

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

	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)	<input type="checkbox"/> Big <input type="checkbox"/> Moderate <input type="checkbox"/> Small <input type="checkbox"/> Not a concern, move to next item	<input type="checkbox"/> Yes <input type="checkbox"/> No... Next item	<input type="checkbox"/> Very easy <input type="checkbox"/> Easy <input type="checkbox"/> Hard <input type="checkbox"/> Very hard <input type="checkbox"/> Didn't get any help
Fatigue, tiredness	<input type="checkbox"/> Big <input type="checkbox"/> Moderate <input type="checkbox"/> Small <input type="checkbox"/> Not a concern, move to next item	<input type="checkbox"/> Yes <input type="checkbox"/> No... Next item	<input type="checkbox"/> Very easy <input type="checkbox"/> Easy <input type="checkbox"/> Hard <input type="checkbox"/> Very hard <input type="checkbox"/> Didn't get any help
Hormonal, menopause, or fertility	<input type="checkbox"/> Big <input type="checkbox"/> Moderate <input type="checkbox"/> Small <input type="checkbox"/> Not a concern, move to next item	<input type="checkbox"/> Yes <input type="checkbox"/> No... Next item	<input type="checkbox"/> Very easy <input type="checkbox"/> Easy <input type="checkbox"/> Hard <input type="checkbox"/> Very hard <input type="checkbox"/> Didn't get any help
Chronic pain or long term pain	<input type="checkbox"/> Big <input type="checkbox"/> Moderate <input type="checkbox"/> Small <input type="checkbox"/> Not a concern, move to next item	<input type="checkbox"/> Yes <input type="checkbox"/> No... Next item	<input type="checkbox"/> Very easy <input type="checkbox"/> Easy <input type="checkbox"/> Hard <input type="checkbox"/> Very hard <input type="checkbox"/> Didn't get any help
Bladder and/or urinary problems (e.g., incontinence)	<input type="checkbox"/> Big <input type="checkbox"/> Moderate <input type="checkbox"/> Small <input type="checkbox"/> Not a concern, move to next item	<input type="checkbox"/> Yes <input type="checkbox"/> No... Next item	<input type="checkbox"/> Very easy <input type="checkbox"/> Easy <input type="checkbox"/> Hard <input type="checkbox"/> Very hard <input type="checkbox"/> Didn't get any help
Gastrointestinal problems (e.g., digestion and/or bowel issues)	<input type="checkbox"/> Big <input type="checkbox"/> Moderate <input type="checkbox"/> Small <input type="checkbox"/> Not a concern, move to next item	<input type="checkbox"/> Yes <input type="checkbox"/> No... Next item	<input type="checkbox"/> Very easy <input type="checkbox"/> Easy <input type="checkbox"/> Hard <input type="checkbox"/> Very hard <input type="checkbox"/> Didn't get any help
Nerve problems (numbness or tingling)	<input type="checkbox"/> Big <input type="checkbox"/> Moderate <input type="checkbox"/> Small <input type="checkbox"/> Not a concern, move to next item	<input type="checkbox"/> Yes <input type="checkbox"/> No... Next item	<input type="checkbox"/> Very easy <input type="checkbox"/> Easy <input type="checkbox"/> Hard <input type="checkbox"/> Very hard <input type="checkbox"/> Didn't get any help
Changes to concentration, memory	<input type="checkbox"/> Big <input type="checkbox"/> Moderate <input type="checkbox"/> Small <input type="checkbox"/> Not a concern, move to next item	<input type="checkbox"/> Yes <input type="checkbox"/> No... Next item	<input type="checkbox"/> Very easy <input type="checkbox"/> Easy <input type="checkbox"/> Hard <input type="checkbox"/> Very hard <input type="checkbox"/> Didn't get any help
Changes in sexual activity or function	<input type="checkbox"/> Big <input type="checkbox"/> Moderate <input type="checkbox"/> Small <input type="checkbox"/> Not a concern, move to next item	<input type="checkbox"/> Yes <input type="checkbox"/> No... Next item	<input type="checkbox"/> Very easy <input type="checkbox"/> Easy <input type="checkbox"/> Hard <input type="checkbox"/> Very hard <input type="checkbox"/> 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	<input type="checkbox"/> Big <input type="checkbox"/> Moderate <input type="checkbox"/> Small <input type="checkbox"/> Not a concern, move to next item	<input type="checkbox"/> Yes <input type="checkbox"/> No... Next item	<input type="checkbox"/> Very easy <input type="checkbox"/> Easy <input type="checkbox"/> Hard <input type="checkbox"/> Very hard <input type="checkbox"/> Didn't get any help
Anxiety, stress, worry about cancer returning	<input type="checkbox"/> Big <input type="checkbox"/> Moderate <input type="checkbox"/> Small <input type="checkbox"/> Not a concern, move to next item	<input type="checkbox"/> Yes <input type="checkbox"/> No... Next item	<input type="checkbox"/> Very easy <input type="checkbox"/> Easy <input type="checkbox"/> Hard <input type="checkbox"/> Very hard <input type="checkbox"/> Didn't get any help
Changes in relationships with family, partners	<input type="checkbox"/> Big <input type="checkbox"/> Moderate <input type="checkbox"/> Small <input type="checkbox"/> Not a concern, move to next item	<input type="checkbox"/> Yes <input type="checkbox"/> No... Next item	<input type="checkbox"/> Very easy <input type="checkbox"/> Easy <input type="checkbox"/> Hard <input type="checkbox"/> Very hard <input type="checkbox"/> Didn't get any help
Changes in relationships with friends or coworkers	<input type="checkbox"/> Big <input type="checkbox"/> Moderate <input type="checkbox"/> Small <input type="checkbox"/> Not a concern, move to next item	<input type="checkbox"/> Yes <input type="checkbox"/> No... Next item	<input type="checkbox"/> Very easy <input type="checkbox"/> Easy <input type="checkbox"/> Hard <input type="checkbox"/> Very hard <input type="checkbox"/> Didn't get any help
Changes in body image (i.e., confidence in appearance, etc.)	<input type="checkbox"/> Big <input type="checkbox"/> Moderate <input type="checkbox"/> Small <input type="checkbox"/> Not a concern, move to next item	<input type="checkbox"/> Yes <input type="checkbox"/> No... Next item	<input type="checkbox"/> Very easy <input type="checkbox"/> Easy <input type="checkbox"/> Hard <input type="checkbox"/> Very hard <input type="checkbox"/> Didn't get any help
Changes in sexual intimacy	<input type="checkbox"/> Big <input type="checkbox"/> Moderate <input type="checkbox"/> Small <input type="checkbox"/> Not a concern, move to next item	<input type="checkbox"/> Yes <input type="checkbox"/> No... Next item	<input type="checkbox"/> Very easy <input type="checkbox"/> Easy <input type="checkbox"/> Hard <input type="checkbox"/> Very hard <input type="checkbox"/> Didn't get any help

PRACTICAL 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?
Returning to work or school, now or in the future	<input type="checkbox"/> Big <input type="checkbox"/> Moderate <input type="checkbox"/> Small <input type="checkbox"/> Not a concern, move to next item	<input type="checkbox"/> Yes <input type="checkbox"/> No... Next item	<input type="checkbox"/> Very easy <input type="checkbox"/> Easy <input type="checkbox"/> Hard <input type="checkbox"/> Very hard <input type="checkbox"/> Didn't get any help
Getting to and from appointments	<input type="checkbox"/> Big <input type="checkbox"/> Moderate <input type="checkbox"/> Small <input type="checkbox"/> Not a concern, move to next item	<input type="checkbox"/> Yes <input type="checkbox"/> No... Next item	<input type="checkbox"/> Very easy <input type="checkbox"/> Easy <input type="checkbox"/> Hard <input type="checkbox"/> Very hard <input type="checkbox"/> Didn't get any help
Taking care of children, elders, or other family members	<input type="checkbox"/> Big <input type="checkbox"/> Moderate <input type="checkbox"/> Small <input type="checkbox"/> Not a concern, move to next item	<input type="checkbox"/> Yes <input type="checkbox"/> No... Next item	<input type="checkbox"/> Very easy <input type="checkbox"/> Easy <input type="checkbox"/> Hard <input type="checkbox"/> Very hard <input type="checkbox"/> Didn't get any help
Difficulty getting health or life insurance	<input type="checkbox"/> Big <input type="checkbox"/> Moderate <input type="checkbox"/> Small <input type="checkbox"/> Not a concern, move to next item	<input type="checkbox"/> Yes <input type="checkbox"/> No... Next item	<input type="checkbox"/> Very easy <input type="checkbox"/> Easy <input type="checkbox"/> Hard <input type="checkbox"/> Very hard <input type="checkbox"/> Didn't get any help
Paying health care bills (e.g., treatment, services, travel to appointments, assistive devices)	<input type="checkbox"/> Big <input type="checkbox"/> Moderate <input type="checkbox"/> Small <input type="checkbox"/> Not a concern, move to next item	<input type="checkbox"/> Yes <input type="checkbox"/> No... Next item	<input type="checkbox"/> Very easy <input type="checkbox"/> Easy <input type="checkbox"/> Hard <input type="checkbox"/> Very hard <input type="checkbox"/> Didn't get any help