



**3.0 Content covered – beliefs about hormone therapy**

**3.1 Did you cover beliefs about the importance of taking HT everyday?**

Yes  No

*3.1.1 If yes, was this initiated by you or did the woman raise this spontaneously?*

Explicitly asked by nurse  Raised by participant

*3.1.2 If yes, was there anything you found challenging to address? Yes  No*

*Please provide any details*

**4.0 Content covered – concerns**

**4.1 Did you cover concerns about HT (e.g. side effects)?**

Yes  No

*4.1.1 If yes, was this initiated by you or did the women raise this spontaneously?*

Explicitly asked by nurse  Raised by participant

*4.1.2 If yes, was there anything you found challenging to address? Yes  No*

*Please provide any details*

**6.0 Overall comments**

**6.1 How engaged do you think the participant was during the consultation?**

Very engaged  Fairly engaged  Not sure  Not really engaged  Not at all engaged

*6.1.1 If you have any comments about the participant's engagement, please provide details here:*

**6.2 Were there any specific questions raised by the participant that weren't covered by the guide?**

Yes  No

*6.2.1 If yes, please provide details:*

**6.3 Is there anything else you would like to add about the consultation?** *For example any positives or negatives from your or the patient's point of view?*

**Form completed by**

Printed name:

Signature:

Date signed:

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