

## Supplement B

<b>Evaluation form SOFIA-Monitoring physician</b>
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**ID-Code (physician):** \_\_\_\_\_

**ID-Code (pat.):** \_\_\_\_\_ (completed by the study team)

**Did you find the use of SOFIA-Monitoring helpful in treating the patient?**

                                                                   
 not at all                      little                      moderate                      very much

<b>How did you find SOFIA monitoring helpful?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
	not at all	little	moderate	very much
... in the detection of side effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... in preparation for the physician's consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... for a better understanding of the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... for easier communication about symptoms with the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... to prevent therapy interruptions or discontinuations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What benefits did SOFIA have for you as a physician?

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What benefits did SOFIA have for the patients?

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## Supplement B

What difficulties / problems have you experienced?

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Do you have any other experiences with SOFIA?

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Further Notes

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**Thank you very much!**