Survey: About You

Agender (i)

Two-spirit (i)

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 Any information that has already been entered into the system cannot be withdrawn, however no additional data will be generated.

| | e system cannot be withdrawn, nowever no additional data will be generated.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. |
| | O Male |
| | O Female |
| | O Intersex |
| | O Prefer not to answer |
| _ | What is your gender identity? Select all that apply |
| 2. | What is your gender identity: Select all that apply |
| 2. | Gender identity is a term to describe a person's inner sense of being male, |
| 2. | |
| 2. | Gender identity is a term to describe a person's inner sense of being male, |
| 2. | 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 |
| ≥. | 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. |
| ≥. | 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 |
| ≥. | 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 |
| 2. | 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 (i) |
| 2. | 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 (i) Nonbinary (i) |

| | Questioning or unsure of gender identity |
|-------|--|
| | None of these fully describe me |
| | Prefer not to answer |
| 3. Wh | ich of the following categories best describes you? |
| Sele | ect 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 examle: 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 |
| | us anything else you would like about yourself or your ocer. |
| 5. Ho | w 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 | |
| understand that the information I entered here will be stored in a secure database. I understand that the study team may reach out to contact me for next steps or additional information. I understand that if I would like to be withdrawn from the project, I can contact the study team at info@joincountmein.org at any time. Any information that had already been entered into the system cannot be withdrawn, however no additional data will be generated. | s |
| + Citation information for race & ethnicity questions | |
| Submit | Î |



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 mutiple cancer types, we will ask these questions for each diagnosis you've told us about.

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.

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

1. When were you first diagnosed with cancer?

| 2. Please select the place | ces in the body v | where you had car | ncer when | | |
|---|------------------------|-------------------|-----------|--|--|
| you was first diagnos | ed. <i>For example</i> | e, lymph nodes, b | one | | |
| marrow, bladder, lung, pancreas, or blood, etc. | | | | | |
| | | | | | |
| | | | | | |
| £ | | | | | |
| | | | | | |

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

| 0 100 | |
|----------|---------------|
| O No | |
| O Unsure | how to answer |

O Yes

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 | | | |
| No ne 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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Submit



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