

Supplementary Material

Supplementary Material S1. Short Form-36 Survey

Short Form-36 Survey

Date: // patient's name

Instructions: Please answer every question. Some questions may look like others, but each one is different. Please take the time to read and answer each question carefully by circling the number that best represents your response.

1. In general, would you say your health is?

Excellent (1)	Very good (2)	Good (3)	Fair (4)	Poor (5)
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2. Compared to one year ago, how would you rate your health in general now?

Much better now than 1 year ago (1)	Somewhat better now than 1 year ago (2)	About the same as 1 year ago (3)	Somewhat worse now than 1 year ago (4)	Much worse now than 1 year ago (5)
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3. The following questions 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
A. Vigorous activities , such as running, lifting heavy objects participating in strenuous sports	1	2	3
B. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
C. Lifting or carrying groceries	1	2	3
D. Climbing several flights of stairs	1	2	3
E. Climbing one flight of stairs	1	2	3
F. Bending, kneeling, or stooping	1	2	3
G. Walking more than a mile	1	2	3
H. Walking several hundred yards	1	2	3
I. Walking 100 yards	1	2	3
J. Bathing or dressing yourself	1	2	3

4. During the past 4 weeks, how much of the time 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)

	All the time	Most of the time	Some of the time	A little of the time	None of the time
A. Cut down on the amount of time you spend on work or other activities	1	2	3	4	5
B. Accomplished less than you would like	1	2	3	4	5
C. Were limited in the kind of work or other activities	1	2	3	4	5
D. Had difficulty performing the work or other activities (for example, it took extra effort)	1	2	3	4	5

5. During the past 4 weeks, how much of the time 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)

	All the time	Most of the time	Some of the time	A little of the time	None of the time
A. Cut down on the amount of time you spend on work or other activities	1	2	3	4	5
B. Accomplished less than you would like	1	2	3	4	5
C. Did work or activities less carefully than usual	1	2	3	4	5

6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your social activities with family, friends, neighbors, or groups? (Circle one)

Not at all (1)	Slightly (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
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7. How much bodily pain have you had during the past 4 weeks? (Circle one)

None (1)	Very Mild (2)	Mild (3)	Moderate (4)	Severe (5)	Very Severe (6)
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8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? (Circle one)

Not at all (1)	Slightly (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
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9. 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 the time	Most of the time	Some of the time	A little of the time	None of the time
A. Did you feel full of life?	1	2	3	4	5
B. Have you been very nervous?	1	2	3	4	5
C. Have you felt so down in the dumps nothing could cheer you up?	1	2	3	4	5
D. Have you felt calm and peaceful?	1	2	3	4	5
E. Did you have a lot of energy?	1	2	3	4	5
F. Have you felt downhearted and depressed?	1	2	3	4	5
G. Did you feel worn out?	1	2	3	4	5
H. Have you been happy?	1	2	3	4	5
I. Did you feel tired?	1	2	3	4	5

10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

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)
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11. 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
A. I seem to get sick a little easier than other people	1	2	3	4	5
B. I am as healthy as anybody I know	1	2	3	4	5
C. I expect my health to get worse	1	2	3	4	5
D. My health is excellent	1	2	3	4	5

Supplementary Material S2 The revised musculoskeletal tumor society rating scale. (upper extremity top and lower extremity bottom)

Score	Pain	Function	Emotional	Hand positioning	Manual dexterity	Lifting ability	
5	No pain	No restriction	Enthused	Unlimited	Unlimited	Normal load	
4	Intermediate	Intermediate	Intermediate	Intermediate	Intermediate	Intermediate	
3	Modest/nondisabling	Recreational restriction	Satisfied	Not above shoulder or no/prosupination	Loss of fine movements	Limited	
2	Intermediate	Intermediate	Intermediate	Intermediate	Intermediate	Intermediate	
1	Moderate/disabling	Partial restriction	Accepts	Not above waist	Cannot pinch	Helping only	
0	Severe disabling	Total restriction	Dislikes	None	Cannot grasp	Cannot help	
Score	Pain	Function	Emotional	Supports	Walking	Gait	Final patient score of functional evaluation
5	No pain	No restriction	Enthused	None	Unlimited	Normal	
4	Intermediate	Intermediate	Intermediate	Intermediate	Intermediate	Intermediate	
3	Modest/nondisabling	Recreational restriction	Satisfied	Brace	Limited	Minor cosmetic	
2	Intermediate	Intermediate	Intermediate	Intermediate	Intermediate	Intermediate	
1	Moderate/disabling	Partial restriction	Accepts	One cane or crutch	Inside only	Major cosmetic	
0	Severe disabling	Total restriction	Dislikes	Two canes or crutches	Not independent	Major handicap	
Patient score							

Supplementary Material S3 Informed consent

Title of Study

Quality of Life and Limb Functionality in Adolescents and Young Adults Surviving Bone Tumors in the Lower Extremity in a Developing Country

Principal Investigator

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Purpose of Study

You are being asked to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information.

The purpose of this study is to determine lower limb functionality and quality of life among patients surviving malignant bone tumors

Risks

You may decline to answer any or all questions and you may terminate your involvement at any time if you choose.

Benefits

There will be no direct benefit to you for your participation in this study. However, we hope that the information obtained from this study may help investigators to clarify the differences in functionality and quality of life among patients surviving malignant bone tumors.

Confidentiality

Your responses to this survey will be anonymous. Every effort will be made by the researcher to preserve your confidentiality including the following:

- Assigning code names/numbers for participants that will be used on all research notes and documents.
- Keeping notes, interview transcriptions, and any other identifying participant information in a locked file cabinet in the personal possession of the researcher.

Contact Information

If you have questions at any time about this study, or you experience adverse effects as
Participant's initials:

Informed Consent

the result of participating in this study, you may contact the researcher whose contact information is provided on the first page.

Voluntary Participation

Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Withdrawing from this study will not affect the relationship you have, if any, with the researcher. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed.

Consent

I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Participant's signature/Date

Investigator's signature/date

Participant's Initials