

## Appendix 3

## Web based survey responses kept as reported and translated

**1. Was your participation in this study important for your clinical practice? Why?**

Yes, as it allowed me to understand earlier that patients would benefit from referral to a palliative care team. #1

Yes. I was more aware to the need of exploring more physical, emotional and social symptoms. #2

No. #3

**2. What advantages do you identify in your practice after using the questionnaire?**

It created opportunities to approach sensitive themes (e.g.: state of mind, relationships with relatives, death). #1

I am more directive in my questions, and it led me to integrate more professionals into patient care to give the answers to needs. #2

None. #3

**3. What disadvantages do you identify in your practice after using the questionnaire?**

Time it takes to apply the questionnaire. #1

It makes the consult lengthier. #2

None. #3

**4. Do you consider IPOS was useful to identify physical and non-physical symptoms? Why?**

Yes. Patients don't usually mention these symptoms when we make open questions. #1

Moderately. On the one hand I already questioned a lot of aspects which IPOS covers, however, the novelty for me was the perception that most patients need more time to approach some matters, mainly, emotional and relational. #2

Yes. Systematised assessment. #3

**5. Do you consider IPOS clinical items to be useful to identify patients with palliative needs? Why?**

Yes, it refers to most common symptoms and allows for other symptoms to be added. #1

Yes, when there were uncontrolled symptoms, if not, there was no immediate utility. #2

Yes. Systematised assessment. #3

**6. What items were most relevant when using IPOS?**

Questions about emotional state: do you feel depressed, do you feel at peace. Those allowed me to understand the way the patient is experiencing their disease and their perception of the disease.

Without this questionnaire, I would, most likely, not be able to have this understanding during the consultation. #1

ECOG. Social needs. Clinical items displaying uncontrolled symptoms. Those identified situations in which interventions from other healthcare professionals – in an integrative way – would result in a better quality of care provided to patients, with the most potential benefit. #2

N/A. #3

**7. What items were less relevant when using IPOS?**

All items are relevant. #1

Feeling at peace. Most patients did not understand the question. It was a very broad question, I felt I needed to have a framework in the conversation and that patients should work with a psychologist before I asked this question. #2

N/A. #3

**8. Do you consider the overall questionnaire useful to help you identify patients with palliative needs? How?**

Yes. It allowed me to better understand the dimension of the symptom, the openness of the patient regarding referral to a specialised team, as well as, spiritual and social needs. #1

It was useful, but not very practical in the consultation. It can help the physicians to easily identify uncontrolled symptoms and it can make way to identifying some symptoms and the patients' uneasiness. #2

Yes. Systematised assessment. #3

**9. Do you consider the overall questionnaire useful to help you identify patients with palliative needs earlier in the disease trajectory? How?**

Yes, as described above. #1

If uncontrolled symptoms are identified earlier. If the surprise question is “no”, it could help some clinicians to be aware of more complex needs and more integrative approaches. #2

Yes. #3

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**10. Would you consider the questionnaire was useful to help decide on referral to the specialised hospital based palliative care team? In what way?**

Yes, it allows to better and more objectively characterise patients’ problems. #1

No. All patients I included in the study already had a referral plan. It might have helped me to make an earlier referral. #2

Yes. Identifying palliative care needs. #3

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**11. Would it be useful to have the questionnaire in digital format?**

Very useful, as it would always be available. #1

Yes, if integrated with the hospitals’ IT system. It could have algorithms which would help to identify red flags and alerts for palliative care needs. #2

Yes. More practical. #3

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**12. Would it be useful to have the questionnaire in digital format as part of the electronic patient file?**

Very useful, because it would always be available, and the data would be processed for research. #1

Yes. Electronic patient file available to all healthcare professionals. It could be repeated throughout time and make comparisons with previous questionnaires. #2

If its shorter. #3

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**13. Who should have access to those data?**

Healthcare professionals caring for the patient, researchers. #1

All healthcare professionals caring for the patient. By identifying aspects that relate the most to each area of care and understanding the integration of other healthcare professionals. #2

Medical team and nursing team. #3

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**14. What would be the ideal format to be used in clinical practice? Why?**

Digital format with data migration to a database. #1

Allowing the patient to answer the questionnaire on an app before the consultation. Results transmitted to the patient informing of the need to communicate them to healthcare professionals.

Results would be transmitted to the clinical team, not just the doctor. #2

Shorter digital format. #3

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**15. What would be the best way to visualise the results? (e.g. chart, table, text, mapping) Why?**

Charts and tables, they are accessible and quick to read. #1

Chart, table and red flags. #2

Chart/table. #3

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**16. Would an electronic tool, which would raise an automated red flag in the electronic patient file, be useful when patients fulfilled certain characteristics which define them as having palliative needs? Why?**

Yes, all automated tools which allows for the clinician to think about this theme are necessary and important, otherwise, it could be longer to make a referral happen. #1

Yes. It would help to establish referral criteria and eventually, prioritisation response criteria. #2

Yes. #3

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**17. During the study, was the information collected important to you as a doctor? In what way?**

Yes, it allowed me to understand that a questionnaire of this type can help me to better (earlier) refer the patient to the multidisciplinary palliative care team. #1

Yes, I was more aware of certain psycho-social aspects. #2

Yes. #3

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**18. During the study, was the information collected used by you in real time, to provide care to your patient and family? In what way?**

Yes, it allowed me to understand and better characterise the patients’ fragilities and consequently to manage more appropriately. #1

In some cases, I used it to justify the need for a palliative care consultation (patients and families who had already refused earlier referral) #2

Yes. #3

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**19. During the study, did the information collected changed the therapeutic relationship with patients and family? If yes, in what way?**

Yes. Earlier referrals. #1

No. But some patients were comforted to talk more about aspects that were not dealt with in the consultation, mainly having to do with anxiety of the patient and of the family. #2

No. #3

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**20. Would you like to add anything else?**

#1 had no response.

This is a very important theme for me – early palliative care integration, complex needs, integration of various aspects. It is necessary to find tools that are practical and understood by all healthcare professionals, as well as, patients and families. It is sometimes necessary to explain to patients and carers the advantages of integrated assessment. #2

#3 had no response.

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