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Assessment of Educational Needs of Patients in Clinical Hematology Towards the Implementation of a Structured Therapeutic Education Program



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Questionnaire: Patient Knowledge and Perceptions in Therapeutic Education in Clinical Hematology

Section 1: Sociodemographic Information

Education	n				
Section	2:	General	Knowledge	of	Therapeutic
	Rura	1			
_	Urba				
		e do you res	ide:		
_		ndary or hig			
_	Prim				
_	Illite				
			cation level?		
_	Over				
=	Unde	JI 00			
_		is your age?	?		
	Fema	ale			
	Male	;			
1. 7	What	is your sex?	1		

5. Have you ever heard of therapeutic education?

Yes

No
6. Do you know the objectives of therapeutic education? ☐ Yes
□ No
7. Do you feel the need to receive therapeutic education?
Yes
□ No

Section 3: Specific Knowledge of Disease and Treatment

disease?	
Low	
Medium	
High	
9. How well do you understand the symptoms of	your
disease?	
Low	
Medium	
High	
10. How well do you understand the method of treat	tment

8. How well do you understand the nature of your

Low	
-----	--

Medium

administration?

☐ High 11. How well do you understand the side effects of your treatment? ☐ Low	☐ Low ☐ Medium ☐ High
Medium High	Section 4: Psychological and Relational Aspects
12. How well do you manage your pain related to the disease? Low Medium High 13. How well do you manage your fatigue related to the disease? Low Medium High 14. How well do you understand the results of your biological tests? Low Medium High 15. How well do you understand the success rate of your treatment? Low Medium High 15. How well do you understand the success rate of your treatment?	19. How well do you accept your disease? Low Medium High 20. How well do you adapt to the care related to your disease? Low Medium High 21. How would you rate the support you receive from family and friends? Low Medium High 22. How important is your belief/spirituality in coping with your disease? Low Medium High High High High
16. How well do you understand the importance of maintaining a healthy lifestyle during treatment?	Suggestion
□ Low □ Medium □ High 17. How well do you understand the importance of physical activity during treatment? □ Low □ Medium □ High 18. How well do you manage your sexual activity during treatment?	