Caregiver Screener

Intro

pinionSite

We are conducting market research on behalf of *the National Cancer Institute* and would really value your opinion.

The purpose of the research is to *discuss healthcare treatment options including experiences and preferences* and it will take the form of *a telephone interview.* We will provide a payment of an honorarium to you as detailed in your invitation.

Taking this opportunity to have your voice heard would greatly help us further our research, and including your expertise would be appreciated. If you have any questions, or wish to withdraw from the research at any point, please contact *Alise* at OpinionSite/SurveyHealthcare by email at qual@surveyhealthcare.com and/or call this number +1-646-616-9193.

Select one

◯ Continue

◯ Quit this survey

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We are required to pass on to the sponsoring client any details of side effects or product complaints relating to their products that are mentioned during the interview. This is to help them learn more about the safety of their medicines. If this happens, we will need to collect details and report the side effects or product complaint. You will be asked if you give permission for us to pass on your details to the company's drug safety department for them to follow up. This will have no impact on the privacy to the extent provided by law and anonymity associated with the interview itself.

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing at any time. Refusal to participate will not affect your benefits in any way. The information collected will be kept private to the extent provided by law. Names and other identifiers will not appear in any report. Information provided will be combined for all participants and reported as summaries. You are being contacted via the web to complete this form so that NCI can improve websites and web tools.

Public reporting burden for this collection of information is estimated to average **5 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). Do not return the completed form to this address.

Are you happy to proceed with the interview on this basis?
Select one

○ I agree and I wish to provide my contact details and the name of my doctor to the Drug Safety department of the sponsoring company

○ I agree and I don't wish to provide my contact details and the name of my doctor to the Drug Safety department of the sponsoring company

○ I don't agree and I wish to terminate the interview

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S1.

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Are you the primary caregiver (besides professional healthcare providers) of a cancer patient?
Select one

○ Yes

○ No

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S2.

Which type of cancer was the patient you care for diagnosed with?
Select one

○ Breast

○ Prostate

○ Lung

○ Colorectal

○ Skin (e.g., melanoma, basal cell carcinoma, squamous cell carcinoma)

○ Other cancer (e.g., Acute myeloid leukemia, Ewing sarcoma, Hodgkin lymphoma)

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S3.

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Do you participate in searching for and/or providing information related to a cancer patient's disease or treatment?
Select one

○ Yes

○ No

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S4.

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Describe your relationship to the cancer patient?
Please be as specific as possible

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Invite

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What dates and times would work best for you to participate in the 45 minute session?

Please enter your requested times in Eastern time reference.

The moderators will be available from XXam – XXpm EST, Monday – Friday from DATES.
Be specific

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Please provide your contact information below.

This information will be used to schedule and/or confirm session bookings and may be used to connect you with a professional conferencing service for your session. It may also be used for deduplication purposes. It will not be used for any other purpose and will not be shared for any other reason.

Contact information	
First Name:	
Last Name:	
Full Practice Name (no abbreviations):	
Practice City/Post Town:	
Practice State/Province/Territory:	
Email Address:	
Primary Contact Phone (Please include your country code):	
Alternate Contact Phone:	
Time Zone:	Select one...

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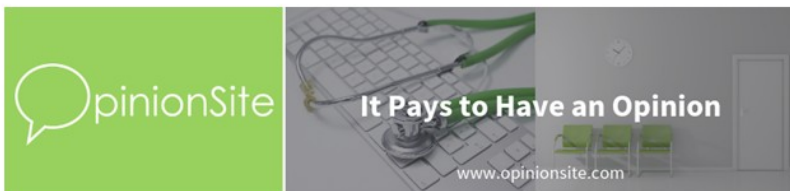**Please click "continue" to save your screening responses.**

This is the end of the qualification screener. You may print this screen for your records.

Please expect an email or telephone call from the recruitment team at SurveyHealthcare **if you are selected to participate** in the research. They will email and/or phone you to confirm a time and date for your session, and will also share detailed instructions for participation. *We ask that you read all instructions carefully and reach out to the recruiter with any questions you may have.*

Honorarium rewards are credited after completion of the project and the research may be in field for several weeks. The recruitment booking manager will be able to provide timelines upon request.

Should you wish to *withdraw your consent* to participate in this research at any time, please contact the project manager, or our team to be removed from the project.

The recruitment team can be reached at Qual@SurveyHealthCare.com

OpinionSite   **It Pays to Have an Opinion**   www.opinionsite.com

Call if you have any questions and reference project # (9020120) - 1+646-616-9193

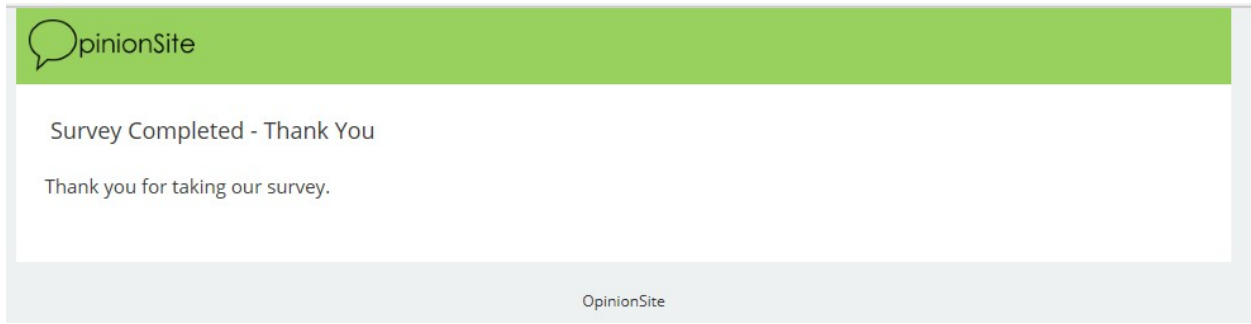« Back   Continue »

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Survey Completed - Thank You

Thank you for taking our survey. Your efforts are greatly appreciated!

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Terminates

Terminate #1: This screen is shown when a respondent terminates on a "hard spec". Someone that does not qualify at all.

Terminate #2 (2 screens): These screens are shown at the end when a respondent terminates on a "soft spec". The respondents continues through the survey and is shown this screen after their contact information has been collected. If criteria is loosened, we can contact and include these respondents as possible participants.