

NOTES for Staff Purposes Only:

1. The parentheses in front of each question refer to the origin. Some of the questions have been reorganized for better flow. These parentheses will not be present in the web-based survey that participants see. The WAI, WLQ and JCQ were not designed specifically to address the unique circumstances that apply to cancer. Thus, we have added a handful of questions that specifically query about change due to cancer.

All questions in Appendix C are referenced based on the original source of the questions. The added and uniquely cancer-specific questions are referenced as “WACS”.

Additional codes include E2Z02, which refers to the ECOG “Symptom Outcomes and Practice Patterns” study¹⁵ and E2Z04, which refers to the ECOG “Quality of Life in Female Breast Cancer Survivors and their Spouse, Partner or Acquaintance.”

WORK AFTER CANCER SURVEY

What is your study ID number? (You must provide the answer to take the survey. Your study ID number was provided by the study coordinators. If you do not know your ID number, please stop and contact the study coordinator)

INSTRUCTIONS. This first part of the survey asks a few basic questions about you to tell us more about the people taking part in this study. If you are not comfortable answering a question, please select "I prefer not to answer" rather than skipping the question.

1. (E2Z02) With which race do you identify yourself? Please select all that apply.
 - a) White
 - b) Black
 - c) Asian
 - d) American Indian or Native American
 - e) Native Hawaiian or Pacific Islander
 - f) Other: if other, please specify: _____
 - g) I prefer not to answer
2. (E2Z04) Do you consider yourself to be of Spanish/Hispanic/Latino origin?
 - a) Yes
 - b) No
 - c) I prefer not to answer
3. (E2Z04) Please check the highest level of education that you have finished:
 - a) Graduate or professional degree
 - b) Some graduate school
 - c) Four year college graduate
 - d) Two year college graduate
 - e) Some college
 - f) Technical or trade school
 - g) High school graduate/GED
 - h) Some high school
 - i) Elementary school or less
 - j) I prefer not to answer
4. (E2Z04) Please select the category that best matches your CURRENT marital or relationship status.
 - a) Married/committed partnership
 - b) Widowed
 - c) Divorced
 - d) Separated
 - a) Single
 - b) I prefer not to answer
5. Do you have any children or adult dependents living with you now?
 - a) Yes, How many total?
 - b) No
 - c) I prefer not to answer
6. (E2Z04) Would you describe yourself as the primary source of income or “breadwinner” for either yourself or your family?
 - a) Yes
 - b) No

7. (E2Z04) Please choose the income category that best matches your TOTAL household income for the last year, before taxes. This information is confidential.
- c) <\$15,000
 - d) \$15001-30,000
 - e) 30001-50,000
 - f) 50,000-75000
 - g) 75001-100,000
 - h) 100,001-150,000
 - i) 150,001-200,000
 - j) >200,000
 - k) Don't know
 - l) I prefer not to answer

8. What is the zip code for your home?

INSTRUCTIONS. This set of questions will ask about health insurance and disability coverage for your treatments for cancer. If you are not comfortable answering a question, please select "I prefer not to answer" rather than skipping the question.

9. (US Census American Community Survey, modified to reference cancer) Please answer the following about the health insurance covering your treatments for cancer.

10.

Are you currently covered by any type of health insurance or health coverage plan?

- a) No
- b) Yes

Are you currently covered by (select all that apply):

- i. Insurance through a current/former employer or union?
 - A. Who is the primary policy holder?
 - 1. You
 - 2. A family member
- ii. Insurance purchased directly through an insurance company?
 - A. Yes
 - B. No
 - 1. Medicare,
 - 2. Medicaid,
 - 3. Tricare or other military health care
 - 4. VA
 - 5. Indian Health Service
 - 6. Other option not listed above

11. (WACS) In the past year, have you used or received any of the following: Select all that apply.

- a. Short term disability benefits
- b. Unpaid time off
- c. Long-term disability benefits
- d. Sick leave
- e. Other
- f. I have not received or used any of these.
- g. I don't know if I have received or used any of these.
- h. I prefer not to answer.

INSTRUCTIONS. These next questions ask about employment (work that you were paid for) BEFORE cancer diagnosis. When we refer to BEFORE cancer diagnosis, please think about the 12-MONTH period before being told about the cancer. Please answer these as best you can for your current job, or if you have stopped working, for the last job that you had. If you have more than one job, please answer for whichever job you consider your MAIN job.

12. (JCQ) How many years have you had your CURRENT job?

- a. Less than 1 year
- b. 1-5 years
- c. 5-14
- d. 15-24
- e. 25-39

13. (WACS) In the past year (BEFORE the cancer), have you.... Please select all that apply.
- Left job due to illness?
 - Been fired, quit to avoid being fired, or forced out?
 - Left a job because of new opportunities or priorities?
 - Left a job because the business closed?
 - Left job because the business moved?
 - None of the above, I have the same job.
14. (E2Z02) What best describes your level of employment BEFORE being told about the cancer?
- Working, Full-Time (more than 35 hrs per week)
 - Working, Part-Time (1-35 hrs per week)
 - Not in the workforce but looking for work
 - Not in the workforce and not looking for work (e.g., retired, disabled, student, homemaker)
15. (WACS) On average, how many hours per week did you work BEFORE being told about the cancer? (If you had more than 1 job, please report overall hours worked) **Free Text field.**
16. (WACS) What best describes your current occupation?
- I am self-employed or own a business
 - I work for a company
17. (E2Z04) What best describes your occupation?
- Professional (law, medicine, teacher, social work, engineer, professor)
 - Management/Administration
 - Technical (repairman, computer skills)
 - Clerical (secretary)
 - Service (waiter/waitress, sales)
 - Other (specify)
18. (WAI) Are the demands of your work primarily?
- Mental
 - Physical
 - Both mental and physical

INSTRUCTIONS. The next questions ask you for some details about your job and your company. Please answer as best you can for your CURRENT job. If you have stopped working, answer for the last job that you had. If you have more than one job, please answer for whichever job you consider your MAIN job.

19. (JCQ?) What choice best describes the SIZE of your company?
- Less than 15 People
 - 15-100 People
 - 101-500 People
 - 501-1000 People
 - More than 1000 People
20. (JCQ) How many people are in your work group or unit?
- I Work Alone
 - 2-5 People
 - 6-10 People
 - 10-20 People
 - 20 or More People
21. (JCQ) If you needed to change the hour when you start or end your workday, would it be possible?
- Very difficult
 - I could get changes approved for special situations.
 - Yes, my schedule is already flexible.
22. I supervise other people as part of my job.
- No
 - Yes 1-4 People
 - Yes 5-10 People

- d. Yes 11-20 People
- e. Yes More than 20 People

23. (JCQ) What level skill is required on your job in terms of years of formal training? (Not necessarily the same as your education.)

- k. Elementary education only.
- l. Junior high school education.
- m. High school graduate.
- n. Some college education.
- o. College graduate (4 year).
- p. Graduate school.

24. I have at least some chance that my ideas will be considered about company policy (e.g., hiring, firing, wage levels, plant closings, new machinery purchases, etc.)

- a. Strongly disagree
- b. Disagree
- c. Agree
- d. Strongly Agree

25. I am a member of a union or employee association.

- a. Yes
- b. No

26. My union or employee association is influential in affecting company policy. (*ONLY shown if YES in above*)

- a. Strongly disagree
- b. Disagree
- c. Agree
- d. Strongly Agree

27. I have influence over the policies of the union or employee association. (*ONLY shown if YES in above*)

- a. Strongly disagree
- b. Disagree
- c. Agree
- d. Strongly Agree

INSTRUCTIONS. These next few questions will ask you about your work and the skills that it may require. Please answer these questions as best you can. Please answer as best you can for your CURRENT job. If you have stopped working, answer for the last job that you had. If you have more than one job, please answer for whichever job you consider your MAIN job.

(JCQ) Answer on 4 point scale (strongly disagree, disagree, agree, strongly agree)

- 28. My job requires that I learn new things.
- 29. My job involves a lot of repetitive work.
- 30. My job requires me to be creative.
- 31. My job requires a high level of skill.
- 32. I get to do a variety of different things on my job.
- 33. I have an opportunity to develop my own special abilities.
- 34. My job allows me to make a lot of decisions on my own.
- 35. On my job, I have very little freedom to decide how I do my work.
- 36. I have a lot of say about what happens on my job.
- 37. My job requires a lot of physical effort.
- 38. I am often required to move or lift very head loads on my job.

INSTRUCTIONS. These next few questions will ask you about your work and the skills that it may require. Please answer these questions as best you can. Answer for your CURRENT job, or if you have stopped working, for the last job that you had. If you have more than one job, please answer for whichever job you consider your MAIN job.

(JCQ) Answer on 4 point scale (strongly disagree, disagree, agree, strongly agree)

- 39. My job requires working very fast.
- 40. My job requires working very hard.
- 41. I am not asked to do an excessive amount of work.
- 42. I have enough time to get the job done.
- 43. I am free from conflicting demands that others make.

44. My job requires long periods of intense concentration on the task.
45. My tasks are often interrupted before they can be completed, requiring attention at a later time.
46. My job is very hectic.
47. Waiting on work from other people or departments often slows me down on my job.
48. My work requires rapid and continuous physical activity.
49. I am often required to work for long periods with my body in physically awkward positions.
50. I am required to work for long periods with my head or arms in physically awkward positions.

INSTRUCTIONS. This part of the survey asks about your supervisor(s) and coworkers at your job. Please answer these as best you can. Answer for your CURRENT job, or if you have stopped working, for the last job that you had. If you have more than one job, please answer for whichever job you consider your MAIN job.

(JCQ) (answer on 4 point scale, strongly disagree, disagree, agree, strongly agree, doesn't apply to me)

51. My supervisor is concerned about the welfare of those under him.
52. My supervisor pays attention to what I am saying.
53. I am exposed to hostility or conflict from my supervisor.
54. My supervisor is helpful in getting the job done.
55. My supervisor is successful in getting people to work together.
56. The people I work with are competent in doing their jobs.
57. People I work with take a personal interest in me.
58. I am exposed to hostility or conflict from the people I work with.
59. People I work with are friendly.
60. The people I work with encourage each other to work together.
61. People I work with are helpful in getting the job done.
62. My work group or unit makes decisions democratically.
63. I have significant influence over decisions in my work group or unit.

INSTRUCTIONS. This part of the survey asks you about work CURRENTLY rather than before the cancer diagnosis. Please think about the past 2 WEEKS when answering these questions. When we ask about illness, please think about the cancer and cancer treatment.

64. (WAI) Assume that your work ability at its best has a value of 10. How many points would you give your current work ability? (0 means you cannot currently work at all)
 0 1 2 3 4 5 6 7 8 9 10
 Completely unableWork ability at its best

65. (WAI) How do you rate your CURRENT work ability with respect to the **physical** demands of your work?
 - a) Very poor
 - b) Rather poor
 - c) Moderate
 - d) Rather good
 - e) Very good

66. (WAI) How do you rate your CURRENT work ability with respect to the **mental** demands of your work?
 - a) Very poor
 - b) Rather poor
 - c) Moderate
 - d) Rather good
 - e) Very good

67. (WAI) Is your illness or injury a hindrance to your CURRENT job? Circle more than one alternative if needed.
 - a) In my opinion, I am entirely unable to work.
 - b) Because of my disease, I feel I am able to do only part-time work.
 - c) I must **often** slow down my work pace or change my work methods.
 - d) I must **sometimes** slow down my work pace or change my work methods.
 - e) I am able to do my job, but it causes some symptoms.
 - f) There is no hindrance/I have no problem.

68. (E2Z02) What best describes your level of employment CURRENTLY?
 - a. Working, Full-Time (more than 35 hrs per week)
 - b. Working, Part-Time (1-35 hrs per week)
 - c. Not in the workforce (e.g., retired, disabled, student, homemaker)

69. (WACS) Over the past 2 weeks, how many hours per week did you work? If you have more than 1 job, please report overall hours worked.
70. (WACS) Have you changed how much you work since being told about the cancer? Please select the best answer.
- I've increase how much I'm working
 - There is no change in how much I'm working.
 - I've stopped working altogether
 - I've decreased

If a, c, d: What was the approximate date of this change: DAY/MONTH/YEAR

INSTRUCTIONS. Health problems can make it difficult for working people to perform certain parts of their jobs. We are interested in learning about how your health may have affected you at work during the PAST 2 WEEKS. The questions will ask you to think about your physical health or emotional problems. These refer to any ongoing or permanent medical conditions you may have and the effects of any treatments you are taking for these. Emotional problems may include feeling depressed or anxious. Most of the questions are multiple choice. They ask you to answer by placing a mark in a box.

The next questions will ask about how your health has affected you at work during the past 2 WEEKS. Please answer these questions even if you missed some workdays. Mark the "Does not apply to my job" box only if the question describes something that is not part of your job. If you have more than one job, report on your main job only.

In the past 2 weeks, how much of the time did your physical health or emotional problems make it difficult for you to do the following: Answer categories on 6-point scale: All of the time (100%), Most of the time, Some of the time (about 50%), A slight bit of the time, None of the time (0%) Does not apply to my job.

- work the required number of hours?
- get going easily at the beginning of the workday?
- start on your job as soon as you arrived at work?
- do your work without stopping to take breaks or rests?
- stick to a routine or schedule?

These questions ask you to rate the amount of time you were able to handle certain parts of your job without difficulty. Answer categories on 6-point scale: All of the time (100%), Most of the time, Some of the time (about 50%), A slight bit of the time, None of the time (0%) Does not apply to my job.

- In the past 2 weeks, how much of the time were you **able** to walk or move around different work locations (for example, go to meetings), without difficulty caused by physical health or emotional problems? Choose only one answer.
- (WLQ) In the past 2 weeks, how much of the time were you **able** to lift, carry, or move objects at work weighing more than 10 lbs., without difficulty caused by physical health or emotional problems? Choose only one answer.
- (WLQ) In the past 2 weeks, how much of the time were you **able** to sit, stand, or stay in one position for longer than 15 minutes while working, without difficulty caused by physical health or emotional problems? Choose only one answer.
- (WLQ) In the past 2 weeks, how much of the time were you **able** to repeat the same motions over and over again while working, without difficulty caused by physical health or emotional problems? Choose only one answer.
- (WLQ) In the past 2 weeks, how much of the time were you **able** to bend, twist, or reach while working, without difficulty caused by physical health or emotional problems? Choose only one answer.
- (WLQ) In the past 2 weeks, how much of the time were you **able** to use hand-held tools or equipment (e.g., a phone, pen, keyboard, computer mouse, drill, hairdryer, or sander), without difficulty caused by physical health or emotional problems? Choose only one answer.

These questions ask about difficulties you may have had at work. In the past 2 weeks, how much of the time did your physical health or emotional problems make it difficult for you to do the following: Answer categories on 6-point scale: All of the time (100%), Most of the time, Some of the time (about 50%), A slight bit of the time, None of the time (0%) Does not apply to my job

- keep your mind on your work?
- think clearly when working?
- do work carefully?
- work without losing your train of thought?
- easily read or use your eyes when working?

The next questions ask about difficulties in relation to the people you came in contact with while working. These may include employers, supervisors, coworkers, clients, customers, or the public. In the past 2 weeks, how much of the time did your physical

health or emotional problems make it difficult for you to do the following: Answer categories on 6-point scale: All of the time (100%), Most of the time, Some of the time (about 50%), A slight bit of the time, None of the time (0%) Does not apply to my job

- 87. speak with people in-person, in meetings or on the phone?
- 88. control your temper around people when working?
- 89. help other people to get work done?

These questions ask about how things went at work overall. In the past 2 weeks, how much of the time did your physical health or emotional problems make it difficult for you to do the following: Answer categories on 6-point scale: All of the time (100%), Most of the time, Some of the time (about 50%), A slight bit of the time, None of the time (0%) Does not apply to my job

- 90. handle the workload
- 91. work fast enough
- 92. finish work on time
- 93. do your work without making mistakes
- 94. feel you've done what you are capable of doing

INSTRUCTIONS. This part of the survey asks about the stability of your work. If you have stopped working, please answer the questions for your last job. Please answer these as best you can. If you have more than one job, please answer for whichever job you consider your MAIN job.

- 95. How steady is your work? (Check one.)
 - q. Regular and steady.
 - r. Seasonal.
 - s. Frequent layoffs.
 - t. Both seasonal and frequent layoffs.
 - u. Other.

- 96. During the past year, how often were you in a situation where you faced job loss or layoff?
 - a. Never
 - b. Faced the possibility once
 - c. Faced the possibility more than once
 - d. Constantly
 - e. Actually laid off

- 97. Sometimes people permanently lose jobs they want to keep. How likely is it that during the next couple of years you will lose your present job with your employer?
 - a. Not at all likely
 - b. Not too likely
 - c. Somewhat likely
 - d. Very likely

JCO (answer on 4 point scale, strongly disagree, disagree, agree, strongly agree)

- 98. My job security is good.
- 99. My prospects for career development and promotions are good.
- 100. In five years, my skills will still be valuable.

INSTRUCTIONS People with cancer frequently have symptoms that are caused by their disease or by their treatment. We ask you to rate how severe the following symptoms have been in the last 24 hours.

Please write your answers beside each question below with 0 (symptom has not been present) to 10 (the symptom was as bad as you can imagine it could be) for each question.

- 101.(MDASI) Your pain at its WORST?
- 102.(MDASI) Your fatigue (tiredness) at its WORST?
- 103.(MDASI) Your nausea at its WORST?
- 104.(MDASI) Your disturbed sleep at its WORST?
- 105.(MDASI) Your feeling of being distressed (upset) at its WORST?
- 106.(MDASI) Your shortness of breath at its WORST?
- 107.(MDASI) Your problems with remembering things at its WORST?
- 108.(MDASI) Your problem with lack of appetite at its WORST?
- 109.(MDASI) Your feeling drowsy (sleepy) at its WORST?

- 110.(MDASI) Your having a dry mouth at its WORST?
- 111.(MDASI) Your feeling sad at its WORST?
- 112.(MDASI) Your vomiting at its WORST?
- 113.(MDASI) Your numbness or tingling at its WORST?

Symptoms frequently interfere with how we feel and function. How much have your symptoms interfered with the following items in the last 24 hours.

- 114. (MDASI) General activity?
- 115. (MDASI) Food?
- 116.(MDASI) Work (including work around the house)?
- 117.(MDASI) Relations with other people?
- 118.(MDASI) Walking?
- 119.(MDASI) Enjoyment of life?

INSTRUCTIONS. This part of the survey asks about why you did or did not work during treatment. Please answer as best you can.

- 120. (WACS) Do you want or need to work during all or parts of the cancer treatments?
- 121.(WACS) You told us that you do want or need to work during treatment. WHY do you want or need to work? Select all that apply.
 - i. WHY did you want or need to work? Select all that apply.
 - a) It helped distract me
 - b) I needed the money
 - c) To keep my insurance
 - d) Other:_____

- 122.(WACS) You told us that you do not want or need to work during treatment. WHY will you work anyways? Select all that apply.
 - ii. WHY did you work anyways? Select all that apply
 - a) It helped distract me
 - b) I needed the money
 - c) To keep my insurance
 - d) Other:_____

Note, following questions are asked as appropriate based on timing of survey/treatment:

- 123. (WACS) Would you have liked more time off after you knew about the cancer, but before surgery?
- 124. (WACS) Would you have liked more time off after surgery, but before chemotherapy?
- 125. (WACS) Would you have liked more time off after chemotherapy, but before radiation?
- 126. (WACS) Would you have liked more time off after chemotherapy/radiation?
 - a. Yes, Would have liked very much
 - b. Yes, Would have liked somewhat
 - c. Yes, Would have liked a little bit
 - d. No, The amount of time off was fine
- 127. (WACS) How satisfied were you with how things went at work after being told about the cancer?
 - b. Not at all satisfied
 - c. A little satisfied
 - d. Somewhat satisfied
 - e. Quite a bit satisfied
 - f. Very satisfied

INSTRUCTIONS. In these last three questions, we invite you to tell us anything about the cancer and how it affected work that we might not have asked about. Feel free to write as much or as little as you want!

- 128.(WACS) Was there a symptom or side effect that caused problems with working that we did not ask about? (free text)
- 129.(WACS) Were there difficulties at your workplace that we did not ask about? Select all that apply.
 - a. My employer's attitude
 - a. My co-worker's attitude(s)
 - b. Timing of treatments
 - c. Timing of doctor visits
 - d. Other (specify)

- 130. (WACS) Is there anything else that would you like to tell us? (free text)

C2: The Work After Cancer AFTER CHEMO or RADIATION Survey

C3: The Work After Cancer 3, 6, and 12 MONTH FOLLOWUP Survey

- **Same as Baseline survey without**
 - some of the baseline demographic information and some of the JCQ questions
 - all JCQ questions will be included in the 12 month survey

The following questions have been added to address concerns about and ensure that if participants do not enter a study ID number, that we can still match their baseline and followup surveys.

1. What are your initials? Please provide first, middle, last initial (e.g. AJT)
2. What is the year of your birth (e.g. 1972)?

Additionally we have added the following questions to allow us to explore issues noted as participants are taking their baseline survey, such as accommodation, discrimination.

3. Have you changed your occupation since the cancer diagnosis?
 - a. Yes
 - b. No
4. Have you changed your job since the cancer diagnosis?
 - a. Yes
 - b. No
5. Have you changed your insurance since the cancer diagnosis?
 - a. Yes
 - b. No
6. **(WLQ Absence)** In the past 2 weeks, how many FULL WORKDAYS did you miss because of your health or medical care? (Health includes physical health and emotional problems). (Mark one answer.)
 - a) None
 - b) 1
 - c) 2
 - d) 3
 - e) 4
 - f) 5
 - g) 6
 - h) 7
 - i) 8
 - j) 9
 - k) 10
 - l) 11 or more
7. **(WLQ Absence)** In the past 2 weeks, what was the total number of days on which you missed PART OF A WORKDAY because of your health or medical care (for example, you came in late or left early)? Health includes physical health and emotional problems. (Mark one answer.)
 - a) None
 - b) 1
 - c) 2
 - d) 3
 - e) 4
 - f) 5
 - g) 6
 - h) 7
 - i) 8
 - j) 9
 - k) 10
 - l) 11 or more
8. Over the past two weeks, how many hours per day did you work BEFORE being told about the cancer? (If you had more than 1 job, please report overall hours worked) **Free Text field**
9. My work experience is:
 - a. Not at all satisfying

- b. A little satisfying
 - c. Somewhat satisfying
 - d. Quite a bit satisfying
 - e. Very satisfying
10. Question (WACS) Have you told your employer or supervisor about the cancer diagnosis?
- a. Yes
 - i. When did you tell your employer or supervisor about the cancer diagnosis? Approx date
 - b. No
11. Question. (WACS) Have you told your co-workers about the cancer diagnosis?
- a. Yes
 - i. When did you tell your coworkers about the cancer diagnosis? Approx date
 - b. No
12. Was your employer or supervisor accommodating with respect to cancer and cancer treatment?
- a. Not accommodating at all
 - b. A little accommodating
 - c. Somewhat accommodating
 - d. Quite a bit accommodating
 - e. Extremely accommodating

(WACS) Please select which accommodations you experienced at work because of cancer or cancer treatment.

Answers: I received this and used it, I received this, but did not need it, I did not receive this, but would have liked it, I did not receive this and did not need it, Does not apply to me/my job

- 13. Change in assignment(s), such as fewer or lighter assignments
 - 14. Being able to work fewer or alternative hours
 - 15. Receiving more than the legal minimum sick leave
 - 16. Getting paid time off to attend ALL medical appointments
 - 17. Getting paid time off to attend SOME medical appointments
 - 18. Being offered information on managing work issues
 - 19. Being offered support in managing work issues
 - 20. Being able to adjust the work environment to help with side effects, such as changing desk layout
 - 21. Getting flexible or alternative work arrangements, such as working at home
22. Have you experienced any of the following problems at work due to cancer or cancer treatment? Please select all that apply.
- a. Being harassed
 - b. Being laid off
 - c. Not being hired
 - d. Being demoted
 - e. Having your wages reduced
 - f. Being denied benefits/insurance
 - g. Being given less desirable/prestigious assignments
 - h. Being intimidated
 - i. Being suspended
 - j. Being encouraged to retire
 - k. Other (specify)
 - l. Doesn't apply to me/my work

Appendix C2 and 3: Followup Surveys

INSTRUCTIONS

We ask that you answer these first 4 questions to the best of your ability. These questions will make sure that we can match your answers today with any other surveys that you have taken or will take.

1. What is your study ID number? (You must provide an answer to take the survey. Your study ID number was provided by the study coordinators. If you do not know your ID number, please stop and contact the study coordinator)
2. What are your initials? Please provide first, middle, last initial (For example, if your name is John G Doe, please enter JGD. If you have no middle name, please enter an "X" in place of the middle initial)
3. What is the year of your birth (For example, 1972)?

4. What is your zip code for your home?

GENERAL INFORMATION

INSTRUCTIONS

This first part of the survey will ask a few basic questions about you that will help us understand our study population.

If you are not comfortable answering a question, please select "I prefer not to answer" rather than skipping the question.

5. Have you changed your occupation since the cancer diagnosis?

- a) Yes
- b) No

6. Have you changed your job since the cancer diagnosis?

- a) Yes
- b) No

7. Have you changed your insurance since the cancer diagnosis?

- c. Yes
- d. No

8. (WACS) Have you changed how much you work since being told about the cancer? Please select the best answer.

- a. I've increased how much I'm working
 - o What was the approximate date of this change?
- b. There is no change in how much I'm working
- c. I've decreased how much I'm working
 - o What was the approximate date of this change?
- d. I've stopped working altogether
 - o What was the approximate date of this change?

8a. (US Census American Community Survey, modified to reference cancer) Are you currently covered by any type of health insurance or health coverage plan?

- a. Yes

8b. Are you currently covered by (select all that apply):

- 1. Insurance through a current/former employer or union?
- 2. Insurance purchased directly through an insurance company?
- 3. I prefer not to answer

8c. If insurance is through an employer, who is the primary policy holder?

- 4. You
- 5. A family member
- 6. I prefer not to answer

8d. If your insurance is purchased directly through an insurance company, which company or companies?

- 1. Medicare
- 2. Medicaid
- 3. Tricare or other military health care
- 4. VA
- 5. Indian Health Service
- 6. Other option not listed above
 - a. If other, please specify:
- 7. I prefer not to answer

- b. No

- c. I prefer not to answer

1) (WACS) In the past year, have you used or received any of the following: Select all that apply

- a. Short term disability benefits
- b. Unpaid time off
- c. Long-term disability benefits
- d. Sick leave
- e. Other

- i. If other, please specify
- f. I have not received or used any of these.
- g. I don't know if I have received or used any of these.
- h. I prefer not to answer

CURRENT WORK

INSTRUCTIONS

This part of the survey asks about your supervisor(s) at your job CURRENTLY.

Please think about the PAST 2 WEEKS when answering these questions.

If you have more than one job, please answer for whichever job you consider your MAIN job. If you have changed jobs or are currently not working, think about the last job you had.

For the questions below, please select the answer that comes closest.

(JCQ- Answer on a 5-point scale: strongly disagree, disagree, agree, strongly agree, I have no supervisor)

- 1) My supervisor is successful in getting people to work together.
- 2) My supervisor is concerned about the welfare of those under him.
- 3) My supervisor pays attention to what I am saying.
- 4) I am exposed to hostility or conflict from my supervisor.
- 5) My supervisor is helpful in getting the job done.

CURRENT WORK

INSTRUCTIONS

This part of the survey asks about your coworkers at your job CURRENTLY.

Please think about the PAST 2 WEEKS when answering these questions.

If you have more than one job, please answer for whichever job you consider your MAIN job. If you have changed jobs or are currently not working, think about the last job you had.

For the questions below, please select the answer that comes closest.

(JCQ- Answer on a 5-point scale: strongly disagree, disagree, agree, strongly agree, I work alone)

- 6) A. The people I work with are competent in doing their jobs.
 - 12b. People I work with take a personal interest in me.
 - 12c. I am exposed to hostility or conflict from the people I work with.
 - 12d. People I work with are friendly.
 - 12e. The people I work with encourage each other to work together.
 - 12f. People I work with are helpful in getting the job done.
 - 12g. My work group or unit makes decisions democratically.
 - 12h. I have significant influence over decisions in my work group or unit.

INSTRUCTIONS

This part of the survey asks about the stability of your work CURRENTLY.

Please think about the PAST 2 WEEKS when answering these questions.

If you have more than one job, please answer for whichever job you consider your MAIN job. If you have changed jobs or are currently not working, think about the last job you had.

- 7) (JCQ) How steady is your work?
- Regular and steady.
 - Seasonal.
 - Frequent layoffs.
 - Both seasonal and frequent layoffs.
 - Other.
- 8) (JCQ) During the past year, how often were you in a situation where you faced job loss or layoff?
- Never
 - Faced the possibility once
 - Faced the possibility more than once
 - Constantly
 - Actually layed off
- 9) (JCQ) Sometimes people permanently lose jobs they want to keep. How likely is it that during the next couple of years you will lose your present job with your employer?
- Not at all likely
 - Not too likely
 - Somewhat likely
 - Very likely
- 10) (JCQ) My job security is good.
- Strongly disagree
 - Disagree
 - Agree
 - Strongly agree
- 11) (JCQ) My prospects for career development and promotions are good.
- Strongly disagree
 - Disagree
 - Agree
 - Strongly agree
- 12) (JCQ) In five years, my skills will still be valuable.
- Strongly disagree
 - Disagree
 - Agree
 - Strongly agree

INSTRUCTIONS

This part of the survey asks about work CURRENTLY.

Please think about the PAST 2 WEEKS when answering these questions. When we ask about illness, please think about the cancer and cancer treatment.

- 1) (WAI) Are the demands of your work primarily?
- Mental
 - Physical
 - Both mental and physical
- 2) (WAI) Assume that your work ability (how well you can perform your job) at its best has a value of 10. How many points would you give your CURRENT work ability? (0 means you cannot currently work at all)

0 1 2 3 4 5 6 7 8 9 10

Completely unable to workWork ability at its best

- 3) (WAI) How do you rate your CURRENT work ability with respect to the physical demands of your work?
- Very poor
 - Rather poor
 - Moderate
 - Rather good
 - Very good
- 4) (WAI) How do you rate your CURRENT work ability with respect to the mental demands of your work?
- Very poor
 - Rather poor
 - Moderate
 - Rather good
 - Very good
- 5) (WAI) Is your illness or injury a hindrance to your current job? (Select all that apply.)
- In my opinion, I am entirely unable to work.
 - Because of my disease, I feel I am able to do only part-time work.
 - I must **often** slow down my work pace or change my work methods.
 - I must **sometimes** slow down my work pace or change my work methods.
 - I am able to do my job, but it causes some symptoms.
 - There is no hindrance/I have no problem
- 6) (E2Z02) What best describes your level of employment CURRENTLY?
- Working Full-Time (35+ hrs per week)
 - Working Part-Time (1-34 hrs per week)
 - Employed but not working (e.g., on leave)
 - Not in the workforce but looking for work
 - Not in the workforce and not looking for work (e.g. retired, disabled, student, homemaker)

You said you are working full-time. Are you...

- Doing my regular work activities
- Doing modified work activities/restricted duties

You said you are working part-time. Are you...

- Doing my regular work activities
- Doing modified work activities/restricted duties

- 7) (**WLQ Absence**) In the past 2 weeks, how many FULL WORKDAYS did you miss because of your health or medical care? (Health includes physical health and emotional problems). (Mark one answer.)
- None
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10
 - 11 or more

8. (**WLQ Absence**) In the past 2 weeks, what was the total number of days on which you missed PART OF A WORKDAY because of your health or medical care (for example, you came in late or left early)? Health includes physical health and emotional problems. (Mark one answer.)
- None
 - 1
 - 2
 - 3

- e) 4
- f) 5
- g) 6
- h) 7
- i) 8
- j) 9
- k) 10
- l) 11 or more

9. Over the past two weeks, how many hours per day did you work BEFORE being told about the cancer? (If you had more than 1 job, please report overall hours worked) *Free Text field*

10) Over the past 2 weeks, how many hours per week did you work? If you have more than 1 job, please report overall hours worked.

CURRENT WORK

INSTRUCTIONS

Health problems can make it difficult for working people to perform certain parts of their jobs. We are interested in learning about how your health may have affected you at work during the PAST 2 WEEKS.

The questions will ask you to think about your physical health or emotional problems. These refer to any ongoing or permanent medical conditions you may have and the effects of any treatments you are taking for these. Emotional problems may include feeling depressed or anxious.

Please try to answer ALL questions, even if you missed some workdays. If the question describes something that is not part of your job, mark the "Does not apply to my job" box.

If you are currently NOT working, select the answer for the level of difficulty you would experience if you currently had to perform your job. If you have more than one job, report on your MAIN job only.

Please select the best option that applies to your situation.

In the PAST 2 WEEKS, how much of the time did your physical health or emotional problems make it difficult for you to do the following? (Mark one box on each line.)

	Difficult all of the time (100%)	Difficult most of the time	Difficult some of the time (about 50%)	Difficult a slight bit of the time	Difficult none of the time (0%)	Does not apply to my job
(WLQ) work the required number of hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
1) (WLQ) get going easily at the beginning of the workday	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
2) (WLQ) start on your job as soon as you arrived at work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
3) (WLQ) do your work without stopping to take breaks or rests	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
4) (WLQ) stick to a routine or schedule	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

CURRENT WORK

These questions ask you to rate the amount of time you were able to handle certain parts of your job without difficulty.

INSTRUCTIONS

These questions ask you to rate the amount of time you were able to handle certain parts of your job without difficulty.

Please try to answer ALL questions, even if you missed some workdays. If the question describes something that is not part of your job, mark the "Does not apply to my job" box.

If you are currently NOT working, select the answer for the level of difficulty you would experience if you currently had to perform your job. If you have more than one job, report on your MAIN job only.

Please select the best option that applies to your situation.

- 5) (WLQ) In the past 2 weeks, how much of the time were you **able** to walk or move around different work locations (for example, go to meetings), without difficulty caused by physical health or emotional problems? Choose only one answer.
 - a. All of the time (100%)
 - b. Most of the time
 - c. Some of the time (about 50%)
 - d. A slight bit of the time
 - e. None of the time (0%)
 - f. Does not apply to my job

- 6) (WLQ) In the past 2 weeks, how much of the time were you **able** to lift, carry, or move objects at work weighing more than 10 lbs., without difficulty caused by physical health or emotional problems? Choose only one answer.
 - a. All of the time (100%)
 - b. Most of the time
 - c. Some of the time (about 50%)
 - d. A slight bit of the time
 - e. None of the time (0%)
 - f. Does not apply to my job

- 7) (WLQ) In the past 2 weeks, how much of the time were you **able** to sit, stand, or stay in one position for longer than 15 minutes while working, without difficulty caused by physical health or emotional problems? Choose only one answer.
 - A. All of the time (100%)
 - a. Most of the time
 - b. Some of the time (about 50%)
 - c. A slight bit of the time
 - d. None of the time (0%)
 - e. Does not apply to my job

- 8) (WLQ) In the past 2 weeks, how much of the time were you **able** to repeat the same motions over and over again while working, without difficulty caused by physical health or emotional problems? Choose only one answer.
 - a. All of the time (100%)
 - b. Most of the time
 - c. Some of the time (about 50%)
 - d. A slight bit of the time
 - e. None of the time (0%)
 - f. Does not apply to my job

- 9) (WLQ) In the past 2 weeks, how much of the time were you **able** to bend, twist, or reach while working, without difficulty caused by physical health or emotional problems? Choose only one answer.
 - a. All of the time (100%)
 - b. Most of the time
 - c. Some of the time (about 50%)
 - d. A slight bit of the time
 - e. None of the time (0%)
 - f. Does not apply to my job

- 10) (WLQ) In the past 2 weeks, how much of the time were you **able** to use hand-held tools or equipment (e.g., a phone, pen, keyboard, computer mouse, drill, hairdryer, or sander), without difficulty caused by physical health or emotional problems? Choose only one answer.
- All of the time (100%)
 - Most of the time
 - Some of the time (about 50%)
 - A slight bit of the time
 - None of the time (0%)
 - Does not apply to my job

CURRENT WORK

These questions ask about difficulties you may have had at work. In the past 2 weeks, how much of the time did your physical health or emotional problems make it difficult for you to do the following? (Mark one box on each line.)

In the PAST 2 WEEKS, how much of the time did your physical health or emotional problems make it difficult for you to do the following? (Mark one box on each line.)

INSTRUCTIONS

These questions ask about difficulties you may have had at work.

Please try to answer ALL questions, even if you missed some workdays. If the question describes something that is not part of your job, mark the "Does not apply to my job" box.

If you are currently NOT working, select the answer for the level of difficulty you would experience if you currently had to perform your job. If you have more than one job, report on your MAIN job only.

Please select the best option that applies to your situation.

In the PAST 2 WEEKS, how much of the time did your physical health or emotional problems make it difficult for you to do the following? (Mark one box on each line.)

	Difficult all of the time (100%)	Difficult most of the time	Difficult some of the time (about 50%)	Difficult a slight bit of the time	Difficult none of the time (0%)	Does not apply to my job
11) (WLQ) keep your mind on your work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
12) (WLQ) think clearly when working	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
13) (WLQ) do work carefully	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
14) (WLQ) concentrate on your work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
15) (WLQ) work without losing your train of thought	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
16) (WLQ) easily read or use your eyes when working	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

CURRENT WORK

The next questions ask about difficulties in relation to the people you came in contact with while working. These may include employers, supervisors, coworkers, clients, customers, or the public. In the past 2 weeks, how much of the time did your physical health or emotional problems make it difficult for you to do the following? (Mark one box on each line.)

INSTRUCTIONS

The next questions ask about difficulties in relation to the people you came in contact with while working. These may include employers, supervisors, coworkers, clients, customers, or the public.

Please try to answer ALL questions, even if you missed some workdays. If the question describes something that is not part of your job, mark the "Does not apply to my job" box.

If you are currently NOT working, select the answer for the level of difficulty you would experience if you currently had to perform your job. If you have more than one job, report on your MAIN job only.

Please select the best option that applies to your situation.

In the PAST 2 WEEKS, how much of the time did your physical health or emotional problems make it difficult for you to do the following? (Mark one box on each line.)

	Difficult all of the time (100%)	Difficult most of the time	Difficult some of the time (about 50%)	Difficult a slight bit of the time	Difficult none of the time (0%)	Does not apply to my job
17) (WLQ) speak with people in-person, in meetings or on the phone	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
18) (WLQ) control your temper around people when working	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
19) (WLQ) help other people to get work done	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

CURRENT WORK

INSTRUCTIONS

These questions ask about how things went at work overall.

Please try to answer ALL questions, even if you missed some workdays. If the question describes something that is not part of your job, mark the "Does not apply to my job" box.

If you are currently NOT working, select the answer for the level of difficulty you would experience if you currently had to perform your job. If you have more than one job, report on your MAIN job only.

Please select the best option that applies to your situation.

In the PAST 2 WEEKS, how much of the time did your physical health or emotional problems make it difficult for you to do the following? (Mark one box on each line.)

	Difficult all of the time (100%)	Difficult most of the time	Difficult some of the time (about 50%)	Difficult a slight bit of the time	Difficult none of the time (0%)	Does not apply to my job
20) (WLQ) handle the workload	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
21) (WLQ) work fast enough	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

22) (WLQ) finish work on time	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
23) (WLQ) do your work without making mistakes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
24) (WLQ) feel you've done what you are capable of doing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/>

CURRENT SYMPTOMS

INSTRUCTIONS

People with cancer frequently have symptoms that are caused by their disease or by their treatment.

We ask you to rate how severe the following symptoms have been in the last 24 HOURS.

Please fill in your answers below with 0 (symptom has not been present) to 10 (the symptom was as bad as you can imagine it could be) for each item.

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(Answer- 0, Not present; 1; 2; 3; 4; 5; 6; 7; 8; 9; 10, As bad as you can imagine)

- 1) (MDASI) Your pain at its WORST?
- 2) (MDASI) Your fatigue (tiredness) at its WORST?
- 3) (MDASI) Your nausea at its WORST?
- 4) (MDASI) Your disturbed sleep at its WORST?
- 5) (MDASI) Your feeling of being distressed (upset) at its WORST?
- 6) (MDASI) Your shortness of breath at its WORST?
- 7) (MDASI) Your problems with remembering things at its WORST?
- 8) (MDASI) Your problem with lack of appetite at its WORST?
- 9) (MDASI) Your feeling drowsy (sleepy) at its WORST?
- 10) (MDASI) Your having a dry mouth at its WORST?
- 11) (MDASI) Your feeling sad at its WORST?
- 12) (MDASI) Your vomiting at its WORST?
- 13) (MDASI) Your numbness or tingling at its WORST?

CURRENT SYMPTOMS

INSTRUCTIONS

Symptoms frequently interfere with how we feel and function.

How much have your symptoms interfered with the following items in the last 24 HOURS.

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(Answer- 0, Did not interfere; 1; 2; 3; 4; 5; 6; 7; 8; 9; 10, Interfered completely)

- 14) (MDASI) General activity?
- 15) (MDASI) Mood?
- 16) (MDASI) Work (including work around the house)?
- 17) (MDASI) Relations with other people?
- 18) (MDASI) Walking?
- 19) (MDASI) Enjoyment of life?

WORKING DURING TREATMENT

INSTRUCTIONS

This part of the survey asks about why you did or did not work during treatment and how you felt about work during treatment.

Please answer as best you can.

- 1) (WACS) Did or do you want or need to work during some or all parts of the cancer treatments?
 - a) Yes
 - i. You told us that you do want or need to work during treatment. WHY do you want or need to work? Select all that apply.
 1. To distract myself
 2. I need the money
 3. To keep my insurance
 4. Other
 - a. You told us there was another reason you wanted or needed to work. Please specify:
 - b) No
 - i. You told us that you do not want or need to work during treatment. WHY will you work anyways? Select all that apply.
 1. To distract myself
 2. I need the money
 3. To keep my insurance
 4. Other
 - a. You told us there was another reason you wanted or needed to work. Please specify:
 5. I will not be working
- 2) Would you have liked more time off after you knew about the cancer, but before surgery?
 - a) Yes, would have liked very much
 - b) Yes, would have liked somewhat
 - c) Yes, would have liked a little bit
 - d) No, the amount of time off was fine
 - e) Does not apply
- 3) Would you have liked more time off after surgery, but before chemotherapy?
 - a) Yes, would have liked very much
 - b) Yes, would have liked somewhat
 - c) Yes, would have liked a little bit
 - d) No, the amount of time off was fine
 - e) Does not apply
- 4) Would you have liked more time off during chemotherapy?
 - a) Yes, would have liked very much
 - b) Yes, would have liked somewhat
 - c) Yes, would have liked a little bit
 - d) No, the amount of time off was fine
 - e) Does not apply
- 5) (WACS) How satisfied are you with how things have gone with work since being told about the cancer?
 - a) Not at all satisfied
 - b) A little satisfied
 - c) Somewhat satisfied
 - d) Quite a bit satisfied
 - e) Very satisfied
- 6) My work experience is:
 - a) Not at all satisfying
 - b) A little satisfying
 - c) Somewhat satisfying
 - d) Quite a bit satisfying
 - e) Very satisfying
- 7) (WACS) Have you told your employer or supervisor about the cancer diagnosis?
 - a) Yes
 - i. When did you tell your employer or supervisor about the cancer diagnosis?

- a. After diagnosis
- b. Before diagnosis
- c. before Chemo

ii. Approx date/time period

b) No

8) (WACS) Have you told your co-workers about the cancer diagnosis?

a) Yes

i. When did you tell your employer or supervisor about the cancer diagnosis?

- a. After diagnosis
- b. Before diagnosis
- c. before Chemo
- ii. Approx date

b) No

WORK ACCOMMODATIONS

INSTRUCTIONS

This part of the survey asks about any accommodations that you may have received at work.

Please answer as best you can.

- 1) Was your employer or supervisor accommodating with respect to cancer and cancer treatment?
 - a. Not accommodating at all
 - b. A little accommodating
 - c. Somewhat accommodating
 - d. Quite a bit accommodating
 - e. Extremely accommodating

Please choose the best answer that describes whether you needed or used the following accommodations with respect to cancer or cancer treatment.

- 2) Change in assignment(s), such as fewer or lighter assignments
- 3) Being able to work fewer or alternative hours
- 4) Receiving more than the legal minimum sick leave
- 5) Getting paid time off to attend ALL medical appointments
- 6) Getting paid time off to attend SOME medical appointments
- 7) Being offered information on managing work issues
- 8) Being offered support in managing work issues
- 9) Being able to adjust the work environment to help with side effects, such as changing desk layout
- 10) Getting flexible or alternative work arrangements, such as working at home
- 11) Have you experienced any of the following problems at work due to cancer or cancer treatment? Please select all that apply.
 - a. Being harassed
 - b. Being laid off
 - c. Not being hired
 - d. Being demoted
 - e. Having your wages reduced
 - f. Being denied benefits/insurance
 - g. Being given less desirable/prestigious assignments
 - h. Being intimidated
 - i. Being suspended
 - j. Being encouraged to retire
 - k. Other (**specify**)
 - l. Doesn't apply to me/my work

FEEDBACK

In these last three questions, we invite you to tell us anything about the cancer and how it affected work that we might not have asked about.

Feel free to write as much or as little as you want!

- 1) (WACS) Was there a symptom or side effect that caused or is still causing problems with working that we did not ask about? (free text)
- 2) (WACS) Have there been difficulties at your workplace that we did not ask about? Select all that apply.
 - a) My employer's attitude
 - b) My co-worker's attitude(s)
 - a) Timing of treatments
 - b) Timing of doctor visits
 - c) Other
 - i. You told us there were other difficulties. Please specify:
- 3) (WACS) Is there anything else that would you like to tell us? (free text)