

UMASS DONAHUE INSTITUTE

Block 1 Introduction

Instructions

You recently called the National Cancer Institute's Cancer Information Service (CIS) and talked about clinical trials with a Cancer Information Specialist.

Please respond to the following questions related to this conversation.

OMB# 0925-0046-XX
Exp. Date: xx/xx/2016

Public reporting burden for this collection of information is estimated to average 60 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 (0925-0046-13). Do not return the completed form to this address.

Thank you for participating in this survey.

Block 2 Questions

Do you recall discussing clinical trials with a CIS Information Specialist?

Yes

No

What type of information did you receive about clinical trials? (choose all that apply)

NCI publications or other printed materials

PDQ clinical trials search results

PDQ cancer site-specific summary

Other

Were you calling for yourself or were you calling for someone else?

Myself

Someone else

Was the information about clinical trials appropriate to your (or your loved one's) situation or condition?

Yes

No

How was the information inappropriate?

How did you receive the clinical trials information? (check all that apply)

Phone

Mail

E-mail

LiveHelp

Other

How useful was the clinical trials information you received by PHONE?

Not at all Useful

Not Very Useful

Somewhat Useful

Very Useful

Extremely Useful

How useful was the clinical trials information you received by MAIL?

- Not at all Useful
- Not Very Useful
- Somewhat Useful
- Very Useful
- Extremely Useful

How useful was the clinical trials information you received by E-MAIL?

- Not at all Useful
- Not Very Useful
- Somewhat Useful
- Very Useful
- Extremely Useful

How useful was the clinical trials information you received by LiveHelp?

- Not at all Useful
- Not Very Useful
- Somewhat Useful
- Very Useful
- Extremely Useful

How useful was the clinical trials information you received by your OTHER option?

- Not at all Useful
- Not Very Useful
- Somewhat Useful
- Very Useful
- Extremely Useful

Did your conversation with the CIS Information Specialist give you a better understanding of clinical trials?

- Yes
- Somewhat
- No

How did you (or your loved one) use the information you received by phone or in print?
(choose all that apply)

- Read the information
- Discussed the information with doctor/s
- Discussed the information with family members/friends
- Looked for more information about a clinical trial on the internet
- Other (please specify)

How helpful was the information in preparing you for a discussion with a doctor?

- Not at all Helpful
- A Little Helpful
- Somewhat Helpful
- Very Helpful
- Extremely Helpful

Did the doctor discuss the information with you/your loved one?

- Yes
- No

To what extent did the doctor's response meet your/your loved one's expectations?

- Fell far short of expectations
- Fell short of expectations
- Equaled expectations
- Exceeded expectations
- Far exceeded expectations

What additional resources might have been helpful for your discussion with a doctor? (choose all that apply)

- No additional resources were needed
- A booklet on the basics of clinical trials
- Specific questions to ask your doctor to see if the clinical trial is right for you
- Information on the benefits of participating in a trial
- Information on steps taken to assure protection of patients participating in trials
- Information about informed consent
- Other (please specify)

Did the doctor discuss clinical trials as a possible treatment option for you/your loved one?

Yes

No

Did the doctor make a referral to a specific clinical trial?

Yes

No

Have you/your loved one considered enrolling in a clinical trial?

Yes

No

Did you/your loved one contact a clinical trial representative about a specific clinical trials?

Yes

No

Have you/your loved one enrolled in a clinical trial?

Yes

No, but plan to do so

No

Did the information provided by the CIS Information Specialist influence the decision to participate in a clinical trial?

Yes

Somewhat

No

How did the information provided to you by the CIS Information Specialist influence your decision?

What could have been done to make the service you received more useful for you/your loved one?

Would you call the CIS again if you needed information about cancer and cancer treatment?

Yes

Maybe

No

Block 3 Submit

If you have completed the survey, click the SUBMIT button.

YOU MUST HIT THE SUBMIT BUTTON FOR YOUR RATINGS TO BE SUBMITTED!