|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| IPOS used DurationDategiven | Yes □10-20□Yes □ | No□20-30□No□ | 40-50□ |  | 50-60□ |  |
| **Organisation** | Appointments | Yes □ | No□ |
| **Physical condition**  | General condition/Fatigue  | Yes □ | No□ |
|  | Mobility  | Yes □ | No□ |
|  | Nutrition and Beverages Skin & Hair  | Yes □Yes □  | No□No□  |
|  | Weight | Yes □ | No□ |
|  | Excretion  | Yes □ | No□ |
|  | Breathing  | Yes □ | No□ |
|  | Cough (with/without sputum) | Yes □ | No□ |
|  | Burden of symptoms  | Yes □ | No□ |
|  | Sleep | Yes □ | No□ |
|  | Pain  | Yes □ | No□ |
|  | Nausea  | Yes □ | No□ |
| **Psychological condition**  | Fears  | Yes □ | No□ |
|  | Unrest  | Yes □ | No□ |
|  | Listlessness  | Yes □ | No□ |
|  | Burden/excessive demand  | Yes □ | No□ |
|  | Relationship problems  | Yes □ | No□ |
|  | Positive feelings  | Yes □ | No□ |
|  | Family/Friends as a support  | Yes □ | No□ |
|  | Sport as motivation | Yes □ | No□ |
|  | Prognostic Awareness  | Yes □ | No□ |
| **Medical care**  | Medication | Yes □ | No□ |
|  | General therapy  | Yes □ | No□ |
|  | Radiation | Yes □ | No□ |
|  | Immunotherapy  | Yes □ | No□ |
|  | Chemotherapy | Yes □ | No□ |
|  | CT  | Yes □ | No□ |
|  | MRT | Yes □ | No□ |
|  | Medical operation  | Yes □ | No□ |
|  | Blood sampling, Laboratory  | Yes □ | No□ |
|  | Inpatient admission  | Yes □ | No□ |
|  | Rehabilitation  | Yes □ | No□ |
| **Nursing care**  | Care by family members  | Yes □ | No□ |
|  | Home care/Social services  | Yes □ | No□ |
|  | Self-supply  | Yes □ | No□ |
| **Advance Care Planning**  | SAPVPatient decreePrecautionary power  | Yes □Yes □ Yes □ | No□No□No□ |
| **Outpatient providers**  | General practitioner  | Yes □ | No□ |
|  | Outpatient psychological service | Yes □ | No□ |
|  | Outpatient radiation | Yes □ | No□ |
| **Wishes/Hopes/Attitude to life**  | Improvement of health  | Yes □ | No□ |
|  | Vacation  | Yes □ | No□ |
|  | Family events  | Yes □ | No□ |

Additional file 2: Checklist for follow-up calls