

Appendix 1 Survey

1. What would be the maximum mortality rate that you are willing to accept for your surgery?
 _____% / I don't know

2. What was the mortality rate quoted to you by your surgeon? _____ %

In relation to your views regarding your operation and what is important to you, for the next questions, please grade/rate your answer for each item using the following:

	Not Important	Slightly Important	Moderately Important	Important	Very Important
3. The long-term chance of being alive (e.g. in five years)					
4. Having less pain after your operation					
5. Having less shortness of breath after your operation					
6. The amount of your lung taken out during the operation					
7. The size of your operation scar					
8. The number of operation scars					
9. The cancer being completely taken out during the operation					
10. Not needing intensive care after the operation					
11. Not having a collapsed lung after the operation					
12. Not having an infection after surgery					
13. Not having a heart attack after surgery					
14. Not having an irregular heartbeat after surgery					
15. Not having long-term (chronic) pain after going home					
16. A short time needed for the chest drain to be removed					
17. The length of stay in the hospital after the operation					
18. Being able to return to normal physical and exercise level					
19. A short time needed to return to work after the operation					
20. Not needing to be readmitted to hospital after going home					
21. Not having to have another operation for your cancer after this one					
22. The cancer not coming back after the operation					
23. The ability to go home on the same day after surgery					