment at a medical spa.	0	0	0	0	0	0
8	I was given information about the psychological support options, including for relatives if necessary.	0	0	0	0	0	0
9	my doctor was up-to-date with the latest research.	0	0	0	0	Ο	0
10	the doctors involved in my treatment communicated with each other.	0	0	0	0	0	0
11	the doctor treating me had a positive attitude towards obtaining a second opinion.	0	0	0	0	0	0
12	my doctor presented information clearly and in a way that was easy to understand.	0	0	0	0	0	0
13	my doctor talked to me as an equal.	0	0	0	0	0	0
14	my doctor and healthcare staff were empathetic.	0	0	0	0	Ο	0
15	my doctor took time for me.	0	0	0	0	Ο	0
16	I had a good trust-based relationship with my doctor.	0	0	0	0	0	0
17	I was always treated by the same doctor.	0	0	0	0	0	0
18	waiting times at the practice or clinic were as short as possible.	0	0	0	0	0	0
19	the practice or clinic was well organised.	0	0	0	0	0	0
20	the practice or clinic was easy to contact by email or telephone.	0	0	0	0	Ο	0

# Module 2: Achievement of process quality

Please indicate the extent to which your objectives regarding the doctors and other people involved in your treatment **have been achieved** and, therefore, how beneficial the treatment has been for you.

Dui	ring my CLL care thus far	not at all	somewhat	moderately	quite	very	did not apply to n
21	my preferences regarding how the medication is administered (e.g. tablets or drip) were taken into account.	0	0	0	0	0	0
22	my preferences regarding where the medication is administered (i.e. at home or in the hospital/medical practice) were taken into account.	0	0	0	0	0	0
23	I only needed to take the tablets infrequently. (If you were not treated with tablets, please check "did not apply to me".)	0	0	0	0	0	0
24	the doctor considered the possibility of pausing the therapy once my values improved. (If there has been no improvement, please check "did not apply to me".)	0	Ο	0	Ο	0	0
25	my doctor and I reached decisions about the best treatment plan together.	0	0	0	0	0	0
26	I received detailed information about the treatment and its side effects at the start of treatment.	0	0	0	0	0	0