

Survey: About You

Please tell us more about you by answering the questions below. As you fill out the questions, the answers will be automatically saved. If you would like to leave the survey and complete it at another time, it will be available in the Dashboard.

You can reach us by emailing info@joincountmein.org if you have any questions.

If you would like to withdraw from the project, you can contact the team at info@joincountmein.org at any time. Any information that has already been entered into the system cannot be withdrawn, however no additional data will be generated.







1. What sex were you assigned at birth?

Sex assigned at birth is the assignment and classification of people as male, female, or intersex based on a combination of external anatomy, internal anatomy, hormones, and chromosomes.

- ☐ Male
- ☐ Female
- ☐ Intersex
- ☐ Prefer not to answer

2. What is your gender identity? *Select all that apply*

Gender identity is a term to describe a person's inner sense of being male, female, both, neither or some other gender. It can correspond to or differ from a person's sex assigned at birth.

- ☐ Man
- ☐ Woman
- ☐ Transgender 
- ☐ Nonbinary 
- ☐ Genderqueer 
- ☐ Genderfluid 
- ☐ Agender 
- ☐ Two-spirit 
- ☐ Questioning or unsure of gender identity
- ☐ ...

☐ None of these fully describe me

☐ Prefer not to answer

3. Which of the following categories best describes you?

Select all that apply. Note you may select more than one group.

- ☐ American Indian or Alaska Native
(For example: Aztec, Blackfeet Tribe, Mayan, Navajo Nation, Native Village of Barrow (Utqiagvik) Inupiat Traditional Government, Nome Eskimo Community, etc.)
- ☐ Asian
(For example: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, etc.)
- ☐ Black, African American, or African
(For example: African American, Ethiopian, Haitian, Jamaican, Nigerian, Somali, etc.)
- ☐ Hispanic, Latino, or Spanish
(For example: Colombian, Cuban, Dominican, Mexican or Mexican American, Puerto Rican, Salvadoran, etc.)
- ☐ Middle Eastern or North African
(For example: Algerian, Egyptian, Iranian, Lebanese, Moroccan, Syrian, etc.)
- ☐ Native Hawaiian or other Pacific Islander
(For example: Chamorro, Fijian, Marshallese, Native Hawaiian, Tongan, etc.)
- ☐ White
(For example: English, European, French, German, Irish, Italian, Polish, etc.)
- ☐ None of these fully describe me
- ☐ Prefer not to answer

4. Tell us anything else you would like about yourself or your cancer.

5. How did you hear about the project?

- ☐ Social media (Facebook, Twitter, Instagram, etc.)
- ☐ General internet/Online sources (search engines, patient advocacy group website, blogs, online newsletter, etc.)
- ☐ Media (news media program, print or digital advertisement, promotional video, article in magazine or newspaper, radio or podcasts, brochure, etc.)
- ☐ Advocacy Group (Cancer patient advocacy group, Cancer related-nonprofit, Other Patient Organizations)
- ☐ Word of mouth (friend/family, study staff, study participants, patient, support group, etc.)
- ☐ Doctor/Clinical care center (physician, doctor's office, hospital or medical institution, treatment center, etc.)
- ☐ Event (patient conference, science or research symposium, networking event, etc.)
- ☐ Other

I understand that the information I entered here will be stored in a secure database. I

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+ Citation information for race & ethnicity questions

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Contact Us **651-403-5315** info@joincountmein.org

Survey: About Your cancer

Please tell us more about your cancer experience by answering the questions below. As you fill out the questions, the answers will be automatically saved. If you would like to leave the survey and complete it at another time, it will be available in the Dashboard. You can reach us by emailing info@joincountmein.org if you have any questions.

If you have been diagnosed with multiple cancer types, we will ask these questions for each diagnosis you've told us about.

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After completing these questions, we will ask a few additional questions to understand more about you.

1. When were you first diagnosed with cancer?

Choose month...



Choose year...



2. Please select the places in the body where you had cancer when you was first diagnosed. *For example, lymph nodes, bone marrow, bladder, lung, pancreas, or blood, etc.*

+ Add another location

3. Are you currently cancer-free (e.g. in remission, no evidence of disease (NED), no evidence of active disease (NEAD))?

☐ Yes

☐ No

☐ Unsure how to answer

4. Please select all the places in the body where you have *ever had* cancer to the best of your knowledge.

+ Add another location

5. Have you received any of the following treatments or procedures for your cancer? *We will ask you about chemotherapies and other systemic treatments next.*

- ☐ Radiation
- ☐ Surgery
- ☐ Bone marrow/stem cell transplant
- ☐ Engineered immune cell therapies (e.g., CAR T-cells, NK cells, TIL, or TCR therapies)
- ☐ Unsure how to answer
- ☐ None of the above

6. Please list all medications/chemotherapies that you have previously received and are currently receiving for the treatment of your cancer. *If you received multiple medications/chemotherapies at the same time, please enter each individually.*


☐ This was part of a clinical trial

+ Add another medication/chemotherapy

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