

Appendix 1: Preoperative PPOMITS survey

Study ID _____
 Survey ID _____

Study time point- Date (DD/MM/YYYY) _____

Survey I: Patient Perceptions of Surgery to the Lungs and Esophagus (Preoperative)

Since you are being seen in the Cancer Assessment Center of the Ottawa Hospital, it is possible that surgery may be a treatment option for your condition. We are conducting simple surveys as part of our efforts to better understand your views on major surgery to the lungs or esophagus. It is our goal to be able to use the information you are kindly providing us to further advance cancer research. We hope that your contribution will serve to improve the care of all of our cancer patients. This survey will not affect the type of surgery you may be a candidate for.

1. What is your postal code? (This helps us estimate how far you live).
 Please include the first 3 numbers and letters of your postal code in the following boxes.

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2. Have you ever had surgery to your: Please add a check mark to the box that applies to you. You can select more than one (1) answer. Example:

- Neck
 Chest
 Belly
 None of the above

3. Do you currently feel pain in your: Please mark your answer with an X on the line.

a. Neck?	No pain		The worst possible pain
b. Chest?	No pain		The worst possible pain
c. Belly?	No pain		The worst possible pain

The next few questions are designed to understand your perception and opinion regarding surgery to the neck, chest and belly. Even if you will not undergo each type of surgery, we are still interested in your opinion. Please answer EACH question (NECK, CHEST, and BELLY), even though you may not undergo each type of surgery.

4. In your opinion, how much pain do you think you would feel from having surgery to your :

a. Neck?	No pain		The worst possible pain
b. Chest?	No pain		The worst possible pain
c. Belly?	No pain		The worst possible pain

5. If you expect surgery to be painful, how long would you expect the pain to last following surgery to the: Please add one (1) check mark to the box that applies to you. Example:

a. Neck?

Less than 6 weeks
 More than 6 weeks

b. Chest?

Less than 6 weeks
 More than 6 weeks

c. Belly?

Less than 6 weeks
 More than 6 weeks

6. In your opinion, how concerned are you about feeling pain following surgery to the:

a. Neck?	Not concerned	_____	Very concerned
b. Chest?	Not concerned	_____	Very concerned
c. Belly?	Not concerned	_____	Very concerned

7. Please indicate how well you expect post-operative pain to the following areas to be controlled by your health care team:

a. Neck	Very poorly controlled pain	_____	Very well controlled pain
b. Chest	Very poorly controlled pain	_____	Very well controlled pain
c. Belly	Very poorly controlled pain	_____	Very well controlled pain

8. In your opinion, what do you think the risk of complications is following surgery to the:

a. Neck?	No risk of complications	_____	Very high risk of complications
b. Chest?	No risk of complications	_____	Very high risk of complications
c. Belly?	No risk of complications	_____	Very high risk of complications

9. In your opinion, what do you think is the risk of dying because of post-operative complications following surgery to the:

a. Neck?	No risk of dying	_____	High risk of dying
b. Chest?	No risk of dying	_____	High risk of dying
c. Belly?	No risk of dying	_____	High risk of dying

10. In your opinion, how many activities of your daily life do you expect to be able to independently do following surgery to the:

a. Neck?	No activities of my daily living	_____	All activities of my daily living
b. Chest?	No activities of my daily living	_____	All activities of my daily living
c. Belly?	No activities of my daily living	_____	All activities of my daily living

11. In your opinion, how long do you think it will take for you to fully recover following surgery to the:

Please add one (1) check mark to the box that applies to you. Example:

a. Neck?	b. Chest?	c. Belly?
<input type="checkbox"/> Less than 6 weeks	<input type="checkbox"/> Less than 6 weeks	<input type="checkbox"/> Less than 6 weeks
<input type="checkbox"/> More than 6 weeks	<input type="checkbox"/> More than 6 weeks	<input type="checkbox"/> More than 6 weeks

12. In your opinion, how much anxiety or stress do you expect to feel following surgery to the:

a. Neck?	No stress or anxiety	_____	The most stress or anxiety possible
b. Chest?	No stress or anxiety	_____	The most stress or anxiety possible
c. Belly?	No stress or anxiety	_____	The most stress or anxiety possible

13. In your opinion, how important is the size of incision(s) following surgery to the:

a. Neck?	Not important	_____	Very important
b. Chest?	Not important	_____	Very important
c. Belly?	Not important	_____	Very important

14. In your opinion, how important is the pain following surgery to the:

a. Neck?	Not important	_____	Very important
b. Chest?	Not important	_____	Very important
c. Belly?	Not important	_____	Very important

15. In your opinion, how important is the risk of complication(s) following surgery to the:

a. Neck?	Not important	_____	Very important
b. Chest?	Not important	_____	Very important
c. Belly?	Not important	_____	Very important

16. In your opinion, how important is the distance that you would need to travel to get surgery for the:

a. Neck?	Not important	_____	Very important
b. Chest?	Not important	_____	Very important
c. Belly?	Not important	_____	Very important

17. If you were to complete a survey for a research study again, would you prefer to take the survey on paper or as an electronic version (ex: iPad, e-mail)?

Please add only one (1) check mark to the box that applies to you. Example:

- Paper version
 Electronic version
 No preference

THANK YOU VERY MUCH FOR TAKING THE TIME TO ANSWER THIS SURVEY!

Appendix 2: Postoperative PPOMITS survey

Study ID _____
Survey ID _____

Study time point- Date (DD/MM/YYYY) _____

Survey II: Patient Perceptions of Surgery to the Lungs and Esophagus (Postoperative)

You have agreed to help us understand your view points on surgery to the lungs and esophagus and, by now, you should have had your surgery. These simple surveys are designed as part of our efforts to better understand your views on major surgery to the lungs or esophagus. It is our goal to be able to use the information you are kindly providing us to further advance cancer research. We hope that your contribution will serve to improve the care of all of our cancer patients.

1. What is your postal code? (This helps us estimate how far you live).
Please include the first 3 numbers and letters of your postal code in the following boxes.

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2. Did you feel pain following your surgery? Please mark your answer with an X on the line.

No pain		The worst possible pain
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3. Do you currently feel pain in your: Please mark your answer with an X on the line.

a. Neck?	No pain		The worst possible pain
b. Chest?	No pain		The worst possible pain
c. Belly?	No pain		The worst possible pain

The next few questions are designed to understand your perception and opinion regarding surgery to the neck, chest and belly. Even if you will not undergo each type of surgery, we are still interested in your opinion. Please answer EACH question (NECK, CHEST, and BELLY), even though you may not undergo each type of surgery.

4. In your opinion, how much pain do you think you would feel from having surgery to your :

a. Neck?	No pain		The worst possible pain
b. Chest?	No pain		The worst possible pain
c. Belly?	No pain		The worst possible pain

5. If you expect surgery to be painful, how long would you expect the pain to last following surgery to the: Please add one (1) check mark to the box that applies to you. Example:

a. Neck?

Less than 6 weeks
 More than 6 weeks

b. Chest?

Less than 6 weeks
 More than 6 weeks

c. Belly?

Less than 6 weeks
 More than 6 weeks

6. In your opinion, how concerned are you about feeling pain following surgery to the:

a. Neck?	Not concerned	_____	Very concerned
b. Chest?	Not concerned	_____	Very concerned
c. Belly?	Not concerned	_____	Very concerned

7. Please indicate how well you expect post-operative pain to the following areas to be controlled by your health care team:

a. Neck	Very poorly controlled pain	_____	Very well controlled pain
b. Chest	Very poorly controlled pain	_____	Very well controlled pain
c. Belly	Very poorly controlled pain	_____	Very well controlled pain

8. In your opinion, what do you think the risk of complications is following surgery to the:

a. Neck?	No risk of complications	_____	Very high risk of complications
b. Chest?	No risk of complications	_____	Very high risk of complications
c. Belly?	No risk of complications	_____	Very high risk of complications

9. In your opinion, what do you think is the risk of dying because of post-operative complications following surgery to the:

a. Neck?	No risk of dying	_____	High risk of dying
b. Chest?	No risk of dying	_____	High risk of dying
c. Belly?	No risk of dying	_____	High risk of dying

10. In your opinion, how many activities of your daily life do you expect to be able to independently do following surgery to the:

a. Neck?	No activities of my daily living	_____	All activities of my daily living
b. Chest?	No activities of my daily living	_____	All activities of my daily living
c. Belly?	No activities of my daily living	_____	All activities of my daily living

11. In your opinion, how long do you think it will take for you to fully recover following surgery to the:
Please add one (1) check mark to the box that applies to you. Example:

a. Neck?	b. Chest?	c. Belly?
<input type="checkbox"/> Less than 6 weeks	<input type="checkbox"/> Less than 6 weeks	<input type="checkbox"/> Less than 6 weeks
<input type="checkbox"/> More than 6 weeks	<input type="checkbox"/> More than 6 weeks	<input type="checkbox"/> More than 6 weeks

12. In your opinion, how much anxiety or stress do you expect to feel following surgery to the:

a. Neck?	No stress or anxiety	_____	The most stress or anxiety possible
b. Chest?	No stress or anxiety	_____	The most stress or anxiety possible
c. Belly?	No stress or anxiety	_____	The most stress or anxiety possible

13. In your opinion, how important is the size of incision(s) following surgery to the:

a. Neck?	Not important	_____	Very important
b. Chest?	Not important	_____	Very important
c. Belly?	Not important	_____	Very important

14. In your opinion, how important is the pain following surgery to the:

a. Neck?	Not important	_____	Very important
b. Chest?	Not important	_____	Very important
c. Belly?	Not important	_____	Very important

15. In your opinion, how important is the risk of complication(s) following surgery to the:

a. Neck?	Not important	_____	Very important
b. Chest?	Not important	_____	Very important
c. Belly?	Not important	_____	Very important

16. In your opinion, how important is the distance that you would need to travel to get surgery for the:

a. Neck?	Not important	_____	Very important
b. Chest?	Not important	_____	Very important
c. Belly?	Not important	_____	Very important

THANK YOU VERY MUCH FOR TAKING THE TIME TO ANSWER THIS SURVEY!

Appendix 3: RAND 36-item Short Form Health Survey (RAND SF-36)-Version 1.0

The RAND 36-Item Health Survey

The RAND 36-Item Health Survey is designed to explore and understand eight key concepts that are important to our functioning:

1. Physical functioning,
2. Bodily pain,
3. Role limitations due to physical health problems,
4. Role limitations due to personal or emotional problems,
5. Emotional well-being,
6. Social functioning,
7. Energy/fatigue, and
8. General health perceptions.

Please answer every question to further understand your perception regarding your health and well-being.

1. In general, would you say your health is:		2. Compared to one year ago, how would you rate your health in general now?	
Excellent	1	Much better now than one year ago	1
Very good	2	Somewhat better now than one year ago	2
Good	3	About the same	3
Fair	4	Somewhat worse now than one year ago	4
Poor	5	Much worse now than one year ago	5

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

(Circle One Number on Each Line)

	Yes, Limited a Lot	Yes, Limited a Little	No, Not limited at All
3. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	[1]	[2]	[3]
4. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	[1]	[2]	[3]
5. Lifting or carrying groceries	[1]	[2]	[3]
6. Climbing several flights of stairs	[1]	[2]	[3]
7. Climbing one flight of stairs	[1]	[2]	[3]
8. Bending, kneeling, or stooping	[1]	[2]	[3]
9. Walking more than a mile	[1]	[2]	[3]
10. Walking several blocks	[1]	[2]	[3]
11. Walking one block	[1]	[2]	[3]
12. Bathing or dressing yourself	[1]	[2]	[3]

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

(Circle One Number on Each Line)

	Yes	No
13. Cut down the amount of time you spent on work or other activities	1	2
14. Accomplished less than you would like	1	2
15. Were limited in the kind of work or other activities	1	2
16. Had difficulty performing the work or other activities (for example, it took extra effort)	1	2

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

(Circle One Number on Each Line)

	Yes	No
17. Cut down the amount of time you spent on work or other activities	1	2
18. Accomplished less than you would like	1	2
19. Didn't do work or other activities as carefully as usual	1	2

20. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

(Circle One Number)

Not at all 1

Slightly 2

Moderately 3

Quite a bit 4

Extremely 5

21. How much bodily pain have you had during the past 4 weeks?

(Circle One Number)

None 1

Very mild 2

Mild 3

Moderate 4

Severe 5

Very severe 6

22. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

(Circle One Number)

Not at all 1

A little bit 2

Moderately 3

Quite a bit 4

Extremely 5

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks. . .
 (Circle One Number on Each Line)

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
23. Did you feel full of pep?	1	2	3	4	5	6
24. Have you been a very nervous person?	1	2	3	4	5	6
25. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
26. Have you felt calm and peaceful?	1	2	3	4	5	6
27. Did you have a lot of energy?	1	2	3	4	5	6
28. Have you felt downhearted and blue?	1	2	3	4	5	6
29. Did you feel worn out?	1	2	3	4	5	6
30. Have you been a happy person?	1	2	3	4	5	6
31. Did you feel tired?	1	2	3	4	5	6

32. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

(Circle One Number)

All of the time 1

Most of the time 2

Some of the time 3

A little of the time 4

None of the time 5

How TRUE or FALSE is each of the following statements for you.

(Circle One Number on Each Line)

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
33. I seem to get sick a little easier than other people	1	2	3	4	5
34. I am as healthy as anybody I know	1	2	3	4	5
35. I expect my health to get worse	1	2	3	4	5
36. My health is excellent	1	2	3	4	5