*Supplementary Material has been published as submitted, and has not been copyedited, typeset, or checked for scientific content by Journal of Rehabilitation Medicine

Appendix S1

Cancer Rehabilitation Questionnaire (CRQ)		
1. After my cancer diagnosis or treatment, I experienced some changes in physical ability	□ No	
	□ Yes	Please indicate by ticking the box of the symptoms you experience □ Difficulty opening mouth, swallowing or chewing □ Change in my posture □ Persistent Fatigue □ Pain / Aching If so, where? Head / Neck / Upper limbs / Lower Limbs / Other area: _____ □ Stiffness If so, where? Head / Neck / Upper limbs / Lower Limbs / Other area: _____ □ Weakness If so, where? Head / Neck / Upper limbs / Lower Limbs / Other area: _____ □ Swelling If so, where? Head / Neck / Upper limbs / Lower Limbs / Other area: _____ □ Numbness and tingling sensation If so, where? Head / Neck / Upper limbs / Lower Limbs / Others:_____ □ I am less able to perform everyday activities (e.g. leisure activities/ household chores/self-care/ work) after my cancer diagnosis. □ I feel unsteady in my walking. □ I have experienced falls / near falls in the last year. □ I get breathless more easily. Please list any additional cancer or treatment-related symptom that you experience:
2. I am seeking treatment for the issue(s).	□ No	If no, why?
	□ Yes	
3. I know where to find treatment for the issue(s).	□ No	
	□ Yes	
4. If you need therapy to help with the above problems, how frequently will you be able/	□ Once a week	
	□ Once every 2 weeks	
	□ Once a month	

willing to attend the sessions in hospital?	□ Not at all	
5. Do you foresee difficulties coming for therapy sessions in hospital?	□ No	
	□ Yes	If yes, what are the difficulties? (you can check more than 1 option) □ Transport □ I need someone to accompany me to NUH □ Too busy □ Too tired / do not feel well enough to travel □ Too expensive □ Other difficulties:
Please tell us about yourself:		
Age	15-20 20-30 30-40 40-50 50-60 60-70 70-80 >80	
Gender	Male/ Female	
Occupation		
Cancer type / stage / area of involvement		
Treatment Status and Type	□ Completed treatment / □ Still undergoing treatment	
Years since diagnosis		
Any other relevant details/ complications affecting function:		