GEM-DM Survey

1. Welcome!

Thanks for agreeing to take part in the GEM-DM Survey! This brief survey will only take about 15 minutes to complete. Your feedback is important to us and we value your input REGARDLESS of your level of experience working with cancer patients and using instruments to measure distress. By clicking NEXT, you understand that your participation in this survey is entirely voluntary and information will be kept secure to the extent permitted by law. Thank you.

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be published on the Grid Enabled Measures (GEM) database. You will be asked to provide your existing GEM account information or a new account will be created for you by eliciting your name, your email address and a username. Your comments and ratings will be linked to the name provided. You are being contacted by email to voluntarily complete this instrument so that we can gather information on preferred instruments used to measure distress. We will ask you to provide a rating (1-5) and comments, on 30 different distress measurement instruments. You will also be asked to provide your work setting (clinical practice or research), and any suggestions to improve the GEM workspace.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-XXXX). Do not return the completed form to this address.

We would like to attribute your rankings and comments to your username. If you have a GEM user profile set up already, please provide the username. If not, please provide a username of your choice. Either your name or user ID (whichever is provided) will be used.

First Name:

Last Name:

Current GEM user ID:

Requested GEM user ID:

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What is the nature of your work? Check all that apply.

- [ ] Clinical Research
- [ ] Clinical Practice
- [ ] Both practice and research

Other (please specify)

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The following are measures of distress that have been entered into the GEM-DM workspace by you or one of your colleagues. Please check one of the boxes below to tell us if you have ever used or considered using each of the measures and if so, please provide a rating and comments for each measure with which you are familiar.

Measures are rated on a scale of 1-5 stars (1 = worst rating; 5 = best rating). Ratings are based on your FAMILIARITY of it. For example, you might give a measure 1 star and comment that it was too long for patients to complete or that it did not demonstrate adequate reliability. If you do not see a measure you would like to rate and comment on, you will be able to provide the name and references later on in the survey.

	1 Star	2 Stars	3 Stars	4 Stars	5 Stars	N/A (not familiar, never used, never considered)
1. Psycho-oncology Screening Tool (POST)	○	○	○	○	○	○
Please provide a comment that explains why you chose the rating or any other information you wish to provide. [ ]						
2. Cancer Needs Questionnaire (CNQ) Short Form	○	○	○	○	○	○
Please provide a comment that explains why you chose the rating or any other information you wish to provide. [ ]						
3. Prostate Cancer Needs Assessment (PCNA)	○	○	○	○	○	○
Please provide a comment that explains why you chose the rating or any other information you wish to provide. [ ]						
4. Prostate Cancer Needs Questionnaire Version 2 (PCNQv2)	○	○	○	○	○	○
Please provide a comment that explains why you chose the rating or any other information you wish to provide. [ ]						
5. Psychosocial Needs Assessment Survey (PNAS)	○	○	○	○	○	○
Please provide a comment that explains why you chose the rating or any other information you wish to provide. [ ]						

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Please continue to rate the additional measures below that you are familiar with, considered using or may have used. The rating scale is 1-5 stars (1 = worst rating; 5= best rating).

	1 Star	2 Stars	3 Stars	4 Stars	5 Stars	N/A (not familiar, never used considered)
6. Cancer Rehabilitation Evaluation System (CARES)	○	○	○	○	○	○
Please provide a comment that explains why you chose the rating or any other information you wish to provide.						
7. Cancer Rehabilitation Evaluation System - Short Form (CARES-SF)	○	○	○	○	○	○
Please provide a comment that explains why you chose the rating or any other information you wish to provide.						
8. PROMIS Emotional Distress (Depression) Short Form	○	○	○	○	○	○
Please provide a comment that explains why you chose the rating or any other information you wish to provide.						
9. Patient Needs Assessment Tool (PNAT)	○	○	○	○	○	○
Please provide a comment that explains why you chose the rating or any other information you wish to provide.						
10. Brief Symptom Inventory (BSI) short form (BSI-18)	○	○	○	○	○	○
Please provide a comment that explains why you chose the rating or any other information you wish to provide.						

Please continue to rate the additional measures below that you are familiar with, considered using or may have used. The rating scale is 1-5 stars (1 = worst rating; 5= best rating).

	1 Star	2 Stars	3 Stars	4 Stars	5 Stars	N/A (not familiar, never used, never considered)
11. Psychosocial Needs Inventory (PNI)	○	○	○	○	○	○

Please provide a comment that explains why you chose the rating or any other information you wish to provide.

	1 Star	2 Stars	3 Stars	4 Stars	5 Stars	N/A
12. Cancer problems in living scale (CPILS)	○	○	○	○	○	○

Please provide a comment that explains why you chose the rating or any other information you wish to provide.

	1 Star	2 Stars	3 Stars	4 Stars	5 Stars	N/A
13. Problems Checklist	○	○	○	○	○	○

Please provide a comment that explains why you chose the rating or any other information you wish to provide.

	1 Star	2 Stars	3 Stars	4 Stars	5 Stars	N/A
14. Supportive Care Needs Survey (SCNS)	○	○	○	○	○	○

Please provide a comment that explains why you chose the rating or any other information you wish to provide.

	1 Star	2 Stars	3 Stars	4 Stars	5 Stars	N/A
15. Supportive Care Needs Survey short form (SCNS-SF34)	○	○	○	○	○	○

Please provide a comment that explains why you chose the rating or any other information you wish to provide.

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Please continue to rate the additional measures below that you are familiar with, considered using or may have used. The rating scale is 1-5 stars (1 = worst rating; 5= best rating).

	1 Star	2 Stars	3 Stars	4 Stars	5 Stars	N/A (not familiar, never used, never considered)
16. CancerSupportSource	○	○	○	○	○	○

Please provide a comment that explains why you chose the rating or any other information you wish to provide.

17. Distress Thermometer	○	○	○	○	○	○

Please provide a comment that explains why you chose the rating or any other information you wish to provide.

18. James Supportive Care Screening	○	○	○	○	○	○

Please provide a comment that explains why you chose the rating or any other information you wish to provide.

19. Life Stress Scale	○	○	○	○	○	○

Please provide a comment that explains why you chose the rating or any other information you wish to provide.

20. Needs Assessment for Advanced Cancer Patients (NA-ACP)	○	○	○	○	○	○

Please provide a comment that explains why you chose the rating or any other information you wish to provide.

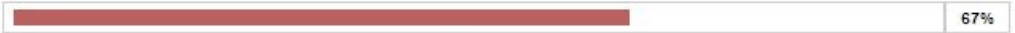**Please continue to rate the additional measures below that you are familiar with, considered using or may have used. The rating scale is 1-5 stars (1 = worst rating; 5= best rating).**

	1 Star	2 Stars	3 Stars	4 Stars	5 Stars	N/A (not familiar, never used, never considered)
21. Needs Assessment for Advanced Lung Cancer Patients (NA-ALCP)	○	○	○	○	○	○
Please provide a comment that explains why you chose the rating or any other information you wish to provide.						
22. Needs Assessment Tool: (NAT) or (PC-NAT) or (NAT: PD-C)	○	○	○	○	○	○
Please provide a comment that explains why you chose the rating or any other information you wish to provide.						
23. Needs Evaluation Questionnaire (NEQ)	○	○	○	○	○	○
Please provide a comment that explains why you chose the rating or any other information you wish to provide.						
24. Needs Near the End of Life Scale (NEST)	○	○	○	○	○	○
Please provide a comment that explains why you chose the rating or any other information you wish to provide.						
25. Problems and Needs in Palliative Care (PNPC)	○	○	○	○	○	○
Please provide a comment that explains why you chose the rating or any other information you wish to provide.						

Please continue to rate the additional measures below that you are familiar with, considered using or may have used. The rating scale is 1-5 stars (1 = worst rating; 5= best rating).

	1 Star	2 Stars	3 Stars	4 Stars	5 Stars	N/A (not familiar, never used, never considered)
26. Problems and Needs in Palliative Care-short version (PNPC-sv)	○	○	○	○	○	○

Please provide a comment that explains why you chose the rating or any other information you wish to provide.

	1 Star	2 Stars	3 Stars	4 Stars	5 Stars	N/A
27. Screen for Palliative and End-of-Life Care Needs in the Emergency Department (SPEED)	○	○	○	○	○	○

Please provide a comment that explains why you chose the rating or any other information you wish to provide.

	1 Star	2 Stars	3 Stars	4 Stars	5 Stars	N/A
28. Sheffield Profile for Assessment and Referral to Care (SPARC-45)	○	○	○	○	○	○

Please provide a comment that explains why you chose the rating or any other information you wish to provide.

	1 Star	2 Stars	3 Stars	4 Stars	5 Stars	N/A
29. Supportive Needs Screening Tool (SNST)	○	○	○	○	○	○

Please provide a comment that explains why you chose the rating or any other information you wish to provide.

	1 Star	2 Stars	3 Stars	4 Stars	5 Stars	N/A
30. Survivors Unmet Needs Survey	○	○	○	○	○	○

Please provide a comment that explains why you chose the rating or any other information you wish to provide.

	1 Star	2 Stars	3 Stars	4 Stars	5 Stars	N/A
31. Hospital Anxiety and Depression Scale	○	○	○	○	○	○

Please provide a comment that explains why you chose the rating or any other information you wish to provide.

	1 Star	2 Stars	3 Stars	4 Stars	5 Stars	N/A
32. Patient Health Questionnaire (PHQ-9)	○	○	○	○	○	○

Please provide a comment that explains why you chose the rating or any other information you wish to provide.

	1 Star	2 Stars	3 Stars	4 Stars	5 Stars	N/A
33. Cancer and Treatment Distress (CTXD) Scale	○	○	○	○	○	○

What suggestions or feedback do you have for improving the GEM-DM workspace or website? Please provide any comments you may have.

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Please click DONE to submit your answers. Thank you again for your time.

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