

Supplementary Material (S1)

CORT-S

INSTRUCTIONS: Following are a number of questions about the interaction and communication with the radiotherapist during the radiotherapy session you just went through. Please indicate your answer by ticking on the box that better describes your experience following the scale below:

Not at all 0	A little 1	Enough 2	More than enough 3	Very much 4
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DURING THE RADIOTHEPRAPY SESSION:

1	Was it easy to make questions to RTTs during treatment?	0	1	2	3	4
2	Was the RTT respectful towards you?	0	1	2	3	4
3	Did you feel relieved after speaking to the RTT?	0	1	2	3	4
4	Was the information you received about your illness understandable and clear?	0	1	2	3	4
5	Did the RTT give you the opportunity to talk about aspects related to your therapy?	0	1	2	3	4
6	Did you feel the RTT was competent?	0	1	2	3	4
7	Did you have the impression that the information provided by the RTT on your treatment was thorough enough and complete?	0	1	2	3	4
8	Were you satisfied with your relationship with the RTT?	0	1	2	3	4
9	Did the information about your disease seem accurate?	0	1	2	3	4
10	Did the RTT listen to you?	0	1	2	3	4
11	Are you satisfied about the information received on your therapy?	0	1	2	3	4
12	Were you able to express to the RTT all your thoughts and concerns about the treatment?	0	1	2	3	4
13	The RTTs were available towards you?	0	1	2	3	4
14	Did the RTT dedicate sufficient time to you?	0	1	2	3	4
15	Did the RTT give you the chance to say everything that was on your mind?	0	1	2	3	4

ATTITUDE-RT *ad hoc* scale

We now ask you to express your thoughts about RADIOTHERAPY. Please indicate your answer by ticking on the appropriate box on every line.

How much do you consider the RADIOTHERAPY SESSIONS to be:

USEFUL		
Not at all	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄ <input type="checkbox"/> ₅ <input type="checkbox"/> ₆ <input type="checkbox"/> ₇ <input type="checkbox"/> ₈ <input type="checkbox"/> ₉ <input type="checkbox"/> ₁₀	Very much
HARMFUL		
Not at all	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄ <input type="checkbox"/> ₅ <input type="checkbox"/> ₆ <input type="checkbox"/> ₇ <input type="checkbox"/> ₈ <input type="checkbox"/> ₉ <input type="checkbox"/> ₁₀	Very much
ADVANTAGEOUS		
Not at all	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄ <input type="checkbox"/> ₅ <input type="checkbox"/> ₆ <input type="checkbox"/> ₇ <input type="checkbox"/> ₈ <input type="checkbox"/> ₉ <input type="checkbox"/> ₁₀	Very much
DANGEROUS		
Not at all	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄ <input type="checkbox"/> ₅ <input type="checkbox"/> ₆ <input type="checkbox"/> ₇ <input type="checkbox"/> ₈ <input type="checkbox"/> ₉ <input type="checkbox"/> ₁₀	Very much
PLEASANT		
Not at all	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄ <input type="checkbox"/> ₅ <input type="checkbox"/> ₆ <input type="checkbox"/> ₇ <input type="checkbox"/> ₈ <input type="checkbox"/> ₉ <input type="checkbox"/> ₁₀	Very much
HEALTHY		
Not at all	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄ <input type="checkbox"/> ₅ <input type="checkbox"/> ₆ <input type="checkbox"/> ₇ <input type="checkbox"/> ₈ <input type="checkbox"/> ₉ <input type="checkbox"/> ₁₀	Very much
UNPLEASANT		
Not at all	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄ <input type="checkbox"/> ₅ <input type="checkbox"/> ₆ <input type="checkbox"/> ₇ <input type="checkbox"/> ₈ <input type="checkbox"/> ₉ <input type="checkbox"/> ₁₀	Very much