Detroit ROCS Pilot Study Baseline Patient Survey

Start of Block: Introduction to Survey

Thank you for being a part of our research study on survivorship.

To begin, we would like to learn a little bit more about you. Please answer every question to the best of your knowledge and as honestly as possible. There are no right or wrong answers.

End of Block: Introduction to Survey

Start of Block: Demographics/Background Information

Are you:

- ○ Male
- ○ Female

Are you Hispanic or Latino?

- ○ Yes
- ○ No
- ○ Don't know

Are you Arab American / Chaldean?

- ○ Yes
- ○ No
- ○ Don't know

With which race do you most closely identify?

- ○ African-American or Black
- ○ Caucasian or White
- ○ Asian
- ○ Native Hawaiian or Other Pacific Islander
- ○ American Indian or Alaska Native
- ○ Other race or multiple races (Please specify):

_____

What is the month and year of your birth?

- ○ MM _____
- ○ YYYY _____

What is the highest level of education you have completed?

- ○ Less than high school
- ○ High school / GED
- ○ Some college
- ○ 2-year college degree
- ○ 4-year college degree
- ○ Graduate/professional degree

Which of these terms best describes your current relationship or personal status?

- ○ Married
- ○ Living with a partner in a marriage-like relationship
- ○ Widowed
- ○ Divorced
- ○ Separated
- ○ Never married

Do you own or lease a car?

- ○ Yes
- ○ No

Which of the following phrases best describes your current employment status?

- ○ Employed full time, (including self-employed)
- ○ Employed part time, (including self-employed)
- ○ Homemaker
- ○ Unemployed
- ○ Retired
- ○ Disability
- ○ Other (specify) _____

What is/was your usual occupation?

_____

End of Block: Demographics/Background Information

Start of Block: Health Literacy

The next item asks about your confidence in completing medical forms and understanding written material from your doctor.

How confident are you filling out medical forms by yourself?

- ○ Extremely
- ○ Quite a bit
- ○ Somewhat
- ○ A little bit
- ○ Not at all

End of Block: Health Literacy

Start of Block: Medical History

The next items will ask about your height, weight and medical history.

What is your current height?

- ft. _____
- in. _____

What is your current weight (in pounds)?

- lbs. _____

Approximately what was your weight (in pounds) the year before you were first diagnosed with ${e://Field/CancerSite} cancer?

- lbs. _____

Has a doctor ever told you that you have any of the following medical conditions?

	Medical Condition		
	Yes	No	Unsure

Arthritis	○	○	○
Cirrhosis	○	○	○
Congestive heart failure	○	○	○
COPD (chronic obstructive pulmonary disease))	○	○	○
Crohn's disease or ulcerative colitis	○	○	○
Depression	○	○	○
Diabetes	○	○	○
Emphysema	○	○	○
Fracture, **over age 50**	○	○	○
Heart attack (myocardial infarction)	○	○	○
Hepatitis (any type)	○	○	○
High cholesterol	○	○	○
HIV or AIDS	○	○	○
Hypertension (high blood pressure)	○	○	○
Lupus (systemic lupus erythermatosus)	○	○	○
Osteoporosis	○	○	○
Peripheral vascular disease	○	○	○

Stroke	○	○	○
Thyroid problem	○	○	○
Any other medical condition not previously listed	○	○	○

Display This Question:

If Arthritis=Yes

You indicate that a doctor has informed you that you have arthritis, please specify type (e.g. rheumatoid or osteoarthritis), approximate age at diagnosis and if you are currently being treated for the condition:

	Approximate	Are you currently being treated?		Specify
	Age at diagnosis?	Yes	No	type:
Arthritis		○	○	

Display This Question:

If Cirrhosis = Yes

You indicate that a doctor has informed you that you have cirrhosis, please specify approximate age at diagnosis and if you are currently being treated for the condition:

	Approximate	Are you currently being treated?	
	Age at diagnosis?	Yes	No
Cirrhosis		○	○

Page Break

Display This Question:

If Congestive Heart Failure = Yes

You indicate that a doctor has informed you that you have congestive heart failure, please specify approximate age at diagnosis and if you are currently being treated for the condition:

	Approximate	Are you currently being treated?	
	Age at diagnosis?	Yes	No
Congestive Heart Failure		○	○

Display This Question:

If COPD = Yes

You indicate that a doctor has informed you that you have COPD (chronic obstructive pulmonary disease), please specify approximate age at diagnosis and if you are currently being treated for the condition:

	Approximate	Are you currently being treated?	
	Age at diagnosis?	Yes	No
COPD (Chronic obstructive pulmonary disease)		○	○

Display This Question:

If Crohn's disease or ulcerative colitis = Yes

You indicate that a doctor has informed you that you have Crohn's disease or ulcerative colitis, please specify approximate age at diagnosis and if you are currently being treated for the condition:

	Approximate	Are you currently being treated?	
	Age at diagnosis?	Yes	No
Crohn's disease or ulcerative colitis		○	○

Display This Question:

If Depression = Yes

You indicate that a doctor has informed you that you have depression, please specify approximate age at diagnosis and if you are currently being treated for the condition:

	Approximate	Are you currently being treated?	
	Age at diagnosis?	Yes	No
Depression		○	○

Display This Question:

If Diabetes = Yes

You indicate that a doctor has informed you that you have diabetes, please specify type (e.g. type 1 or type 2), approximate age at diagnosis and if you are currently being treated for the condition:

	Approximate	Are you currently being treated?		Specify
	Age at diagnosis?	Yes	No	type:
Diabetes		○	○	

Display This Question:

If Emphysema = Yes

You indicate that a doctor has informed you that you have emphysema, please specify approximate age at diagnosis and if you are currently being treated for the condition:

	Approximate	Are you currently being treated?	
	Age at diagnosis?	Yes	No
Emphysema		○	○

Display This Question:

If Fracture = Yes

You indicate that a doctor has informed you that you have had a fracture over age 50 year of age, please specify location (e.g. arm, hip, leg, wrist), approximate age and if you are currently being treated for the condition:

	Approximate	Are you currently being treated?		Specify
	Age at diagnosis?	Yes	No	location:
Fracture over age 50		○	○	

Display This Question:

If Heart Attack = Yes

You indicate that a doctor has informed you that you have had a heart attack (myocardial infarction), please specify approximate age of occurrence and if you are currently being treated for the condition:

	Approximate	Are you currently being treated?	
	Age at diagnosis?	Yes	No
Heart attack (myocardial infarction)		○	○

Display This Question:

If Hepatitis = Yes

You indicate that a doctor has informed you that you have hepatitis (any type) please specify approximate age at diagnosis and if you are currently being treated for the condition:

	Approximate	Are you currently being treated?	
	Age at diagnosis?	Yes	No
Hepatitis (any type)		○	○

Display This Question:

If High Cholesterol = Yes

You indicate that a doctor has informed you that you have high cholesterol, please specify approximate age at diagnosis and if you are currently being treated for the condition:

	Approximate	Are you currently being treated?	
	Age at diagnosis?	Yes	No
High cholesterol		○	○

Display This Question:

If HIV = Yes

You indicate that a doctor has informed you that you have HIV or AIDS, please specify approximate age at diagnosis and if you are currently being treated for the condition:

	Approximate	Are you currently being treated?	
	Age at diagnosis?	Yes	No
HIV or AIDS		○	○

Display This Question:

If Hypertension = Yes

You indicate that a doctor has informed you that you have hypertension (high blood pressure, please specify approximate age at diagnosis and if you are currently being treated for the condition:

	Approximate	Are you currently being treated?	
	Age at diagnosis?	Yes	No
Hypertension (high blood pressure)		○	○

Display This Question:

If Lupus = Yes

You indicate that a doctor has informed you that you have Lupus (systemic lupus erythermatosus), please specify approximate age at diagnosis and if you are currently being treated for the condition:

	Approximate	Are you currently being treated?	
	Age at diagnosis?	Yes	No
Lupus (systemic lupus erythermatosus)		○	○

Display This Question:

If Osteoporosis = Yes

You indicate that a doctor has informed you that you have osteoporosis, please specify approximate age at diagnosis and if you are currently being treated for the condition:

	Approximate	Are you currently being treated?	
	Age at diagnosis?	Yes	No
Osteoporosis		○	○

Display This Question:

If PVD = Yes

You indicate that a doctor has informed you that you have peripheral vascular disease, please specify approximate age at diagnosis and if you are currently being treated for the condition:

	Approximate	Are you currently being treated?	
	Age at diagnosis?	Yes	No
Peripheral vascular disease		○	○

Display This Question:

If Stroke = Yes

You indicate that a doctor has informed you that you have had a stroke, please specify approximate age of diagnosis and if you are currently being treated for the condition:

	Approximate	Are you currently being treated?	
	Age at diagnosis?	Yes	No
Stroke		○	○

Display This Question:

If Thyroid problem = Yes

You indicate that a doctor has informed you that you have had a thyroid problem, please specify type of thyroid problem, approximate age and if you are currently being treated for the condition:

	Approximate	Are you currently being treated?		Specify
	Age at diagnosis?	Yes	No	location:
Thyroid problem		○	○	

Display This Question:

If Other = Yes

You indicate that a doctor has informed you that you another medical condition, please specify condition, approximate age and if you are currently being treated for the condition:

	Approximate	Are you currently being treated?		Specify
	Age at diagnosis?	Yes	No	condition:
Other medical condition 1		○	○	
Other medical condition 2		○	○	
Other medical condition 3		○	○	

End of Block: Medical History

Start of Block: Family History of Cancer

Next, we would like to know a little about your family and about their history of cancer.

How many biological sisters do you have? (Please include both full and half-sisters)

▼ 0 (0) ... 8 or more (8)

How many biological brothers do you have? (Please include both full and half -brothers)

▼ 0 (0) ... 8 or more (8)

How many biological daughters do you have?

▼ 0 (0) ... 8 or more (8)

How many biological sons do you have?

▼ 0 (0) ... 8 or more (8)

Have any of your female relatives ever been diagnosed with cancer?

For female relatives, please answer about your biological mother, grandmothers, full-blood sisters and daughters. Please do not include half-sisters, aunts, cousins or nieces for this item.

- ○ Yes (1)
- ○ No (2)
- ○ Don't Know (98)

With respect to your female relatives diagnosed with cancer, please indicate in the table below, 1) their relationship to you; 2) the type of cancer they were diagnosed with; and 3) their approximate age at diagnosis.

Please only include responses for your biological mother, grandmothers, full-blood sisters (sisters who share both of your same biological parents) and biological daughters.

	Relationship to you	Type of cancer	Approximate age at diagnosis
	(e.g. mother, sister, daughter)	(e.g. breast, colon, lung)	(in years)
Relative 1			
Relative 2			
Relative 3			
Relative 4			
Relative 5			
Relative 6			

Have any of your male relatives ever been diagnosed with cancer?

For male relatives, please answer about your biological father, grandfathers, full-blood brothers and sons. Please do not include half-brothers, uncles, cousins or nephews for this item.

- ○ Yes (1)
- ○ No (2)
- ○ Don't Know (98)

With respect to your male relatives diagnosed with cancer, please indicate in the table below, 1) their relationship to you; 2) the type of cancer they were diagnosed with; and 3) their approximate age at diagnosis.

Please only include responses for your biological father, grandfathers, full-blood brothers (brothers who share both of your same biological parents), and biological sons.

	Relationship to you	Type of cancer	Approximate age at diagnosis
	(e.g. father, brother, son)	(e.g. prostate, colon, lung)	(in years)
Relative 1			
Relative 2			
Relative 3			
Relative 4			
Relative 5			
Relative 6			

End of Block: Family History of Cancer

Start of Block: Health Behavior - Physicial Activity

The next section asks about your health behaviors including physical activity, tobacco use and alcohol use.

In the past 4 weeks, did you participate in any physical activity to improve or maintain your physical fitness? Physical activity can include any activity that increases your heart rate, such as walking, jogging, yard work, shoveling snow, etc.

- ○ Yes
- ○ No

Vigorous activities are those during which you can only say a few words without stopping to catch your breath. Examples of vigorous activities include aerobic dance or fast dancing; jumping rope; race walking, jogging, or running; swimming laps; tennis; heavy yard work; or any other activity that causes large increases in breathing or heart rate. In the past 4 weeks, did you get regular vigorous exercise (that is, at least once a week) through activities such as running, aerobics, heavy yard work, tennis, or any other activity that causes large increases in breathing or heart rate?

- ○ Yes
- ○ No

Skip To: Q6.6 If Q6.3 = 2

In the past 4 weeks, how many times each week did you do vigorous activities on average?

- ○ Once
- ○ 2-4 times
- ○ 5-6 times
- ○ 7 times or more

When you did vigorous activities in the past 4 weeks, how many minutes did you do each time on average?

- ○ Less than 10 minutes
- ○ 10-19 minutes
- ○ 20-29 minutes
- ○ 30-44 minutes
- ○ 45-59 minutes
- ○ 60 minutes or more

Moderate activities are those during which you can talk but you can't sing. Examples of moderate activities include walking briskly; biking on level ground or with few hills; playing golf; ballroom or line dancing; general gardening; using a manual wheelchair; or any other activity that causes small increases in breathing or heart rate.

In the past 4 weeks did you do any moderate activities at least once a week?

- ○ Yes
- ○ No

In the past 4 weeks, how many times each week did you do moderate activities on average?

- ○ Once
- ○ 2-4 times
- ○ 5-6 times
- ○ 7 or more times

When you did moderate activities in the past 4 weeks, how many minutes did you do them each time on average?

- Under 10 minutes
- 10-19 minutes
- 20-29 minutes
- 30-44 minutes
- 45-59 minutes
- 60 minutes or more

End of Block: Health Behavior - Physicial Activity

Start of Block: Health Behaviors - Diet

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

During the past month, how many servings of fruit such as a medium apple or banana or 1 cup of grapes or berries did you eat per day? Do not count juices.

- None, or less than 1 per day
- 1 per day
- 2 per day
- 3 per day
- 4 per day
- 5 or more per day

During the past month, how many servings of vegetables like green salad, green beans, tomatoes, carrots, onions, or broccoli did you eat per day? (A serving is one cup of vegetables

such as broccoli or carrots or cooked greens, or 2 cups of raw leafy greens such as lettuce or spinach). Do not count fried potatoes.

- ○ None, or less than 1 per day
- ○ 1 per day
- ○ 2 per day
- ○ 3 per day
- ○ 4 per day
- ○ 5 or more per day

In the past month, how often did you eat processed meat, such as ham, bologna, salami, hot dogs, bacon or sausage?

- ○ Never, or less than once per week
- ○ 1-3 times per week
- ○ 4-6 times per week
- ○ Once per day
- ○ More than once per day

In the past month, how often did you eat other red meat, such as steak, hamburger, pork, lamb, alone or in other dishes such as sandwiches, pasta or pizza?

- ○ Never, or less than once per week
- ○ 1-3 times per week
- ○ 4-6 times per week
- ○ Once per day
- ○ More than once per day

In the past month, how often did you have a serving of regular soda or pop that contains sugar? (A serving is the same as a 12 oz can of soda). Do not include diet soda.

- Never, or less than once per week
- 1-3 times per week
- 4-6 times per week
- Once per day
- More than once per day

In the past month, how often did you eat fast food such as McDonald's, KFC or Taco Bell?

- Never, or less than once per week
- 1-3 times per week
- 4-6 times per week
- Once per day
- More than once per day

In the past month, how often did you eat sweets or desserts such a cookies, cake, pie or ice cream?

- Never, or less than once per week
- 1-3 times per week
- 4-6 times per week
- Once per day
- More than once per day

End of Block: Health Behaviors - Diet

Start of Block: Health Behaviors - Tobacco

The next items ask about cigarette smoking. Please think about cigarette smoke only, and do not include the smoke from a pipe or cigars.

Have you smoked at least 100 cigarettes in your life?

- ○ Yes
- ○ No

How old were you when you first started smoking cigarettes?

- ○ Age in years _____

Did you smoke cigarettes at the time you were first diagnosed with ${e://Field/CancerSite} cancer?

- ○ Yes, I smoked daily
- ○ Yes, I smoked some days
- ○ No, I did not smoke at the time of my cancer diagnosis

Do you currently smoke cigarettes on a regular basis? Regular is defined as at least one cigarette a day for the last month.

- ○ Yes
- ○ No

How old were you when you last smoked cigarettes on a regular basis?

- ○ Age in years _____

For how many total years have you regularly smoked cigarettes?

- ○ # of years _____

Do you live in the same household with someone who smokes cigarettes regularly while in your presence?

- Yes
- No

Have you ever smoked electronic cigarettes (e-cigarette)?

- Yes
- No

Do you currently smoke e-cigarettes?

- Yes
- No

End of Block: Health Behaviors - Tobacco

Start of Block: Health Behaviors - Alcohol

These next items will ask about your recent alcohol consumption over the past month or approximately 4 weeks.

In the past month, have you consumed alcoholic beverages such as beer, wine, or liquor?

- Yes
- No

In the past month, how many of each type of alcoholic beverage did you consume per week, on average?

	Number of times per
	week?
5 oz. glasses of wine	
12 oz. cans or bottles of beer	
1.5 oz. shots of liquor (such as whiskey, gin, vodka; straight or mixed)	
8 oz. malt liquor	

End of Block: Health Behaviors - Alcohol

Start of Block: Vitamins and Pain Medications

Q10.1 The next items ask about your use of vitamins, supplements and medications.

Do you currently take a daily multi-vitamin?

- ○ Yes
- ○ No

Do you currently take any other vitamin or supplement daily?

- ○ Yes, Please specify on the next page
- ○ No

Skip To: Q10.5 If Q10.3 = 2

What other vitamin or supplement do you currently take daily? Please check all that apply:

- ☐ Stress-tabs or B-Complex
- ☐ Antioxidant combination
- ☐ Vitamin A
- ☐ Vitamin C
- ☐ Vitamin D
- ☐ Vitamin E
- ☐ Calcium
- ☐ Other vitamin(s) or supplement(s) (Please specify):

_____

In the past year, have you taken any of the following medications at least once a week for at least one month?

Please check all that apply and indicate the number of months and days per week for each.

	Did you take?	Days per week?			
	Yes	3 days a week or less	4-6 days a week	7 days a week	For how many months?

Acetaminophen (such as Tylenol or Aspirin-free Excedrin)	○	○	○	○	
Aspirin (such as Anacin, Bufferin, Alka-Seltzer, Bayer, or Excedrin) baby or low-dose aspirin (81mg)	○	○	○	○	
Ibuprofen (such as Advil, Motrin, Nuprin, or Mediprin)	○	○	○	○	
Naproxen (such as Aleve, Naprosyn, Anaprox, or Naprelan)	○	○	○	○	
Other pain relievers (such as piroxicam or indomethacin)	○	○	○	○	
Fiber products (such as Metamucil, Citrucel, FiberCon, or Fiberall)	○	○	○	○	

End of Block: Vitamins and Pain Medications

Start of Block: FACT - General All Sites

Below is a list of statements about physical, social, emotional, and functional well-being that other cancer patients and survivors have said are important.

Please mark one response per line as it applies to the past 7 days.

Physical well-being

	Not at all	A little bit	Some what	Quite a bit	Very much
I have a lack of energy	○	○	○	○	○
I have nausea	○	○	○	○	○
Because of my physical condition, I have trouble meeting the needs of my family	○	○	○	○	○
I have pain	○	○	○	○	○
I am bothered by side effects of treatment	○	○	○	○	○
I feel ill	○	○	○	○	○
I am forced to spend time in bed	○	○	○	○	○

Social/family well-being

	Not at all	A little bit	Some what	Quite a bit	Very much
I feel close to my friends	○	○	○	○	○
I get emotional support from my family	○	○	○	○	○
I get support from my friends	○	○	○	○	○
My family has accepted my illness	○	○	○	○	○
I am satisfied with family communication about my illness	○	○	○	○	○
I feel close to my partner (or the person who is my main support)	○	○	○	○	○

Regardless of your current level of sexual activity, please answer the following question. If you prefer not to answer it, please check 'Prefer not to answer'.

	Not at all	A little bit	Some what	Quite a bit	Very much	Prefer not to Answer
I am satisfied with my sex life	○	○	○	○	○	○

Emotional well-being

	Not at all	A little bit	Some what	Quite a bit	Very much
I feel sad	○	○	○	○	○
I am satisfied with how I am coping with my illness	○	○	○	○	○
I am losing hope in the fight against my illness	○	○	○	○	○
I feel nervous	○	○	○	○	○
I worry about dying	○	○	○	○	○
I worry that my condition will get worse	○	○	○	○	○

Functional well-being

	Not at all	A little bit	Some what	Quite a bit	Very much
I am able to work (include work at home)	○	○	○	○	○
My work (include work at home) is fulfiling	○	○	○	○	○
I am able to enjoy life	○	○	○	○	○
I have accepted my illness	○	○	○	○	○
I am sleeping well	○	○	○	○	○
I am enjoying the things I usually do for fun	○	○	○	○	○
I am content with the quality of my life right now	○	○	○	○	○

End of Block: FACT - General All Sites

Start of Block: FACT - Breast

Display This Question:

If CancerSite = breast

Q12.1 Below is a list of statements relating to issues that other breast cancer patients and survivors have said are important.

Please mark one response per line as it applies to the **past 7 days**.

	Not at all	A little bit	Some what	Quite a bit	Very much
I have been short of breath	○	○	○	○	○
I am self-conscious about the way I dress	○	○	○	○	○
One or both of my arms are swollen or tender	○	○	○	○	○
I feel sexually attractive	○	○	○	○	○
I am bothered by hair loss	○	○	○	○	○
I worry that other members of my family might someday get the same illness I have	○	○	○	○	○
I worry about the effect of stress on my illness	○	○	○	○	○
I am bothered by a change in weight	○	○	○	○	○
I am able to feel like a woman	○	○	○	○	○
I have certain parts of my body where I experience pain	○	○	○	○	○

End of Block: FACT - Breast

Start of Block: FACT - Prostate

Display This Question:

If CancerSite = prostate

Below is a list of statements relating to issues that other prostate cancer patients and survivors have said are important.

Please mark one response per line as it applies to the **past 7 days**.

	Not at all	A little bit	Some what	Quite a bit	Very much
I am losing weight	○	○	○	○	○
I have a good appetite	○	○	○	○	○
I have aches and pains that bother me	○	○	○	○	○
I have certain parts of my body where I experience pain	○	○	○	○	○
My pain keeps me from doing things I want to do	○	○	○	○	○
I am satisfied with my present comfort level	○	○	○	○	○
I am able to feel like a man	○	○	○	○	○
I have trouble moving my bowels	○	○	○	○	○
I have difficulty urinating	○	○	○	○	○
I urinate more frequently than usual	○	○	○	○	○
My problems with urinating limit my activities	○	○	○	○	○
I am able to have and maintain an erection	○	○	○	○	○

End of Block: FACT - Prostate

Start of Block: FACT - Colorectal

Display This Question:

If CancerSite = colorectal

Below is a list of statements relating to issues that other colorectal cancer patients and survivors have said are important.

Please mark one response per line as it applies to the **past 7 days**.

	Not at all	A little bit	Some what	Quite a bit	Very much
I have swelling or cramps in my stomach area	○	○	○	○	○
I am losing weight	○	○	○	○	○
I have control of my bowels	○	○	○	○	○
I can digest my food well	○	○	○	○	○
I have diarrhea	○	○	○	○	○
I have a good appetite	○	○	○	○	○
I like the appearance of my body	○	○	○	○	○

Display This Question:

If CancerSite = colorectal

Do you have an ostomy appliance?

○ Yes

○ No

Skip To: End of Block If Ostomy = No

Display This Question:

If CancerSite = colorectal

The next two items are about your ostomy appliance. Please mark one response per line.

	Not at all	A little bit	Somewhat	Quite a bit	Very much
I am embarrassed by my ostomy appliance	○	○	○	○	○
Caring for my ostomy appliance is difficult	○	○	○	○	○

End of Block: FACT - Colorectal

Start of Block: FACT - Lung

Display This Question:

If CancerSite = lung

Below is a list of statements relating to issues that other lung cancer patients and survivors have said are important.

Please mark one response per line as it applies to the **past 7 days**.

	Not at all	A little bit	Some-what	Quite a bit	Very much
I have been short of breath	○	○	○	○	○
I am losing weight	○	○	○	○	○
My thinking is clear	○	○	○	○	○
I have been coughing	○	○	○	○	○
I am bothered by hair loss	○	○	○	○	○
I have a good appetite	○	○	○	○	○
I feel tightness in my chest	○	○	○	○	○
Breathing is hard for me	○	○	○	○	○

Display This Question:

If Smoking history = yes

And CancerSite = lung

I regret my smoking

- ○ Not at all
- ○ A little bit
- ○ Somewhat
- ○ Quite a bit
- ○ Very much

End of Block: FACT - Lung

Start of Block: PROMIS-29 Profile v2.0 - Anxiety, Depression, Pain, Fatigue & Function

Please respond to each question or statement by marking one answer per row.

	Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
Are you able to do chores such as vacuuming or yard work?	○	○	○	○	○
Are you able to go up and down stairs at a normal pace?	○	○	○	○	○
Are you able to go for a walk of at least 15 minutes?	○	○	○	○	○
Are you able to run errands and shop	○	○	○	○	○

The next several questions ask about your mental and emotional well-being, pain, fatigue and social interactions.

For each item, please select the one response per row that best reflects your experience in the past 7 days.

In the past 7 days...

	Never	Rarely	Sometimes	Often	Always
I felt fearful	○	○	○	○	○
I found it hard to focus on anything other than my anxiety	○	○	○	○	○
My worries overwhelmed me	○	○	○	○	○
I felt uneasy	○	○	○	○	○

In the past 7 days...

	Never	Rarely	Sometimes	Often	Always
I felt worthless	○	○	○	○	○
I felt helpless	○	○	○	○	○
I felt depressed	○	○	○	○	○
I felt hopeless	○	○	○	○	○

In the past 7 days…

	Not at all	A little bit	Some what	Quite a bit	Very much
I felt fatigued	○	○	○	○	○
I had trouble starting things because I am tired	○	○	○	○	○
How run-down did you feel on average?	○	○	○	○	○
How fatigued were you on average?	○	○	○	○	○

In the past 7 days...

	Not at all	A little bit	Some what	Quite a bit	Very much
How much did pain interfere with your day to day activities?	○	○	○	○	○
How much did pain interfere with work around the home?	○	○	○	○	○
How much did pain interfere with your ability to participate in social activities?	○	○	○	○	○
How much did pain interfere with your household chores?	○	○	○	○	○

End of Block: PROMIS-29 Profile v2.0 - Anxiety, Depression, Pain, Fatigue & Function

Start of Block: PROMIS Social Support (emotional/instrumental) - Short Form 6a/4a

The next several items are about the social support you might get from people in your life.

Please respond to each question or statement by marking one answer per row.

	Never	Rarely	Sometimes	Usually	Always
I have someone who will listen to me when I need to talk	○	○	○	○	○
I have someone to confide in or talk to about myself or my problems	○	○	○	○	○
I have someone who makes me feel appreciated	○	○	○	○	○
I have someone to talk to when I have a bad day	○	○	○	○	○
I have someone who understands my problems	○	○	○	○	○
I have someone I trust to talk with about my feelings	○	○	○	○	○

Please respond to each question by marking one answer per row.

	Never	Rarely	Sometimes	Usually	Always
Do you have someone to help you if you are confined to bed?	○	○	○	○	○
Do you have someone to take you to the doctor if you need it?	○	○	○	○	○
Do you have someone to help with your daily chores if you are sick?	○	○	○	○	○
Do you have someone to run errands if you need it?	○	○	○	○	○

End of Block: PROMIS Social Support (emotional/instrumental) - Short Form 6a/4a

Start of Block: PROMIS Social Isolation - Short Form 4a

The next several items are about your feelings of connection to others.

Please respond to each statement by marking one answer per row.

	Never	Rarely	Sometimes	Usually	Always
I feel left out.	○	○	○	○	○
I feel that people barely know me.	○	○	○	○	○
I feel isolated from others.	○	○	○	○	○
I feel that people are around me but not with me.	○	○	○	○	○

End of Block: PROMIS Social Isolation - Short Form 4a

Start of Block: Cancer Treatment

Q19.1 The next few items ask about treatment for your ${e://Field/CancerSite} cancer and other cancer diagnoses.

Have you ever had surgery for your ${e://Field/CancerSite} cancer?

- ○ Yes
- ○ No

Have you ever had chemotherapy for your cancer (oral or IV)?

- ○ Yes
- ○ No

Have you ever had radiation for your ${e://Field/CancerSite} cancer?

- ○ Yes
- ○ No

Did you complete treatment for your initial diagnosis of ${e://Field/CancerSite} cancer?

- ○ Yes
- ○ No
- ○ Still in Treatment

Have you ever been diagnosed with another cancer other than ${e://Field/CancerSite} cancer?

- ○ Yes
- ○ No

Skip To: End of Block If Other Cancer = No

Please indicate the type(s) of cancer (e.g. bladder cancer) and approximate month and year of diagnosis.

	Cancer Type	Month of diagnosis	Year of diagnosis
	(ex: bladder cancer)	(ex: May = 05)	(ex: 2014)

Cancer diagnosis 1			
Cancer diagnosis 2			
Cancer diagnosis 3			

End of Block: Cancer Treatment

Start of Block: Surveillance

Display This Question:

If Sex = Female

Have you had any of the following screening tests for cancer?

Please indicate if you have ever had this type of test or screening and then indicate if you completed each test in the past 12 months.

	Have you ever had? (in your whole life)		Have you had in the past 12 months?	
	Yes	No	Yes	No
Mammogram	○	○	○	○
Pap Smear	○	○	○	○
Pelvic Exam	○	○	○	○
Fecal Occult Blood Test	○	○	○	○
Sigmoidoscopy	○	○	○	○
Colonoscopy	○	○	○	○
Virtual Colonoscopy	○	○	○	○
CT scan (computerized tomography or CAT scan (computerized axial tomography)	○	○	○	○
Physical examination	○	○	○	○
Biopsy of any kind (Please describe):	○	○	○	○

Display This Question:

If Sex = Male

Have you had any of the following screening tests for cancer?

Please indicate if you have ever had this type of test or screening and then indicate if you completed each test in the past 12 months.

	Have you had in the past 12 months?		Have you ever had? (in your whole life)	
	Yes	No	Yes	No
PSA (Prostate Specific Antigen)	○	○	○	○
DRE (Digital Rectal Exam)	○	○	○	○
Fecal Occult Blood Test	○	○	○	○
Sigmoidoscopy	○	○	○	○
Colonoscopy	○	○	○	○
Virtual Colonoscopy	○	○	○	○
CT scan (computerized tomography or CAT scan (computerized axial tomography)	○	○	○	○
Physical examination	○	○	○	○
Biopsy of any kind (Please describe):	○	○	○	○

End of Block: Surveillance

Start of Block: Treatment Summary and Follow-up Care Plan

In this next section, we will ask you information about your follow-up care you may or may not have received from your oncologists or anyone one on your cancer treatment team. Even though you may have received the information from another source, please only answer in terms of your treating oncologists or members of your treatment team.

At the completion of your cancer treatment, did you receive a **written summary** from your doctor(s) that included details of the treatment you had received and provided other important details regarding your cancer care? (It may have been referred to as a Survivor Care Plan, or something like that).

- ○ Yes
- ○ No
- ○ Don't know/not sure
- ○ Still in Treatment

At what point did you receive this summary?

- ○ Before completing treatment
- ○ On the last day of treatment
- ○ Within one month after completing treatment
- ○ 1-3 months after completing treatment
- ○ 3-6 months after completing treatment
- ○ 6-12 months after completing treatment
- ○ More than 12 months after completing treatment

Have you ever gone back to review that summary?

- ○ Yes
- ○ No

At the completion of your cancer treatment, did you receive a written follow-up plan from your doctor(s) that discussed things you should consider for the future, such as what type of follow-up care and testing you should receive and when; or information about legal, financial, psychological, and social issues and services? (It may have been referred to as a Survivor Care Plan, or something similar).

- ○ Yes
- ○ No
- ○ Don't know/not sure

Have you ever gone back to review that follow-up plan?

- ○ Yes
- ○ No

At what point after the end of your treatment did you receive this summary?

- ○ Before completing treatment
- ○ On the last day of treatment
- ○ Within one month after completing treatment
- ○ 1-3 months after completing treatment
- ○ 3-6 months after completing treatment
- ○ 6-12 months after completing treatment
- ○ More than 12 months after completing treatment

End of Block: Treatment Summary and Follow-up Care Plan

Start of Block: CaSUN (Unmet needs)

Information needs & medical care issues: The next few questions ask about your current need for information and your experience of medical care.

Please mark the one response per line that best indicates how you felt in the **past month**.

	NO UNMET NEED		NEED IS CURRENTLY UNMET How strong is your need?		
	No need, or is not applicable	Have need, but need is met	Weak	Moderate	Strong

I need up to date information	○	○	○	○	○
My family and/or partner needs information relevant to them	○	○	○	○	○
I need information provided in a way that I can understand	○	○	○	○	○
I need the very best medical care	○	○	○	○	○
I need local health care services that are available when I require them	○	○	○	○	○
I need to feel like I am managing my health together with the medical team	○	○	○	○	○
I need to know that all my doctors talk to each other to coordinate my care	○	○	○	○	○
I need any complaints regarding my care to be properly addressed	○	○	○	○	○
I need access to complementary and/or alternative therapy services	○	○	○	○	○

The next few questions ask about the impact that cancer has had on various areas of your life, including your health and daily activities.

Please mark the one response per line that best indicates how you felt in the **past month**.

	NO UNMET NEED		NEED IS CURRENTLY UNMET How strong is your need?		
	No need, or is not applicable	Have need, but need is met	Weak	Moderate	Strong

I need help to reduce stress in my life	○	○	○	○	○
I need help to manage ongoing side effects and/or complications of treatment	○	○	○	○	○
I need help to adjust to changes in my quality of life as a result of my cancer	○	○	○	○	○
I need help with having a family due to fertility problems	○	○	○	○	○
I need assistance with getting and/or maintaining employment	○	○	○	○	○
I need help in find out about financial support and/or government benefits to which I am entitled	○	○	○	○	○
Due to my cancer, I need help getting life and/or travel insurance	○	○	○	○	○
I need more accessible hospital parking	○	○	○	○	○

These next few questions ask about your emotional responses to surviving cancer, and the impact that cancer has had on your personal relationships.

Please mark the one response per line that best indicates how you felt in the **past month**.

	NO UNMET NEED		NEED IS CURRENTLY UNMET How strong is your need?		
	No need, or is not applicable	Have need, but need is met	Weak	Moderate	Strong

I need help to manage my concerns about the cancer coming back	○	○	○	○	○
I need emotional support to be provided to me	○	○	○	○	○
I need help to know how to support my partner and/or family	○	○	○	○	○
I need help to deal with the impact that cancer has had on my relationship with my partner	○	○	○	○	○
I need help with developing new relationships after my cancer	○	○	○	○	○
I need to talk to others who have experienced cancer	○	○	○	○	○
I need help to handle the topic of cancer in social and/or work situations	○	○	○	○	○
I need help to adjust to changes to the way I feel about my body	○	○	○	○	○
I need help to address problems with my/our sex life	○	○	○	○	○
I need an ongoing case manager to whom I can go to find out about services whenever they are needed	○	○	○	○	○

Sometimes survivors of cancer report that their cancer experience has changed the way they view their lives and the future. These next few questions ask about these issues.

Please mark the one response per line that best indicates how you felt in the **past month**.

	NO UNMET NEED		NEED IS CURRENTLY UNMET How strong is your need?		
	No need, or is not applicable	Have need, but need is met	Weak	Moderate	Strong
I need help to move on with my life	○	○	○	○	○
I need help to cope with changes to my belief that nothing bad will ever happen in my life	○	○	○	○	○
I need help to cope with others not acknowledging the impact that cancer has had on my life	○	○	○	○	○
I need help to deal with my own and/or others expectations of me as a "cancer survivor"	○	○	○	○	○
I need help to try to make decisions about my life in the context of uncertainty	○	○	○	○	○
I need help to explore my spiritual beliefs	○	○	○	○	○
I need help to make my life count	○	○	○	○	○

If you would like, please list any other needs that you have experienced in the last month:

_____

_____

_____

_____

_____

End of Block: CaSUN (Unmet needs)

Start of Block: Financial/Household Demographics

What was your household income last year (before taxes)?

- ○ Less than $20,000
- ○ $20,000 - $39,999
- ○ $40,000 - $59,999
- ○ $60,000 - $79,999
- ○ $80,000 or more

How many children under age 18 live in your household?

_____

How many adults (ages 18 and older) live in your household? Please include yourself.

_____

How long have you lived at your current address?

- ○ Years _____
- ○ Months _____

End of Block: Financial/Household Demographics

Start of Block: Financial Hardship & Access to Medical Care

Some cancer survivors have faced changes to their health insurance status and financial well-being after cancer diagnosis.

The following questions ask about your health insurance coverage and about the financial impact of your ${e://Field/CancerSite} cancer diagnosis.

What kind of health insurance do you currently have?

- ○ Medicare only
- ○ Medicare plus other insurance
- ○ Private insurance through my or my partner's employer
- ○ Private insurance that I purchased on my own (not through an employer)
- ○ VA
- ○ Medicaid
- ○ I do not have insurance
- ○ Other (Please specify): _____

Where do you typically go for your own health care?

- ○ Primary Care Doctor
- ○ Specialist
- ○ Emergency Room
- ○ Walk-in/Ambulatory Clinic
- ○ Don't know

Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

- ○ Yes
- ○ No

In order to pay bills related to your ${e://Field/CancerSite} cancer treatment, have you had to do any of the following (Select all that apply):

- ☐ Refinancing/second mortgage on your home
- ☐ Sell your home
- ☐ Sell stocks or other investments
- ☐ Withdraw money from retirement savings
- ☐ Withdraw money from savings accounts
- ☐ Other (Please specify): _____
- ☐ None of the above

Did your income go down since your cancer diagnosis? If so, by how much?

- ○ Income did not change
- ○ 1% to 10% decrease
- ○ 11% to 20% decrease
- ○ 21% to 30% decrease
- ○ 31% to 50% decrease
- ○ More than 50% decrease
- ○ Other (Please specify): _____

Have you or any member of your household had to borrow money from other friends or family members to help pay for your cancer treatment?

- ○ Yes
- ○ No

Are you currently in debt due to expenses related to your ${e://Field/CancerSite} cancer treatment?

- ○ Yes
- ○ No

Did you ever turn down treatments (chemotherapy, radiation, pain medications, anti-nausea medications, anti-diarrhea medications, or other recommended cancer treatments) because you were concerned about the cost?

- ○ Yes
- ○ No

Did you ever skip doses of prescribed medication in order to save money?

- ○ Yes
- ○ No

End of Block: Financial Hardship & Access to Medical Care

Start of Block: Wrapup

Please select which one $25.00 gift card you would like to receive as a thank you for your time:

- ○ CVS
- ○ Meijer
- ○ Target

Please enter your preferred contact information and the mailing address where you would like the gift card sent. If available, please also include the best email address and number(s) on which to reach you, in case there is a problem with the gift card delivery. The saliva collection kit for the second part of the study and future correspondence will also be mailed to this address.

- ○ Address _____
- ○ Address 2 _____
- ○ City _____
- ○ State _____
- ○ Postal Code _____
- ○ Country _____

	Click to enter phone number	Type			
	Number	Home	Cell	Work	Other
Phone Number:		○	○	○	○
Alternative Phone Number:		○	○	○	○

Q25.4 Email Address

_____

Display This Question:

If If With respect to your male relatives diagnosed with cancer, please indicate in the table below, 1)... Relative 1 - Type of cancer - (e.g. prostate, colon, lung) Is Equal to prostate

Fam 1st Based on your survey responses you may be eligible for another Wayne State University research study on the family history of cancer. This new study is enrolling breast cancer survivors and their family members (Fathers, grandfathers, siblings and children), who were diagnosed with prostate cancer. The study involves asking your family member if they would like to take a 15 minute survey online or over the phone and donate either a blood sample in person or a saliva sample by mail. You and your family member(s) will be

compensated for your time should you choose to participate. Can we contact you about this research opportunity?

- ○ Yes
- ○ No

Thank you for completing our survey. Please share any feedback or additional information you feel is important in the box below.

_____

_____

_____

_____

_____

Thank you for your participation in part one of this study!

Your gift card will be mailed to you within 1-2 weeks along with a saliva kit and a specimen collection form. If you choose to participate in the second part of the study by providing a saliva sample with the signed consent form you will receive a second $25 gift card.

End of Block: Wrapup

Start of Block: Survey Intro