

## **Supplemental Material**

Supplementary Table 1: Absolute and relative numbers and total number (*n*) of patients who answered the questions of the *NCCN-Distress Thermometer Problem List*

Problems with	Yes	%	No	%	<i>n</i>
Housing	6	4.7	122	95.3	128
Insurance	5	4.0	121	96.0	126
Work	4	3.2	120	96.8	124
Transportation	7	5.6	118	94.4	125
Child care	3	2.5	119	97.5	122
Financial worries	11	8.7	115	91.3	126
Family health issues	5	4.0	120	96.0	125
Dealing with partner	14	10.9	114	89.1	128
Dealing with children	5	4.0	119	96.0	124
Worry	59	47.6	65	52.4	124
Fears	77	60.6	50	39.4	127
Sadness	33	27.1	89	73.0	122
Depression	21	16.7	105	83.3	126
Nervousness	27	21.4	99	78.6	126

Loss of interest in usual activities	27	21.6	98	78.4	125
Spiritual/religious concerns	10	8.0	115	92.0	125
Contact with children	8	6.5	115	93.5	123
Pain	37	29.8	87	70.2	124
Nausea	7	5.7	117	94.4	124
Fatigue	38	31.7	82	68.3	120
Sleep	53	42.4	72	57.6	125
Getting around	40	32.5	83	67.5	123
Bathing/dressing	18	14.5	106	85.5	124
Appearance	10	8.2	112	91.8	122
Breathing	12	9.7	112	90.3	124
Stomatitis	5	4.1	118	95.9	123
Eating	11	8.9	112	91.1	123
Digestion	22	17.7	102	82.3	124
Constipation	25	20.2	99	79.8	124
Diarrhea	14	11.7	106	88.3	120
Changes in urination	57	46.0	67	54.0	124

Fevers	4	3.3	119	96.8	123
Skin dry/itchy	30	24.2	94	75.8	124
Nose dry/congested	20	16.3	103	83.7	123
Tingling in hands/feet	22	17.9	101	82.1	123
Feeling swollen	20	16.1	104	83.9	124
Memory/concentration	26	21.0	98	79.0	124
Erectile dysfunction	84	71.2	34	28.8	118
Other sexual issues	31	27.2	83	72.8	114
Urinal Incontinence	43	36.1	76	63.9	119

Supplementary Table 2: Answers (%) to the question “What/Who helps you in coping with the current situation?” and number of patients (*n*)

	Not at all helpful	Slightly helpful	Fairly helpful	Very helpful'	<i>n</i>
Partner	4.2	4.2	10.8	80.8	120
Children	14.1	8.1	24.2	53.6	99
Friends	20.7	16.3	39.1	23.9	92
Job	58.3	6.9	18.1	16.7	72
Physical activity	7.0	14.0	31.0	48.0	100
Meditation, yoga	70.7	10.7	9.3	9.3	75
Hobbies	12.3	9.0	47.2	31.5	89
Religion	31.7	13.4	20.7	34.2	82
Positive attitude	3.6	5.5	27.3	63.6	110
Positive experiences with medical treatments	4.9	9.7	42.7	42.7	103


Supplementary Table 3: Self-constructed questionnaire

**1. Have you been informed about psychological counseling or assistance regarding your illness?**

- ☐ yes  
☐ no  
☐ I don't know


**2. Have you ever made use of support regarding your emotional and social needs? If so, has the support been helpful to you?**

Please judge each statement. If you have made use of one or more support or counseling services ("yes"), please assess how helpful the respective support was for you. If "no", please proceed to the next statement or line.

	made use of		If „yes“ → Was the support helpful for you?				
	no	yes →	not at all	slightly	some	fairly	very much
1. Psychotherapy	<input type="radio"/>	<input type="radio"/> →	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
2. Psychological counseling/support	<input type="radio"/>	<input type="radio"/> →	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
3. Social law counseling/support	<input type="radio"/>	<input type="radio"/> →	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
4. Spiritual support	<input type="radio"/>	<input type="radio"/> →	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
5. Self-help group	<input type="radio"/>	<input type="radio"/> →	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
6. Support from cancer counseling center	<input type="radio"/>	<input type="radio"/> →	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
7. Telephone consultation by experts	<input type="radio"/>	<input type="radio"/> →	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
8. Internet consultation by experts	<input type="radio"/>	<input type="radio"/> →	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
9. Internet forum with people concerned	<input type="radio"/>	<input type="radio"/> →	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
10. Others: 	<input type="radio"/>	<input type="radio"/> →	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
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**3. Where have you made use of psychosocial support?**

(Several answer options can be selected.)


- ☐ At the hospital ☐ I have not used psychosocial support  
☐ During rehabilitation  
☐ In an outpatient setting  
☐ Others:  \_\_\_\_\_

**4. Do you wish for psychosocial support?**

- a. ☐ I use or have already made use of an offer/offers and would like...
- ☐ further support ☐ no further support
- 
- b. ☐ I have not already made use of an offer/offers and would like ...
- ☐ support ☐ no support


**5. If you did not make use of psychosocial support due to your cancer diagnosis, what are the reasons?**

(Several answer options can be selected.)

- ☐ I do not need support
- ☐ I don't know where to turn in this matter
- ☐ I didn't know such offers existed
- ☐ Others:  \_\_\_\_\_


**6. In which areas/questions would you like additional support at present?**

(Several answer options can be selected.)


- ☐ in the medical and health sector (e.g. physical complaints and side effects)
- ☐ psychological support (e.g. in case of concerns and in coping with illness)
- ☐ in family matters (e.g. how do I explain the situation to people close to me)
- ☐ in the social sector (e.g. in case of work-related problems or insurance law issues)
- ☐ in the pastoral area (e.g. in religious matters)
- ☐ Others:  \_\_\_\_\_

**7. Which topics are currently troubling you most?**


(Several answer options can be selected.)

	no	yes
1. Fear of the future	<input type="radio"/>	<input type="radio"/>
2. Progression anxiety	<input type="radio"/>	<input type="radio"/>
3. Burden on the partner	<input type="radio"/>	<input type="radio"/>
4. Burden on other family members	<input type="radio"/>	<input type="radio"/>
5. Job	<input type="radio"/>	<input type="radio"/>
7. Behavior towards friends	<input type="radio"/>	<input type="radio"/>
8. Physical impairments	<input type="radio"/>	<input type="radio"/>
9. Sexuality	<input type="radio"/>	<input type="radio"/>
10. Other topics or additions: 	<div>_____</div>	

**8. Who is an important conversation partner for you at the moment? (Several answer options can be selected)**

- |  |   |
|--|---|
| <input type="radio"/> Doctors                      | <input type="radio"/> Friends   |
| <input type="radio"/> Nursing staff                | <input type="radio"/> Persons concerned   |
| <input type="radio"/> Psychologist/Psychotherapist | <input type="radio"/> Self help group members   |
| <input type="radio"/> Chaplain                     | <input type="radio"/> Nobody  |
| <input type="radio"/> Social Services              | <input type="radio"/> Others, namely:  |
| <input type="radio"/> Family members               | _____   |

**9. What/Who helps you in coping with the current situation?**

	not at all	slightly helpful	fairly helpful	very helpful
1. Partner	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
2. Children	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
3. Friends	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
4. Job	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
5. Physical activity	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
6. Meditation, yoga, e.g.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
7. Hobbies	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
8. Belief/religion	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
9. Positive attitude	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
10. Positive experiences with medical treatments	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
11. Other areas: 	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
_____				