

Multimedia Appendix 4: SATISFACTION SURVEY

Mark the alternative that is most relevant to your satisfaction with your treatment.

	Totally Unsatisfied	Unsatisfied	Satisfied	Totally Satisfied
1- Support by professionals during treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2- Enough time to discuss what you would like to know with professionals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3- Your knowledge about your disease and your treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4- Your acceptance of the disease and treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5- Autonomy allowed by the treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6- Space to exchange experiences with other patients.	<input type="checkbox"/>			