## **Appendix 1: Preoperative PPOMITS survey**

Study I Survey I	D
Study time point- Date (DD/MM/YYYY)	
Survey I: Patient Perceptions of Surgery to the Lungs and Esophagus (Pred	pperative)
Since you are being seen in the Cancer Assessment Center of the Ottawa Hospital, it is surgery may be a treatment option for your condition. We are conducting simple survey efforts to better understand your views on major surgery to the lungs or esophagus. It is to use the information you are kindly providing us to further advance cancer research. Contribution will serve to improve the care of all of our cancer patients. This survey will surgery you may be a candidate for.	s as part of our s our goal to be able We hope that your
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 box	xes.
Have you ever had surgery to your: Please add a check mark to the box that applies more than one (1) answer. Example:	s to you. You can select
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 to the neck, chest and belly. Even if you will not undergo each type of surgery, we in your opinion. Please answer EACH question (NECK, CHEST, and BELLY), even not undergo each type of surgery.  4. In your opinion, how much pain do you think you would feel from having surgery to your opinion.	e are still interested though you may
a Neglea Neglea	The worst
a. Neck? No pain	possible pain
b. Chest? No pain	The worst possible pain
c. Belly? No pain	The worst possible pain

		ful, how long would you expect to the box that applies to you. E		rgery to the:
a. Neck?		b. Chest?	c. Belly?	
	an 6 weeks an 6 weeks	Less than 6 weeks More than 6 weeks	Less than 6 wee	0.757
6. In your opinion	, how concerned	are you about feeling pain follow	wing surgery to the:	
a. Neck?	Not concerned	-		ery ncerned
b. Chest?	Not concerned		Ve	ery ncerned
c. Belly?	Not concerned			ery ncerned
Please indicate health care tear     a. Neck		pect post-operative pain to the fo	ı	led by your ery well ontrolled pain
b. Chest	Very poorly controlled pain	<u> </u>		ery well ontrolled pain
c. Belly	Very poorly controlled pain			ery well ontrolled pain
8. In your opinion,	what do you thin	k the risk of complications is foll	owing surgery to the:	
a. Neck?	No risk of complications	<u> </u>		ery high risk of omplications
b. Chest?	No risk of complications	]	100	ery high risk of omplications
c. Belly?	No risk of complications	<u> </u>		ery high risk of omplications

9. In your opinion,	what do you thin	nk is the risk of dying because	e of post-operative complications following
surgery to the:			
	No risk	E .	High risk
a. Neck?	of dyin		of dying
b. Chest?	No risk		High risk
D. Chest!	of dyin	g  l	of dying
	No risk		High risk
c. Belly?	of dyin		of dying
	or dynn	9 1	i or dying
10 In your opinion	how many notice	ition of your daily life do you s	wheat to be able to independently do following
	now many activ	illes of your daily life do you e	expect to be able to independently do following
surgery to the:			
	No activities of		All activities of
a. Neck?			
	my daily living	''	my daily living
b. Chest?	No activities of	1	All activities of
	my daily living		my daily living
a Dally2	, ,	<b>⊣</b> :	
c. Belly?	No activities of		All activities of
	my daily living		my daily living
More the	an 6 weeks an 6 weeks , how much anx	Less than 6 weeks More than 6 weeks ety or stress do you expect to	Less than 6 weeks More than 6 weeks of feel following surgery to the:
			The most stress or
a. Neck?	No stress		
d. Hook:	or anxiety		anxiety possible
h 0h+0	No stress		The most stress or
b. Chest?	or anxiety		anxiety possible
	or directy		annety possible
c. Belly?	No stress		The most stress or
	or anxiety		anxiety possible
13. In your opinion,	how important is	s the size of incision(s) follow	ing surgery to the:
	Not		Very
a. Neck?	important		important
a. Neuk!			
h Charto	Not	]	Very
b. Chest?	important		important
100 management	Not I		I Very
c. Belly?			
o. Dony:	important		important

14. In your opinion, how	important is t	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 t	the risk of complication(s) following surgery to the:	
a. Neck?	Not important		Very important
b. Chest?	Not important	<u> </u>	Very important
c. Belly?	Not important	<u> </u>	Very important
16.In your opinion, how	important is t	the distance that you would need to travel to get surger	y for the:
a. Neck?	Not important		Very important
b. Chest?	Not important	<u> </u>	Very important
c. Belly?	Not important		Very important
or as an electronic ve	ersion (ex: iP	for a research study again, would you prefer to take the ad, e-mail)?  ark to the box that applies to you. Example:	survey on paper
Paper version			
Electronic version			
No preference			
THANK YOU	VERY MUC	H FOR TAKING THE TIME TO ANSWER THIS SURVE	EY!

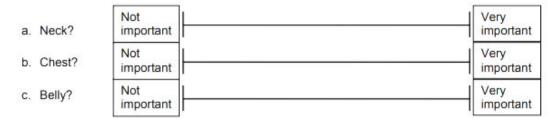
## **Appendix 2: Postoperative PPOMITS survey**

	udy ID vey 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 ar low, you should have had your surgery. These simple surveys are designed as part understand your views on major surgery to the lungs or esophagus. It is our goal to information you are kindly providing us to further advance cancer research. We how will serve to improve the care of all of our cancer patients.	art of our efforts to better to be able to use the
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 followin	g boxes.
Did you feel pain following your surgery? Please mark your answer with an	K on the line.
No pain	The worst possible pain
Do you currently feel pain in your: Please mark your answer with an X on th	e line
	I The worst
a. Neck? No pain	possible pain
b. Chest? No pain	The worst possible pain
c. Belly? No pain	The worst possible pain
he next few questions are designed to understand your perception and opin the neck, chest and belly. Even if you will not undergo each type of surger	y, we are still interested
n your opinion. <u>Please answer EACH question (NECK, CHEST, and BELLY), on tundergo each type of surgery.</u>	even though you may
4. In your opinion, how much pain do you think you would feel from having surg	perv to your :
	The worst
a. Neck? No pain	possible pain
b. Chest? No pain	The worst possible pain
c. Belly? No pain	The worst possible pain
	10

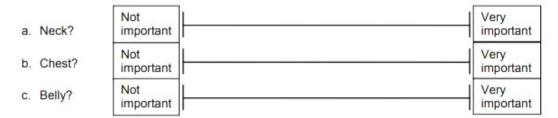
5. If you expect surgery to be painful, how long would you expect the pain to last following surgery to the: Please add one (1) check mark to the box that applies to you. Example: a. Neck? b. Chest? c. Belly? Less than 6 weeks Less than 6 weeks Less than 6 weeks More than 6 weeks More than 6 weeks More than 6 weeks 6. In your opinion, how concerned are you about feeling pain following surgery to the: Not Very a. Neck? concerned concerned Not Verv b. Chest? concerned concerned Verv c. Belly? concerned concerned 7. Please indicate how well you expect post-operative pain to the following areas to be controlled by your health care team: Very poorly Very well a. Neck controlled pain controlled pain Very poorly Very well b. Chest controlled pain controlled pain Very poorly Very well c. Belly controlled pain controlled pain 8. In your opinion, what do you think the risk of complications is following surgery to the: No risk of Very high risk of a. Neck? complications complications Very high risk of No risk of b. Chest? complications complications No risk of Very high risk of c. Belly? complications complications

9. In your opinion, what do you think is the risk of dying because of post-operative complications following surgery to the: No risk High risk a. Neck? of dying of dying High risk No risk b. Chest? of dying of dying No risk High risk c. Belly? of dying 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: No activities of All activities of a. Neck? my daily living my daily living No activities of All activities of b. Chest? my daily living my daily living c. Belly? No activities of All activities of my daily living 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: b. Chest? a. Neck? c. Belly? Less than 6 weeks Less than 6 weeks Less than 6 weeks More than 6 weeks More than 6 weeks More than 6 weeks 12. In your opinion, how much anxiety or stress do you expect to feel following surgery to the: The most stress or No stress a. Neck? anxiety possible or anxiety The most stress or No stress b. Chest? anxiety possible or anxiety c. Belly? The most stress or No stress anxiety possible or anxiety

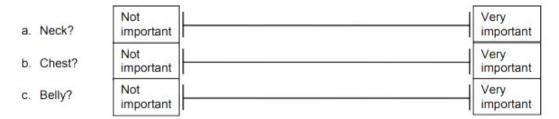
13. In your opinion, how important is the size of incision(s) following surgery to the:



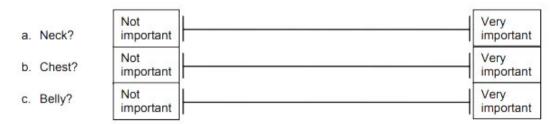
14. In your opinion, how important is the pain following surgery to the:



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



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



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

Ouite 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