Supplementary Online Content

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eAppendix. Excerpts From Survey Questions on Physical, Emotional, and Practical Concerns, Help Sought, and Unmet Needs

This supplementary material has been provided by the authors to give readers additional information about their work.
**eAppendix. Excerpts From Survey Questions on Physical, Emotional, and Practical Concerns, Help Sought, and Unmet Needs**

**PHYSICAL CHALLENGES**

| Physical Challenge                                                | How much was this a concern for you? | Did you seek help for this concern? | How easy was it to get help for this concern? |
|-------------------------------------------------------------------|--------------------------------------|-------------------------------------|-----------------------------------------------|
| Swelling of arms or legs (lymphedema)                            | □ Big                                 | □ Yes                               | □ Very easy                                   |
|                                                                  | □ Moderate                            | □ No...Next item                     | □ Easy                                        |
|                                                                  | □ Small                               |                                     | □ Hard                                        |
|                                                                  | □ Not a concern, move to next item    |                                     | □ Very hard                                   |
|                                                                  | □ Didn’t get any help                 |                                     | □ Didn’t get any help                         |
| Fatigue, tiredness                                               | □ Big                                 | □ Yes                               | □ Very easy                                   |
|                                                                  | □ Moderate                            | □ No...Next item                     | □ Easy                                        |
|                                                                  | □ Small                               |                                     | □ Hard                                        |
|                                                                  | □ Not a concern, move to next item    |                                     | □ Very hard                                   |
|                                                                  | □ Didn’t get any help                 |                                     | □ Didn’t get any help                         |
| Hormonal, menopause, or fertility                                | □ Big                                 | □ Yes                               | □ Very easy                                   |
|                                                                  | □ Moderate                            | □ No...Next item                     | □ Easy                                        |
|                                                                  | □ Small                               |                                     | □ Hard                                        |
|                                                                  | □ Not a concern, move to next item    |                                     | □ Very hard                                   |
|                                                                  | □ Didn’t get any help                 |                                     | □ Didn’t get any help                         |
| Chronic pain or long term pain                                   | □ Big                                 | □ Yes                               | □ Very easy                                   |
|                                                                  | □ Moderate                            | □ No...Next item                     | □ Easy                                        |
|                                                                  | □ Small                               |                                     | □ Hard                                        |
|                                                                  | □ Not a concern, move to next item    |                                     | □ Very hard                                   |
|                                                                  | □ Didn’t get any help                 |                                     | □ Didn’t get any help                         |
| Bladder and/or urinary problems (e.g., incontinence)             | □ Big                                 | □ Yes                               | □ Very easy                                   |
|                                                                  | □ Moderate                            | □ No...Next item                     | □ Easy                                        |
|                                                                  | □ Small                               |                                     | □ Hard                                        |
|                                                                  | □ Not a concern, move to next item    |                                     | □ Very hard                                   |
|                                                                  | □ Didn’t get any help                 |                                     | □ Didn’t get any help                         |
| Gastrointestinal problems (e.g., digestion and/or bowel issues)  | □ Big                                 | □ Yes                               | □ Very easy                                   |
|                                                                  | □ Moderate                            | □ No...Next item                     | □ Easy                                        |
|                                                                  | □ Small                               |                                     | □ Hard                                        |
|                                                                  | □ Not a concern, move to next item    |                                     | □ Very hard                                   |
|                                                                  | □ Didn’t get any help                 |                                     | □ Didn’t get any help                         |
| Nerve problems (numbness or tingling)                            | □ Big                                 | □ Yes                               | □ Very easy                                   |
|                                                                  | □ Moderate                            | □ No...Next item                     | □ Easy                                        |
|                                                                  | □ Small                               |                                     | □ Hard                                        |
|                                                                  | □ Not a concern, move to next item    |                                     | □ Very hard                                   |
|                                                                  | □ Didn’t get any help                 |                                     | □ Didn’t get any help                         |
| Changes to concentration, memory                                 | □ Big                                 | □ Yes                               | □ Very easy                                   |
|                                                                  | □ Moderate                            | □ No...Next item                     | □ Easy                                        |
|                                                                  | □ Small                               |                                     | □ Hard                                        |
|                                                                  | □ Not a concern, move to next item    |                                     | □ Very hard                                   |
|                                                                  | □ Didn’t get any help                 |                                     | □ Didn’t get any help                         |
| Changes in sexual activity or function                           | □ Big                                 | □ Yes                               | □ Very easy                                   |
|                                                                  | □ Moderate                            | □ No...Next item                     | □ Easy                                        |
|                                                                  | □ Small                               |                                     | □ Hard                                        |
|                                                                  | □ Not a concern, move to next item    |                                     | □ Very hard                                   |
|                                                                  | □ Didn’t get any help                 |                                     | □ Didn’t get any help                         |
| **EMOTIONAL CHALLENGES** | **How much was this a concern for you?** | **Did you seek help for this concern?** | **How easy was it to get help for this concern?** |
|--------------------------|------------------------------------------|----------------------------------------|-----------------------------------------------|
| Depression, sadness, loss of interest in everyday things | ☐ Big  
☐ Moderate  
☐ Small  
☐ Not a concern, move to next item | ☐ Yes  
☐ No...Next item | ☐ Very easy  
☐ Easy  
☐ Hard  
☐ Very hard  
☐ Didn’t get any help |
| Anxiety, stress, worry about cancer returning | ☐ Big  
☐ Moderate  
☐ Small  
☐ Not a concern, move to next item | ☐ Yes  
☐ No...Next item | ☐ Very easy  
☐ Easy  
☐ Hard  
☐ Very hard  
☐ Didn’t get any help |
| Changes in relationships with family, partners | ☐ Big  
☐ Moderate  
☐ Small  
☐ Not a concern, move to next item | ☐ Yes  
☐ No...Next item | ☐ Very easy  
☐ Easy  
☐ Hard  
☐ Very hard  
☐ Didn’t get any help |
| Changes in relationships with friends or coworkers | ☐ Big  
☐ Moderate  
☐ Small  
☐ Not a concern, move to next item | ☐ Yes  
☐ No...Next item | ☐ Very easy  
☐ Easy  
☐ Hard  
☐ Very hard  
☐ Didn’t get any help |
| Changes in body image (i.e., confidence in appearance, etc.) | ☐ Big  
☐ Moderate  
☐ Small  
☐ Not a concern, move to next item | ☐ Yes  
☐ No...Next item | ☐ Very easy  
☐ Easy  
☐ Hard  
☐ Very hard  
☐ Didn’t get any help |
| Changes in sexual intimacy | ☐ Big  
☐ Moderate  
☐ Small  
☐ Not a concern, move to next item | ☐ Yes  
☐ No...Next item | ☐ Very easy  
☐ Easy  
☐ Hard  
☐ Very hard  
☐ Didn’t get any help |
### PRACTICAL CHALLENGES

| Challenge                                                                 | How much was this a concern for you? | Did you seek help for this concern? | How easy was it to get help for this concern? |
|----------------------------------------------------------------------------|--------------------------------------|-------------------------------------|-----------------------------------------------|
| Returning to work or school, now or in the future                          | □ Big  
□ Moderate  
□ Small  
□ Not a concern, move to next item | □ Yes  
□ No...Next item  
|----------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------|
| Getting to and from appointments                                          | □ Big  
□ Moderate  
□ Small  
□ Not a concern, move to next item | □ Yes  
□ No...Next item  
|----------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------|
| Taking care of children, elders, or other family members                   | □ Big  
□ Moderate  
□ Small  
□ Not a concern, move to next item | □ Yes  
□ No...Next item  
|----------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------|
| Difficulty getting health or life insurance                               | □ Big  
□ Moderate  
□ Small  
□ Not a concern, move to next item | □ Yes  
□ No...Next item  
|----------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------|
| Paying health care bills (e.g., treatment, services, travel to appointments, assistive devices) | □ Big  
□ Moderate  
□ Small  
□ Not a concern, move to next item | □ Yes  
□ No...Next item  
|----------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------|