**Edge Research for NCCS**

**Cancer Survivorship 2021 Survey**

**DRAFT: 4/20/21**

|  |  |
| --- | --- |
| Sources | Desired Total Completes |
| * Commercial online panel | * Adult cancer patients/survivors, N=1000 * Oversample of n=100 Stage 4/Metastatic Cancer Patients |
| * NCCS List: Outreach through email list and other channels | * Adult cancer patients/survivors, N @ 400-500, based on 2020 response rates |

NOTE: ALL ADDITIONS, DELETIONS, AND/OR OTHER CHANGES ARE HIGHLIGHTED IN YELLOW. (KEPT QUESTION NUMBERS THE SAME UNLESS NOTED)

**SCREENING QUESTIONS AND CHARACTERISTICS**

***Objectives:*** *Make sure the appropriate audience takes the survey. Collect key characteristics of survey respondents for profiling and subgroup analysis.*

**INTRO FOR NCCS LIST ONLY (ONLINE PANEL WILL BE BLIND):** The purpose of this survey is to better understand the needs and experiences of cancer survivors. This survey is being conducted by Edge Research on behalf of the National Coalition for Cancer Survivorship (NCCS). Many of the questions will be about your experiences during and after cancer treatment, and your feedback will help inform NCCS’ services and outreach. This survey is for research purposes only. Your information and opinions are confidential. Nothing you say will be attached to your name, and your responses will only be reported together with the responses of others. The survey should take about 15 minutes to complete.

1. Are you willing to take this survey?

1 Yes

2 No **TERMINATE AND PROCEED TO THANK YOU PAGE**

1. Please indicate your age:

**NUMERIC ENTRY FIELD ALLOWING 0-99**

**OPTION FOR “Prefer not to say”**

**TERMINATE if under 18**

**ASK IF “PREFER NOT TO SAY” ABOVE**

1A. You must be 18 years of age or older to complete this survey. Are you:

1 Under 18 years old **THANK AND TERM**

2 18 years of age or older **CONTINUE TO SURVEY**

3 Prefer not to say **THANK AND TERM**

**[ASK IF SOURCE: NCCS LIST]**

1. Have you ever been diagnosed with cancer?
   1. Yes
   2. No **THANK AND TERM**
   3. Prefer not to say **THANK AND TERM**

**[ASK IF SOURCE: ONLINE PANEL]**

2a. Have you ever been diagnosed with any of the following conditions?

**RANDOMIZE**

1. Cancer **CONTINUE. TERMINATE IF DON’T SELECT**
2. Heart disease
3. Diabetes
4. Arthritis
5. What type of cancer(s) did, or do, you have? *Select all that apply.* 
   1. Bladder Cancer
   2. Bone Cancer
   3. Brain Tumor
   4. Breast Cancer
   5. Cervical Cancer
   6. Colorectal Cancer
   7. Endometrial Cancer
   8. Esophageal Cancer
   9. Gastric Cancer
   10. Kidney Cancer
   11. Leukemia
   12. Liver Cancer
   13. Lung Cancer
   14. Lymphoma - Hodgkin's
   15. Lymphoma - Non-Hodgkin's
   16. Melanoma
   17. Multiple Myeloma
   18. Oral Cancer
   19. Osteosarcoma
   20. Ovarian Cancer
   21. Pancreatic Cancer
   22. Prostate Cancer
   23. Renal Cell Carcinoma
   24. Sarcoma
   25. Skin Cancer **TERMINATE IF ONLY SELECTED**
   26. Stomach Cancer
   27. Testicular Cancer
   28. Thyroid Cancer
   29. Uterine (Endometrial) Cancer
   30. Other specify:\_\_\_\_\_\_\_
6. At what age were you first diagnosed with cancer?

**NUMERIC ENTRY FIELD ALLOWING 0-99**

**OPTION FOR “Don’t know/Not sure”**

1. At **diagnosis**, did the doctor discuss the stage of your cancer? Was it…
   1. Stage I
   2. Stage II
   3. Stage III
   4. Stage IV or Metastatic (cancer has spread to other organs)
   5. Stage was not discussed
   6. Not sure

**OVERSAMPLE OF N=100 STAGE IV/Metastatic Patients, Q5=4**

1. Which of the following applies to you? *Select one.*
2. I am currently receiving treatment for my initial cancer diagnosis
3. I am currently receiving treatment for cancer that has recurred
4. I have completed treatment and/or am not currently in active treatment for cancer
5. Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TERMINATE**

1X. When did you complete your most recent treatment for cancer?

* 1. Still undergoing treatment for cancer
  2. Less than 6 months ago
  3. 6 months to less than one year ago
  4. 1-5 years ago
  5. 6-10 years ago
  6. More than 10 years ago
  7. Have not/never received treatment **TERMINATE**

1. Which of the following cancer treatment(s) have you undergone? Select all that apply.
2. Currently undergoing
3. In the past
4. Never **[EXCLUSIVE]**
5. Not sure/Don’t know **[EXCLUSIVE]**

**RANDOMIZE**

1. Surgery
2. Chemotherapy
3. Radiation therapy
4. Targeted drug therapy
5. Immunotherapy/immuno-oncology
6. Bone marrow transplant
7. Palliative/supportive care
8. Another treatment **[ANCHOR]**

**HQ\_Group1: Completed Treatment IF Q6=3 AND AT LEAST ONE Q7A-F=2**

**HQ\_Group2: In Treatment IF Q6=1 or 2 AND Q7A-F=1 FOR AT LEAST ONE**

**IF NOT GROUP 1 OR 2, THANK AND TERM**

7a. MOVED DOWN

1. Deleted in 2020 (note any “deleted” questions that are not highlighted in yellow were deleted in previous years)

**[WILL NEED TO SET QUOTAS ON PANEL SAMPLE]**

1. Do you describe yourself as a man, a woman, or in some other way?
   1. Man
   2. Woman
   3. Describe in some other way

**[WILL NEED TO SET QUOTAS ON PANEL SAMPLE]**

1. In which state do you live? [PULL DOWN MENU, INCLUDE PREFER NOT TO SAY]

**[WILL NEED TO SET QUOTAS ON PANEL SAMPLE]**

33a. Are you Hispanic, Latino or of Spanish descent?

1. Yes
2. No
3. Prefer not to say

33\_REVISED: To be sure we have a representative sample, which of the following categories describes your ethnic background/race?

Select all that apply.

1. White
2. Black/African-American
3. Asian/Pacific Islander
4. American Indian/Alaska Native
5. Other
6. Prefer not to say

**TREATMENT EXPERIENCES**

***Objectives:*** *Better understand the patient experience, including new questions around site of care, satisfaction with treatment, and quality of life.*

9a. Please think about your mindset and experiences as a cancer patient. For each set of statements, select the statement that describes you best, or if you are somewhere in the middle.

|  |  |  |
| --- | --- | --- |
| 1 | 2 | 3 |
| Describes Me | Somewhere in the middle | Describes Me |

[FIRST PAIR: INFORMATION]

1. I want/wanted to find out all I can/could about my cancer diagnosis and my treatment options.
2. I do not/didn’t want to think or read about cancer and hear about all of the bad things.

[SECOND PAIR: DECISIONS]

1. I am/was very involved in researching and deciding on the best treatment options for me.
2. I rely/relied on the doctor to decide on treatment options and chose the best course of action.

[THIRD PAIR: GOALS]

1. My focus is/was getting rid of the cancer no matter what.
2. My focus is/was on maintaining my quality of life as much as possible.

10X. [NEW] Where are you receiving/did you receive your cancer treatment? *Select all that apply.*    
**RANDOMIZE**

* 1. Community hospital and/or cancer center
  2. Academic medical center/teaching hospital (affiliated with a medical school at a university)
  3. Private cancer center (not affiliated with a hospital)
  4. Outpatient clinic
  5. Doctor’s office
  6. Home infusion/home health
  7. Other (please specify) **[ANCHOR]**
  8. Not sure **[ANCHOR. EXCLUSIVE.]**

10a. [NEW] What is the name of the place where you receive/ed your cancer treatment? [OPEN END, OPTIONAL]

10b. [NEW] There are many factors that may influence your choice of health care providers for your cancer treatment. Which were MOST important to you? Select up to 3.

RANDOMIZE

1. Convenience/location
2. Transportation
3. Cost
4. Insurance/in-network
5. Timeliness/ability to get an appointment quickly
6. Health care provider/s expert in my type of cancer
7. Reputation of health care provider/s
8. Referral/word of mouth
9. Ability to participate in a clinical trial
10. Recommendation of my doctor
11. Other, please specify\_\_\_\_\_\_\_\_\_\_ **[ANCHOR]**
12. I **DID NOT** have a choice of providers **[ANCHOR. EXCLUSIVE.]**
13. Not sure **[ANCHOR. EXCLUSIVE.]**

7a. [MOVED DOWN] At any point, did you participate in a clinical trial related to your cancer diagnosis?

* 1. Yes
  2. No
  3. Not sure

7b. [NEW] **If Q7a=2 OR 3** Did your health care team offer/discuss a clinical trial with you?

1. Yes
2. No
3. Not sure

10a. Which of the following health care providers are you seeing/did you see during your cancer treatment? *Select all that apply.*

**RANDOMIZE**

* 1. Primary care physician
  2. Oncologist
  3. Nurse/Nurse practitioner
  4. Patient navigator
  5. Care coordinator
  6. Social worker
  7. Psychologist or Psychiatrist
  8. Physical therapist
  9. Speech therapist
  10. Occupational therapist
  11. Rehabilitation specialist
  12. Home health aide
  13. Radiation oncologist
  14. Surgeon
  15. Nutritionist/dietician
  16. Palliative care
  17. Pain specialist
  18. Hematologist
  19. Other (please specify \_\_\_\_\_\_\_\_\_) **[ANCHOR]**
  20. None of these **[ANCHOR, EXCLUSIVE]**

**[ASK IF Q10A≠19]**

10b**.** How helpful are/were each of the following health care providers in aiding you during your treatment?

* 1. Very helpful
  2. Somewhat helpful
  3. Not helpful
  4. Not sure

**[INSERT ANY CARE TEAM MEMBERS SELECTED IN Q10a]**

10c. How well do/did your health care providers coordinate your care with one another]?

1. Very well
2. Somewhat well
3. Not well
4. Not sure/not applicable

10d. [NEW] How often do/did you have to share information from one health care provider with another provider, so they are/were informed about your cancer care?

1. All the time
2. Some of the time
3. Only a few times
4. Never
5. Not sure/not applicable

11a. [NEW] Overall, how would you rate your satisfaction with your cancer treatment and care?

1. Excellent
2. Good
3. Fair
4. Poor
5. Not sure/not applicable
6. Prefer not to say

11b. [NEW SHOW ON SAME PAGE AS 11a] In your own words, please tell us why you feel that way about your cancer treatment and care? **[PROGRAM FOR OPEN-END, OPTIONAL]**

11c. NEW: Thinking about your cancer treatment and care, how often did you feel like you could talk to your health care providers about any concerns related to your treatment and care?

1. Always
2. Most of the time
3. Some of the time
4. A little
5. Not at all

11d. NEW: Thinking about your cancer treatment and care, how often did you feel like your health care providers listened to and respected your questions and concerns?

1. Always
2. Most of the time
3. Some of the time
4. A little
5. Not at all

11e. [ON SAME PAGE AS 11D]: What made you feel that way? [Open End, optional]

1. Which of the following, if any, have you experienced during or following your treatment? *Select all that apply.*

**RANDOMIZE**

1. Skin irritation/rash, blisters, sunburns, or other dermatological problems
2. Nausea/vomiting or diarrhea
3. Fever/chills
4. Low blood pressure **[ALWAYS APPEAR WITH 11]**
5. Feeling overly tired
6. Muscle/joint pain
7. [REVISED] Depression, anxiety, and/or other mental health issues
8. Endocrine issues (e.g., thyroid issues, diabetes, pituitary gland)
9. Neuropathy (e.g., weakness, numbness, and pain from nerve damage, usually in the hands and feet)
10. Cardiac issues
11. High blood pressure **[ALWAYS APPEAR WITH 4]**
12. Memory loss, cognitive issues
13. Respiratory issues
14. Lymphedema (e.g., swelling in arm and/or leg)
15. Uncertainty around status of your cancer
16. Uncertainty around when to stop or how long to continue therapy
17. Weight loss
18. Loss of appetite and/or taste
19. Mouth sores

Sexual concerns (e.g., intimacy issues, loss of desire, painful intercourse, vaginal dryness, erectile dysfunction, etc.)

Insomnia/sleeplessness

Speech/language loss

Fertility issues

1. Other, please specify **[ANCHOR]**
2. None of the above **[ANCHOR. EXCLUSIVE]**
3. DELETED (Severity of each side effect)
4. DELETED

12a. How informed do/did you feel about the potential side effects from your cancer treatment?

1. Very informed
2. Somewhat informed
3. Not informed
4. Not sure

12b.DELETED

13a. **[ASK IF Q11=1-22]** How helpful is or was your health care team in addressing your side effects?

1. Very helpful
2. Somewhat helpful
3. Not helpful
4. Not sure

**[INSERT ANY SIDE EFFECTS EXPERIENCED IN Q11]**

1. DELETED (open end on wish you had known – can use qual)

**Understanding Post-Treatment Experiences**

***Objectives:*** *To better understand needs and experiences following cancer treatment.*

**[SKIP TO Q23, IF IN TREATMENT (Q6=1 or 2 AND Q7A-F=1 FOR AT LEAST ONE TYPE OF TREATMENT)]**

The next set of questions are about the transition from being treated for cancer to your post-treatment care.

1. DELETED TRANSITION SERIES 15-18
2. DELETED
3. DELETED
4. DELETED

REVISED: Who is the primary health care provider managing your post-treatment medical care?

1. Primary care provider
2. Oncologist
3. Other specialist, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Not sure/Don’t know
5. DELETED
6. Overall, how would you evaluate the **post-treatment medical care** you are currently receiving?
7. Excellent
8. Good
9. Fair
10. Poor
11. Not sure/not applicable
12. Prefer not to say

21a. DELETED

21b. [REVISED] Which of the following topics have your health care providers discussed with you regularly during your post-treatment care? *Select all that apply.*

**RANDOMIZE**

1. Your quality of life
2. Your physical function
3. How much pain is interfering with your daily life
4. How much fatigue is interfering on your daily life
5. Your cognitive function
6. The mental and emotional impact of your illness (e.g., anxiety, depression, etc.)
7. [NEW] Financial services/support
8. [NEW] Health insurance options
9. [NEW] Exercise and nutrition
10. [NEW] Access to support groups

[NEW] Your post-treatment survivorship care plan or next step summary

[NEW, IF Q5=4 Stage IV/Metastatic] Palliative care/support services

[NEW, IF Q5=4 Stage IV/Metastatic] Hospice Care

Fertility concerns

1. Other (please specify)
2. None of the above **[ANCHOR, EXCLUSIVE]**
3. DELETED (where get info)

21c. DELETED (survey)

1. Below are several issues and concerns that cancer patients and survivors might have. How concerned are you, personally, about each?
   1. Very concerned
   2. Somewhat concerned
   3. Not concerned
   4. Not sure/not applicable

**RANDOMIZE**

**[WILL NOT SEE CATEGORY NAMES IN LIVE SURVEY: PHYSICAL/HEALTH]**

1. Managing ongoing side effects from treatment
2. Having the energy to make it through the day
3. Maintaining a proper diet
4. Maintaining a healthy weight
5. Getting enough exercise
6. [NEW, IF Q5=4 Stage IV/Metastatic] Planning for end-of-life care

ff. [NEW] Managing appointments

**[ADHERENCE/INSURANCE]**

1. Managing all of your prescribed medications and other treatments
2. Visiting your doctor regularly

Getting/keeping health insurance

1. Getting/keeping disability insurance

Understanding the health insurance benefits available to you

**[EMOTIONAL/RELATIONSHIPS]**

1. Uncertainty about the future
2. Ability to maintain relationships with significant other, family and/or friends
3. Being there for your family and friends
4. Starting a family/having children
5. Having the emotional support you need
6. Support with mental health issues (e.g., anxiety or depression)
7. [NEW] Support for your family and/or other caregivers
8. [NEW] Feeling isolated and lonely
9. [NEW] Change/decline in your interest in socializing with others
10. [NEW, IF Q5=4 Stage IV/Metastatic]] Emotionally preparing for end-of-life
11. [NEW, IF Q5=4 Stage IV/Metastatic]] Preparing to make/making end-of-life decisions

**[EMPLOYMENT/EDUCATION/OTHER LIFESTYLE]**

1. Work/employment issues, like finding and keeping a job
2. Long-term planning/career goals

**[FINANCIAL]**

1. Having the financial support you need
2. Cost of prescriptions and treatments
3. Cost of medical care (including insurance premiums and co-pays)
4. Cost of non-medical expenses (e.g., food, housing, transportation)
5. Cost of professional caregiving
6. Loss of income
7. Learning how to apply for grants, scholarships, or government benefits to help with medical and living costs

23a. [NEW] As a result of your cancer, have you…?  Select all that apply.

RANDOMIZE

1. Applied for government financial assistance such as unemployment, SNAP/food stamps, Medicaid, etc.
2. Asked for rent or mortgage relief
3. Delayed or reduced payments to credits cards or loans
4. Received help with food or housing from a charity, community center, or place of worship
5. Delayed a major life event (marriage, trip, starting family, etc.)
6. Spent savings/retirement money to cover living expenses
7. Delayed a major purchase (house, car, etc.)
8. Applied for grants or scholarships to help with medical and living costs
9. Started a GoFundMe or similar campaign to help with medical and living costs or had one started for you by others
10. None of these [ANCHOR AND MAKE EXCLUSIVE]

23b. [NEW] As a result of your cancer, have any of the following happened to you?

RANDOMIZE

1. Changed jobs or employers
2. Taken a leave of absence
3. Quit your job
4. Been let go or fired
5. Missed work
6. Worked fewer hours
7. Turned down a job or promotion
8. Felt that your work suffered
9. Felt your co-workers treated you badly
10. Felt your supervisor treated you badly
11. None of these [ANCHOR AND MAKE EXCLUSIVE]
12. DELETED (how helpful HC been)
13. DELETED (open end on resources)

**Understanding Support Systems**

***Objectives:*** *To better understand how they are feeling about their quality of life and support systems.*

1. **[NEW]** How would you describe your **quality of life** today?
   1. Excellent
   2. Very good
   3. Good
   4. Fair
   5. Poor
   6. Not sure
   7. Prefer not to say
2. MOVED DOWN

27a. DELETED

27b. DELETED

27c. MOVED DOWN

27d. DELETED

26a. [NEW] How would you describe the **support** you have received from others throughout your cancer journey?

* 1. Excellent
  2. Good
  3. Fair
  4. Poor
  5. Not sure
  6. Prefer not to say

1. [NEW] From whom or what have you received support throughout your cancer journey? *Select all that apply.*

**[RANDOMIZE]**

* 1. My immediate family
  2. My extended family
  3. My faith
  4. My church/synagogue/temple congregation
  5. A patient advocacy organization
  6. My doctors/healthcare team
  7. A patient support group
  8. My friends
  9. My work colleagues
  10. A group on social media
  11. Other (please specify) **[ANCHOR]**
  12. Not sure **[ANCHOR. EXCLUSIVE.]**
  13. None of the above **[ANCHOR. EXCLUSIVE.]**

1. [NEW, ASK IF MORE THAN ONE SELECTION IN Q38] Who/what has given you the **most** support throughout your cancer journey? SINGLE SELECT
   1. PIPE IN RESPONSES FROM Q38
2. DELETE

**COVID-19 AND TELEHEALTH**

*Objectives: Better understand cancer patients’ concerns during the pandemic and with the vaccine, telehealth experiences, and the future of telehealth.*

Now just a couple of questions related to COVID-19 and your treatment.

1. NEW: Have you visited a health care provider for cancer treatment and/or post-treatment survivorship care during the COVID-19 pandemic?
   1. Yes
   2. No
2. NEW: [IF Q40=1] How would you describe your cancer treatment and care during the COVID-19 pandemic?
   1. Better than before
   2. The same
   3. Worse than before
   4. Not applicable
3. NEW: [IF Q40=1] Have you experienced any of the following during the COVID-19 pandemic? Select all that apply, only as they relate to your cancer diagnosis.
   1. Difficulty getting a medical appointment
   2. Medical appointment cancelled or postponed
   3. Kept waiting for more than 30 minutes at a medical appointment
   4. Telehealth/virtual medical appointment
   5. None of the above [ANCHOR]
4. [NEW] IF Q42=D: What type of appointment(s) did you attend virtually? *Select all that apply.*

RANDOMIZE

1. First visit with a health care provider [ALWAYS ASK FIRST]
2. Regular well-visit
3. Follow-up appointment(s)
4. Counseling and education
5. Medication management
6. Sharing test results
7. Mental health services
8. Physical therapy/rehabilitation
9. Getting a second opinion
10. Surgical consult
11. Survivorship appointment
12. Treatment planning and decision-making
13. Other (please specify) **[ANCHOR]**
14. Not sure **[ANCHOR. EXCLUSIVE.]**
15. [NEW] IF Q42=D: Overall, how would you rate the telehealth appointment(s) you attended virtually?
    1. Excellent
    2. Very good
    3. Good
    4. Fair
    5. Poor
    6. Not sure
       1. [PIPE IN SELECTIONS FROM Q43 IF 1-12]

44A. [NEW] IF Q42=D: What, if anything, could have improved your telehealth experience? [OPEN END, OPTIONAL]

1. [NEW] In the future, when the pandemic is over, would you prefer in-person or virtual appointments for each of the following?
   1. Prefer in-person appointments
   2. Prefer virtual appointments
   3. No preference
   4. Not sure

[RANDOMIZE]

1. First visit with a health care provider [ALWAYS ASK FIRST]
2. Regular well-visits
3. Follow-up appointment(s)
4. Counseling and education
5. Medication management
6. Sharing test results
7. Mental health services
8. Physical therapy/rehabilitation
9. Getting a second opinion
10. Surgical consult
11. Survivorship appointment
12. Treatment planning and decision-making

27c. [MOVED DOWN] As a cancer patient/survivor, how concerned are you about your risk of getting Coronavirus (COVID-19)?

1. Very concerned
2. Somewhat concerned
3. Not concerned
4. Not sure/not applicable
5. [NEW] Have you received a COVID-19 vaccine?
   1. Yes
   2. No
   3. Prefer not to answer
6. [IF Q46=b] How likely are you to get a COVID-19 vaccine?
7. Very likely
8. Somewhat likely
9. Neutral
10. Not very likely
11. Not at all likely

47b. [ASK IF Q47=4,5] What makes you say you are unlikely to get vaccinated? [Option, prefer not say]

**[FOR NCCS LIST ONLY, SHOW ON SAME PAGE AS Q48]** Switching topics … some health care providers offer home infusion therapies, which is where medications (i.e., chemotherapy) are administered in the patient’s home by a nurse or home health care worker.

1. **[NEW] [FOR NCCS LIST ONLY]** Have you been offered home infusions from your health care team?
2. Yes
3. No
4. Not sure
5. **[NEW] [FOR NCCS LIST ONLY] IF Q48=YES**: Are you currently, or have you in the past, received home infusions?
6. Yes
7. No
8. Not sure

50. **[NEW] [FOR NCCS LIST ONLY] IF Q49≠YES** Would you consider receiving home infusions?

1. Yes
2. No
3. Not sure

**HEALTH STATUS AND DEMOGRAPHICS**

***Objectives: These questions will give us more information on current health status and demographic characteristics.***

1. [NEW] Do you consider yourself a cancer survivor?
   1. Yes
   2. No
   3. Not sure
2. [NEW] What does being a “cancer survivor” mean to you? **[PROGRAM OPEN-END, OPTIONAL]**

52b. [IF Q51=b] Is there another word or phrase that describes you and/or you prefer? **[PROGRAM OPEN-END, OPTIONAL]**

Thank you for all your feedback so far.

This last set of questions are related to your health and also include some demographic questions that are for statistical purposes only. All feedback is anonymous and confidential and will only be reported together with the answers of others. You can choose not to answer any questions you don’t want to by selecting “prefer not to say.”

1. How would you describe your current state of health?
   1. Excellent
   2. Good
   3. Fair
   4. Poor
   5. Not sure
   6. Prefer not to say
2. How would you describe your current state of emotional health/psychological wellbeing?
3. Excellent
4. Good
5. Fair
6. Poor
7. Not sure
8. Prefer not to say

31a. Have you applied for disability insurance as a result of your cancer treatment?

* 1. Yes
  2. No
  3. Prefer not to say

1. MOVED UP
2. MOVED UP
3. MOVED UP
4. MOVED UP
5. What is the highest level of education you have completed?

1 Grade school

2 Some high school

3 High school graduate

4 Some college, no degree

5 Vocational training/2-year college

6 4-year college/bachelor's degree

7 Some postgraduate work, no degree

8 2 or 3 years postgraduate work/master's degree

9 Doctoral/law degree

10 Prefer not to say

1. What is your current marital status?
2. Single (never married)
3. Living with partner
4. Married
5. Separated
6. Divorced
7. Widowed
8. Prefer not to say
9. What type of health insurance do you have? *Select all that apply.*

1 Private insurance through employer

2 Private insurance through parents or spouse

2 Private insurance through Health Insurance Marketplace

3 Private insurance purchased on own

4 Medicare

5 Medicaid or state insurance

6 Other type of insurance (please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

7 No insurance

1. Prefer not to say

**[MOVED DOWN]**

1. For statistical purposes only, which of the following categories best represents your total household income in 2020?
   1. Less than $25,000
   2. $25,000 but less than $50,000
   3. $50,000 but less than $75,000
   4. $75,000 but less than $100,000
   5. $100,000 but less than $150,000
   6. $150,000 but less than $200,000
   7. $200,000 or more
   8. Prefer not to say
2. [NEW] How would you describe the area in which you live?
   1. Urban
   2. Suburban
   3. Small town
   4. Rural
   5. Prefer not to say

Thank you very much for your time and participation. Your feedback is extremely valuable.

**[MESSAGE BELOW FOR NCCS LIST ONLY]**

The first 100 people to take this survey are eligible for a $10 Amazon gift card. Please enter your email address here if you would like to participate (Note: only the first 100 people will be selected): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(optional)*

*Please note: your email will only be used to notify you if you have received a gift card; your email address will never be sold or shared, or attached to your survey responses.*

**[MESSAGE BELOW FOR THOSE THAT ANSWERED YES TO Q49]**

NCCS is currently conducting a study on patients that have received home infusions. Would you be comfortable with someone at NCCS reaching out to ask you a few questions?

* + - 1. Yes, by email (program open-end for email address)
      2. Yes, by phone (program open-end for phone number)
      3. No, I do not want someone from NCCS contacting me

**CLOSING PAGE: Thank you very much for your time and participation. Your feedback is extremely valuable, and your responses have been submitted.**

**ONLY SHOW IF NCCS LIST:**

**You will be notified by email if you are eligible for an Amazon gift card (please note that it will take several weeks to award the prizes).**