

Prevention and Screening	Diagnosis	Treatment optimisation (medical and non-medical)	Supportive Care
What prevention and/or screening measures exist in your setting (e.g., physical examination, genetics, imaging, blood/urine/stool testing)?	Are adequate diagnostic technologies available and accessible (e.g., imaging, biopsies, molecular or genetic testing)?	Are patients informed about all available treatment options, including:  • Medications  • Surgical interventions  • Radiology or topical options (e.g., photodynamic therapy)  • Options for delayed or no treatment while under surveillance  • Clinical trials  • Complimentary treatment	Is the patient and /or caregiver aware of any supportive care offered including:  Mental health Support structures Rehabilitation, Physiotherapy Social services Mobility and transportation (to receive care) Medical devices (prosthesis, crutches, special bed) Financial support Family support Work support
When are they made available? How long are the typical waiting times?	Do misdiagnoses or missed early diagnoses occur? What are the rates and underlying causes?	Do patients have access to all treatment options, including innovative therapies and clinical trials, at all lines of treatment?	When is supportive care made available, and are there waiting times?
To whom are they made available? Are the criteria inclusive?	Are diagnostic results delivered in a timely manner?	Do patients have to pay for part of their treatment or management (or associated costs) themselves?	Are there specific barriers preventing access to supportive care?
Do patients need to pay (partly or fully) for prevention programs (e.g. smoking cessation)?	Is the information about the diagnosis, including subtypes, stages, or genetic mutations, provided to the patient and caregiver in full?	Is there a follow-up and monitoring plan for patients in that specific situation? Does the patient know about this plan? Is there a main contact person for monitoring and follow-up?	Does the patient and/or caregiver have a primary contact for follow-up and monitoring? Is a clear plan communicated to them?
Is the general public aware of the disease and available prevention/screening measures?	Are there barriers to accessing a second opinion?	Is there adequate access to required diagnostics and follow-up procedures to monitor disease and treatment?	
Is the general public directly notified about their availability (e.g. through national screening protocols)?	Are there gender-specific differences in prevention, diagnosis, or outcomes?	Is multidisciplinary management and care accessible where required?	
Do GPs address primary prevention and screening in their routine practice?	Are there other reasons for delayed diagnosis?	Do patients have access to their own medical data?	
Prevention (e.g., vaccination, alcohol, smoking, sun exposure, obesity, sexual behaviour)	Are adequate testing technologies available and accessible?	Are patients' part of the decision-making process? (Shared decision making on therapy and care)	
Are the GPs aware of screening tests for specific symptoms or diseases?	Are diagnostic results made available in time?	Does the patient have a caregiver?  No- is the impact of not having one assessed?  Yes- Is the situation for the caregiver assessed?	
Are there differences with regard to prevention between women and men?	Is information about the disease provided to the patient in full, including details e.g., on subtypes, stages, risk types,	Is the caregiver included in the treatment plan?	
	Is information about the diagnosis provided to the patient in full, including specific individual details (e.g., subtypes, mutations, prognosis, etc)	Is there a structured follow-up and monitoring plan for patients in specific situations?	
	Do patients and caregivers fully understand the diagnosis and test results to make informed decisions?	How is the communication between the patient and the caregiver?	
		Are patients involved in shared decision-making regarding their therapy and care plan?	