For the following questions, please circle the number between 1 and 7 that best applies to you	
How would you rate your overall health during the past week?	◯ 1 (Very Poor) ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 (Excellent)
How would you rate your overall quality of life during the past week?	◯ 1 (Very Poor) ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 (Excellent)
Compared to before your radiation therapy, how would you rate your health in general now? (choose one option)	◯ Much better now than before radiation therapy ◯ Somewhat better now than before radiation therap ◯ About the same ◯ Somewhat worse now than before radiation therap ◯ Much worse than before radiation therapy ◯ Unsure
Do you feel this worsening of your health is caused by the radiation therapy?	◯ Yes ◯ No
Please provide details	_____
Please reflect on the decision that you made to undertake radiation therapy for treatment of head and neck cancer. Do you regret undergoing radiation therapy?	◯ Not at all ◯ A little ◯ Quite a lot ◯ Very much
If yes ('a little, 'quite a lot' or 'very much): What would you say is the reason for your regret? (Please select all that apply)	◯ Side effects are worse than I thought they would be (please provide details) ◯ My cancer has come back (please provide details) ◯ Other (please provide details)
Please provide details	_____
Have you been diagnosed with any other cancers since your radiation treatment?	◯ Yes ◯ No
Please provide details	_____

Patients sometimes report that they have the following symptoms or problems.
Please indicate the extent to which you have experienced these symptoms or problems during the past week.
Please select the option that best applies to you.

	Not at all	A little	Quite a bit	Very much
Have you had pain in your mouth?	◯	◯	◯	◯
Have you had pain in your jaw?	◯	◯	◯	◯
Have you had soreness in your mouth?	◯	◯	◯	◯
Have you had pain in your throat?	◯	◯	◯	◯
Have you had problems swallowing liquids?	◯	◯	◯	◯
Have you had problems swallowing pureed food?	◯	◯	◯	◯
Have you had problems swallowing solid food?	◯	◯	◯	◯
Have you choked when swallowing?	◯	◯	◯	◯
Have you had problems with your teeth?	◯	◯	◯	◯
Have you had problems because of losing some teeth?	◯	◯	◯	◯
Have you had problems opening your mouth wide?	◯	◯	◯	◯
Have you had a dry mouth?	◯	◯	◯	◯
Have you had sticky saliva?	◯	◯	◯	◯

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Patients sometimes report that they have the following symptoms or problems.
Please indicate the extent to which you have experienced these symptoms or problems during the past week.
Please select the option that best applies to you.

	Not at all	A little	Quite a bit	Very much
Have you had problems with your sense of smell?	○	○	○	○
Have you had problems with your sense of taste?	○	○	○	○
Have you had problems with coughing?	○	○	○	○
Have you had problems with hoarseness?	○	○	○	○
Have you had problems with your appearance?	○	○	○	○
Have you felt less physically attractive as a result of your disease or treatment?	○	○	○	○
Have you felt dissatisfied with your body?	○	○	○	○
Have you had problems eating?	○	○	○	○
Have you had problems eating in front of your family?	○	○	○	○
Have you had problems eating in front of other people?	○	○	○	○
Have you had problems enjoying your meals?	○	○	○	○

Patients sometimes report that they have the following symptoms or problems.
Please indicate the extent to which you have experienced these symptoms or problems during the past week.
Please select the option that best applies to you.

	Not at all	A little	Quite a bit	Very much
Have you had problems talking to other people?	○	○	○	○
Have you had problems talking on the telephone?	○	○	○	○
Have you had problems talking in a noisy environment?	○	○	○	○
Have you had problems speaking clearly?	○	○	○	○
Have you had problems going out in public?	○	○	○	○
Have you felt less interest in sex?	○	○	○	○
Have you felt less sexual enjoyment?	○	○	○	○
Have you had problems raising your arm or moving it sideways?	○	○	○	○
Have you had pain in your shoulder?	○	○	○	○
Have you had swelling in your neck?	○	○	○	○

Patients sometimes report that they have the following symptoms or problems.
Please indicate the extent to which you have experienced these symptoms or problems during the past week.
Please select the option that best applies to you.

	Not at all	A little	Quite a bit	Very much
Have you had skin problems (e.g. itchy, dry)?	○	○	○	○
Have you had a rash?	○	○	○	○
Has your skin changed colour?	○	○	○	○
Have you worried that your weight is too low?	○	○	○	○
Have you worried about the results of examinations and tests?	○	○	○	○
Have you worried about your health in the future?	○	○	○	○
Have you had problems with wounds healing?	○	○	○	○
Have you had tingling or numbness in your hands or feet?	○	○	○	○
Have you had problems chewing?	○	○	○	○

Would you be happy to be contacted by the RNSH Radiation Oncology department to perform a similar survey in the future? (eg. 12 monthly)	○ Yes ○ No (If no, we will not send you any future surveys)

Figure S1 Quality of Life Survey as Distributed to Patients with Primary Salivary Gland Malignancies Treated with Surgery and Adjuvant Radiotherapy.

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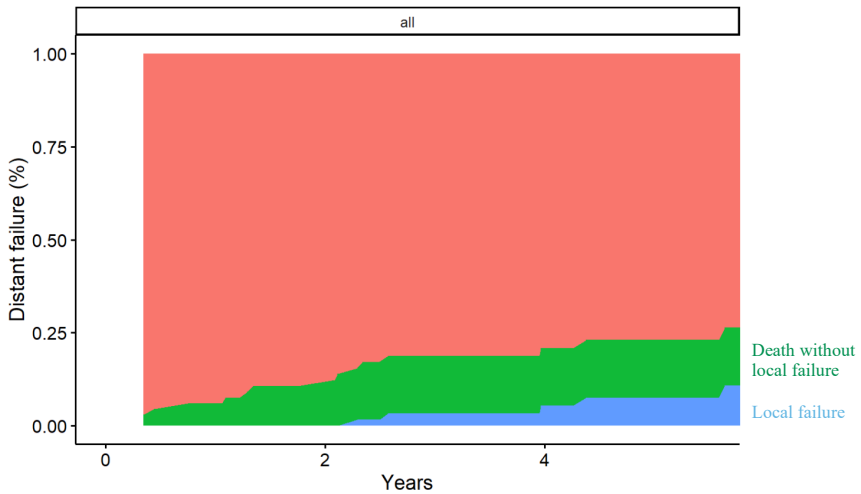

Characteristic	1 year	3 years	5 years
Overall	6.0% (2.3%, 15%)	16% (8.8%, 27%)	16% (8.8%, 2%)

% estimates are 'failure' (median, years)

Figure S2 Cumulative incidence functions of distant failure for Patients with Primary Salivary Gland Malignancies Treated with Surgery and Adjuvant Radiotherapy.

Table S1 Perceived Health and Treatment Regret for Patients with Primary Salivary Gland Malignancies Treated with Surgery and Adjuvant Radiotherapy

Characteristic	N=29[1]
Self-reported health (compared to before RT)	
Much better	3 (10%)
Somewhat better	3 (10%)
About the same	17 (59%)
Somewhat worse	4 (14%)
Much worse	1 (3.4%)
Unsure	1 (3.4%)
If "somewhat worse" or "much worse", do you think this is due to RT?	2 (40%)
Treatment regret	
Not at all	26 (90%)
A little	3 (10%)
Quite a lot	0
Very much	0

[1]n(%). RT = Radiation Therapy.

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Table S2 Survey Responses of Patients with Primary Salivary Gland Malignancies Treated with Surgery and Adjuvant Radiotherapy

Variable	Response (N=29)						
ECOG	0	1	2				
	26 (90%)	2 (6.9%)	1 (3.4%)				
Severe side effects since RT (eg. Hospitalisation, hy-perbaric oxygen treatment, further surgery)	Yes						
	1 (3.4%)						
Self-reported health (compared to before RT)	Much better	Somewhat better	About the same	Somewhat worse	Much worse	Unsure	
	3 (10%)	3 (10%)	17 (59%)	4 (14%)	1 (3.4%)	1 (3.4%)	
If worse health, is this due to RT	Yes						
	26 (90%)						
Treatment Regret	Not at all	A little	Quite a lot	Very much			
	26 (90%)	3 (10%)	0	0			
Global Health Status (EORTC QLQ-30)	50	58.33	66.67	75	83.33	91.67	100
	3 (10%)	1 (3.4%)	3 (10%)	1 (3.4%)	8 (28%)	4 (14%)	9 (31%)
EORTC HN-35	Not at all	A Little	Quite a Bit	Very Much			
Pain in your mouth?	24 (83%)	3 (10%)	1 (3.4%)	1 (3.4%)			
Pain in your jaw?	18 (62%)	9 (31%)	1 (3.4%)	1 (3.4%)			
Soreness in your mouth?	18 (62%)	10 (34%)	0 (0%)	1 (3.4%)			
Pain in your throat?	27 (93%)	1 (3.4%)	1 (3.4%)	0 (0%)			
Problems swallowing liquids?	27 (93%)	2 (6.9%)	0 (0%)	0 (0%)			
Problems swallowing pureed food?	29 (100%)	0 (0%)	0 (0%)	0 (0%)			
Problems swallowing solid food?	18 (62%)	11 (38%)	0 (0%)	0 (0%)			
Have you choked when swallowing?	25 (86%)	4 (14%)	0 (0%)	0 (0%)			
Problems with your teeth?	16 (55%)	4 (14%)	8 (28%)	1 (3.4%)			
Problems because of losing some teeth?	21 (72%)	3 (10%)	5 (17%)	0 (0%)			
Problems opening your mouth wide?	16 (55%)	4 (14%)	4 (14%)	5 (17%)			
Dry mouth?	9 (31%)	10 (34%)	4 (14%)	6 (21%)			
Sticky saliva?	18 (62%)	8 (28%)	3 (10%)	0 (0%)			
Problems with your sense of smell?	24 (83%)	4 (14%)	1 (3.4%)	0 (0%)			
Problems with your sense of taste?	19 (66%)	8 (28%)	2 (6.9%)	0 (0%)			
Problems with coughing?	24 (83%)	3 (10%)	2 (6.9%)	0 (0%)			
Problems with hoarseness?	21 (72%)	7 (24%)	1 (3.4%)	0 (0%)			
Problems with your appearance?	12 (41%)	14 (48%)	2 (6.9%)	1 (3.4%)			
Felt less physically attractive RT?	14 (48%)	11 (38%)	2 (6.9%)	2 (6.9%)			
Felt dissatisfied with your body?	18 (62%)	9 (31%)	2 (6.9%)	0 (0%)			
Problems eating?	18 (62%)	7 (24%)	4 (14%)	0 (0%)			
Problems eating in front of your family?	23 (79%)	6 (21%)	0 (0%)	0 (0%)			
Problems eating in front of other people?	23 (79%)	4 (14%)	2 (6.9%)	0 (0%)			
Problems enjoying your meals?	22 (76%)	6 (21%)	1 (3.4%)	0 (0%)			
Problems talking to other people?	25 (86%)	4 (14%)	0 (0%)	0 (0%)			
Problems talking on the telephone?	24 (83%)	5 (17%)	0 (0%)	0 (0%)			
Problems talking in a noisy environment?	20 (69%)	7 (24%)	2 (6.9%)	0 (0%)			
Problems speaking clearly?	22 (76%)	7 (24%)	0 (0%)	0 (0%)			
Problems going out in public?	26 (90%)	3 (10%)	0 (0%)	0 (0%)			
Felt less interest in sex?	20 (69%)	8 (28%)	0 (0%)	1 (3.4%)			
Felt less sexual enjoyment?	21 (72%)	6 (21%)	1 (3.4%)	1 (3.4%)			
Problems raising/moving your arm?	26 (90%)	2 (6.9%)	1 (3.4%)	0 (0%)			
Pain in your shoulder?	20 (69%)	4 (14%)	4 (14%)	1 (3.4%)			
Swelling in your neck?	19 (66%)	8 (28%)	1 (3.4%)	1 (3.4%)			
Skin problems (e.g. itchy, dry)?	14 (48%)	10 (34%)	4 (14%)	1 (3.4%)			
Had a rash?	24 (83%)	5 (17%)	0 (0%)	0 (0%)			
Skin changed colour?	22 (76%)	6 (21%)	1 (3.4%)	0 (0%)			
Worried that your weight is too low?	27 (93%)	1 (3.4%)	0 (0%)	1 (3.4%)			
Worried about the results of examinations and tests?	11 (38%)	12 (41%)	4 (14%)	2 (6.9%)			
Worried about your health in the future?	7 (24%)	14 (48%)	5 (17%)	3 (10%)			
Problems with wounds healing?	25 (86%)	3 (10%)	1 (3.4%)	0 (0%)			
Tingling or numbness in your hands or feet?	24 (83%)	4 (14%)	1 (3.4%)	0 (0%)			
Problems chewing?	18 (62%)	10 (34%)	1 (3.4%)	0 (0%)			

AJCC = American Joint Committee on Cancer; ECOG = Eastern Cooperative Oncology Group; RT = Radiation Therapy; EORTC = European Organisation For Research And Treatment Of Cancer.

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