

**SUPPLEMENTARY TABLE ST1.**

Validated PROMs used in the studies included in the systematic review

Questionnaire	Abbreviation	Author (Year publication)	Measurement	Original Target Population
36-item Short Form Health Survey[1]	SF-36 (G)	Ware & Sherbourne (1992)	Physical and mental health status for use in clinical practice and research, health policy evaluations and general population survey	Medical and general population
12-item Short-Form Health Survey[2]	SF-12(G)	Ware et al. (1996)	Physical and mental health status for use in clinical practice and research, health policy evaluations and general population survey	Medical and general population
EORTC Quality of life questionnaire[3] <sup>a</sup>	EORTC QLQ-C30 (CS)	Aaronson et al. (1993)	Five functional (physical, role, cognitive, emotional, and social), three symptom scales and single-item symptom measures plus a global health and quality of life scale	Patients with cancer participating in international trials (originally in nonresectable lung cancer for whom radiotherapy or chemotherapy was indicated)
Cancer Rehabilitation Evaluation System - Short Form[4]	CARES-SF (CS)	Schag et al. (1991)	Cancer-specific rehabilitation needs and quality of life	Patients with cancer (originally in colorectal, lung, prostate, and breast cancer)
Impact of Events Scale[5]	IES Disease specific	Horowitz et al. (1979)	Psychological stress reactions after any major life events (frequency of intrusive thoughts and avoidance behaviour)	Healthy adults and frail older adults exposed to any specific trauma event
Impact of Events Scale Revised[6]	IES-R Disease specific	Weiss & Marmar (1997)	Psychological stress reactions after any major life events (Intrusive thoughts, avoidance behaviour and hyperarousal)	Healthy and frail older adults exposed to any specific trauma
Eastern Cooperative Oncology Group Performance Status[7]	ECOG (CS)	Oken et al. (1982)	Patients' general well-being and activities of daily life (to determine whether they can receive chemotherapy, if dose adjustment is necessary and to assess the intensity of palliative care)	Cancer patients candidates to receive chemotherapy or palliative care
Fear of Cancer Recurrence[8]	FCR (CS)	Greenberg et al. (1997)	Beliefs and anxiety about fear of cancer recurrence	Cancer survivors (mainly breast and leukemia)
General Health Questionnaire[9]	GHQ-12 Condition specific	Goldberg (1978)	General state of health and emotional mental health problems/domains of depression, anxiety, somatic symptoms, and social withdrawal (current psychological distress)	Individuals at risk to have or developing psychiatric disorders including primary care
Hospital Anxiety and Depression Scale[10]	HADS (Condition specific)	Zigmond & Snaith (1983)	Anxiety and depression	Medical population of patients
List of Threatening Experiences Questionnaire[11]	LTE-Q Condition specific	Brugha & Cragg (1990)	12 major stressful life events in the last 6 months with established long-term consequences	Individuals with suspicion of any stressful situation (originally tested in psychiatric patients)
Postoperative Quality of Recovery Score[12]	QoR-40 Condition specific	Myles et al. (2000)	Quality of recovery after surgery and anaesthesia	Patients undergoing general anaesthesia and surgery
Social Problem Questionnaire[13]	SPQ Condition specific	Corney & Clare (1985)	Social functioning (social problems, difficulties, and dissatisfaction)	Patients that require social assessment
Visual Analogue Scale[14] <sup>b</sup>	VAS Generic	Aitken (1969)	Intensity or frequency of symptoms or satisfaction that ranges across a continuum of values from none to extreme	Patients and healthy individuals / general population
Functional Assessment of Cancer Therapy -Kidney Symptoms Index[15]	FKSI -15 Cancer specific	Cella et al. (2006)	Renal cancer specific symptoms and concerns (fatigue, fever, loss of appetite, weight loss, hematuria, pain, pulmonary or urinary symptoms, distress or worry)	Patients with advanced kidney cancer

<sup>a</sup> For EORTC QOL C-30 questionnaires, versions 1.0, (+3), 2.0 and 3.0 were used in the different studies. As per instructions in EORTC QLQ C-30 Scoring Manual the original publication is cited. <sup>b</sup> Used early in the 20th century, popularized by Aitken in 1969 (Guidelines for the Application Scoring and Statistical Analysis of VAS)

## References

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