

Web-based Survey Items by Respondent Type

Survey Item	Respondent Type	
	Grantee	Partner
Surveillance Data		
<p>1. Have you worked on supporting the use of surveillance data (e.g., Behavioral Risk Factor Surveillance System [BRFSS], Electronic Health Records) among providers or coalition members?</p> <ul style="list-style-type: none"> • Yes • No → Skip to Question 17 	X	X
<p>2. In what ways are you using surveillance data to inform cancer survivorship interventions (program planning)? Select all that apply.</p> <ul style="list-style-type: none"> • identify target populations • identify cancer survivors' needs • populate Survivorship Care Plans • monitor survivorship outcomes • Other, please describe: _____ 	X	X
<p>3. Have you been involved in efforts to add the Cancer Survivorship module to your state's Behavioral Risk Factor Surveillance System (BRFSS)?</p> <ul style="list-style-type: none"> • Yes → Grantees go to Question 4 [Partners skip to Question 6] • No → Skip to Question 6 	X	X
<p>4. Please select your state's approach to adopting the Cancer Survivorship module.</p> <ul style="list-style-type: none"> • My state adopted the entire Cancer Survivorship module at the onset. • My state is doing a phased adoption of the Cancer Survivorship module, starting with a subset of questions. • My state has adopted a subset of questions with no current plans to add remaining questions. <p><input type="checkbox"/> My state has not adopted any Cancer Survivorship module questions.</p>	X	
<p>5. Please indicate which of the following questions from the Cancer Survivorship module were included in your state's most recent BRFSS. Select all that apply.</p> <ul style="list-style-type: none"> • All of the questions in the module were included. • <i>Question 1.</i> How many different types of cancer have you had? • <i>Question 2.</i> At what age were you told that you had cancer? • <i>Question 3.</i> What type of cancer was it? • <i>Question 4.</i> Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills. • <i>Question 5.</i> What type of doctor provides the majority of your health care? • <i>Question 6.</i> Did any doctor, nurse, or other health professional EVER give you a 	X	

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<p>written summary of all the cancer treatments that you received?</p> <ul style="list-style-type: none"> • <i>Question 7.</i> Have you EVER received instructions from a doctor, nurse, or other health professional about <i>where</i> you should return or <i>who</i> you should see for routine cancer check-ups after completing your treatment for cancer? • <i>Question 8.</i> Were these instructions written down or printed on paper for you? • <i>Question 9.</i> With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? • <i>Question 10.</i> Were you EVER denied health insurance or life insurance coverage because of your cancer? • <i>Question 11.</i> Did you participate in a clinical trial as part of your cancer treatment? • <i>Question 12.</i> Do you currently have physical pain caused by your cancer or cancer treatment? • <i>Question 13.</i> Is your pain currently under control? 		
<p>6. Have you been involved in efforts to use surveillance data (e.g. cancer registry data) in Survivorship Care Plans?</p> <ul style="list-style-type: none"> • Yes • No → Skip to Question 8 	X	X
<p>7. In what ways have you helped health systems commit to incorporating surveillance data (e.g. cancer registry data) into Survivorship Care Plans (SCPs)? Select all that apply.</p> <ul style="list-style-type: none"> • Meeting with providers to get buy-in • Meeting with hospital administrators to get buy-in • Coordinating a formal training for providers • Coordinating a formal training for hospital administrators • Providing on-site technical assistance • Providing educational materials/template to providers that shows how to incorporate surveillance data into SCPs • Other: _____ 	X	X
<p>8. Have you been involved in efforts to use individual data (e.g. electronic health records) in Survivorship Care Plans?</p> <ul style="list-style-type: none"> • Yes • No → Skip to Question 10 	X	X
<p>9. In what ways have you helped health systems commit to incorporating individual data (e.g., electronic health records) into Survivorship Care Plans (SCPs)? Select all that apply.</p> <ul style="list-style-type: none"> • Meeting with providers to get buy-in • Meeting with hospital administrators to get buy-in 	X	X

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<ul style="list-style-type: none"> • Coordinating a formal training for providers • Coordinating a formal training for hospital administrators • Providing on-site technical assistance • Providing educational materials/template to providers that shows how to incorporate individual data into SCPs • Other: _____ 		
<p>10. What other data have you incorporated into Survivorship Care Plans (aside from cancer registry and EHR)?</p> <ul style="list-style-type: none"> • None • Other: _____ 	X	X
<p>11. How are Survivorship Care Plans generated at your organization? Select all that apply.</p> <ul style="list-style-type: none"> • Populated with cancer registry data • Populated with electronic health records • Other: _____ 		X
<p>12. How many providers in your state do you estimate use Electronic Health Record data to populate Survivorship Care Plans? [open text]</p>	X	
<p>13. How many providers do you estimate use cancer registry data to populate Survivorship Care Plans? [open text]</p>	X	
<p>14. How many providers are not using either Electronic Health Record or cancer registry data to populate Survivorship Care Plans? [open text]</p>	X	
<p>15. What percentage of Survivorship Care Plans in your state are generated using surveillance data (e.g., cancer registry)?</p> <ul style="list-style-type: none"> • 0% (None) • 1-25% • 26-50% • 51-75% • 76-99% • 100% • Don't know 	X	
<p>16. . What percentage of Survivorship Care Plans in your state are generated using individual data (e.g., electronic health records)?</p> <ul style="list-style-type: none"> • 0% (None) • 1-25% • 26-50% • 51-75% 	X	

Survey Item	Respondent Type											
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<ul style="list-style-type: none"> • 76-99% • 100% • Don't know 												
Communication, Education and Training												
17. Have you conducted any provider education or trainings? <ul style="list-style-type: none"> • Yes • No 	X											
18. Have you participated in (either by organizing or attending) provider education or training? <ul style="list-style-type: none"> • Yes • No → Skip to Question 23 		X										
19. Of the providers you've contacted, what percentage participated in your education opportunities? [open text]	X											
20. Please indicate whether you have participated in or organized any of the following educational / training opportunities. <table border="1" data-bbox="285 940 1281 1241"> <thead> <tr> <th></th> <th>Yes</th> </tr> </thead> <tbody> <tr> <td>a. National Cancer Survivorship Resource Center's (NCSRC's) E-learning series</td> <td>•</td> </tr> <tr> <td>b. In-house presentation during clinical staff meetings</td> <td>•</td> </tr> <tr> <td>c. In-house presentation during grand rounds</td> <td>•</td> </tr> <tr> <td>d. Other: _____</td> <td>•</td> </tr> </tbody> </table>		Yes	a. National Cancer Survivorship Resource Center's (NCSRC's) E-learning series	•	b. In-house presentation during clinical staff meetings	•	c. In-house presentation during grand rounds	•	d. Other: _____	•	X	X
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a. National Cancer Survivorship Resource Center's (NCSRC's) E-learning series	•											
b. In-house presentation during clinical staff meetings	•											
c. In-house presentation during grand rounds	•											
d. Other: _____	•											
21. What types of communication activities have you implemented for providers? Select all that apply. <ul style="list-style-type: none"> • Communication campaign materials • Email updates/newsletters • In-person patient navigation training • Independently developed education materials • Printed materials such as fact sheets or educational one-pagers • Promoting the e-learning series and the use of Survivorship Care Plans (e.g., via one-on-one meetings, presentations at staff meetings) • Social media • Webinars or other CME learning activities • Other: _____ 	X											
22. What types of communication activities have you done to educate cancer survivors about Survivorship Care Plans? Select all that apply. <ul style="list-style-type: none"> • Email updates/newsletters • One-on-one meetings • Phone calls 	X											

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<ul style="list-style-type: none"> • Printed materials • Social media • Webinars • Other: _____ 																				
<p>23. Have you contributed to the development of any of the following educational resources for cancer survivors?</p> <table border="1"> <thead> <tr> <th></th> <th>Yes</th> </tr> </thead> <tbody> <tr> <td>a. Information about follow-up care or screenings</td> <td style="text-align: center;">•</td> </tr> <tr> <td>b. Information about emotional support</td> <td style="text-align: center;">•</td> </tr> <tr> <td>c. Information about mental health</td> <td></td> </tr> <tr> <td>d. Information about physical health (e.g., nutrition, exercise, side effects from treatment)</td> <td style="text-align: center;">•</td> </tr> <tr> <td>e. Information about sexual health (e.g., intimacy, fertility)</td> <td style="text-align: center;">•</td> </tr> <tr> <td>f. Information about work concerns / financial support / health insurance coverage</td> <td style="text-align: center;">•</td> </tr> <tr> <td>g. Information about using Survivorship Care Plans</td> <td style="text-align: center;">•</td> </tr> <tr> <td>h. Other: _____</td> <td style="text-align: center;">•</td> </tr> </tbody> </table>		Yes	a. Information about follow-up care or screenings	•	b. Information about emotional support	•	c. Information about mental health		d. Information about physical health (e.g., nutrition, exercise, side effects from treatment)	•	e. Information about sexual health (e.g., intimacy, fertility)	•	f. Information about work concerns / financial support / health insurance coverage	•	g. Information about using Survivorship Care Plans	•	h. Other: _____	•	X	X
	Yes																			
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g. Information about using Survivorship Care Plans	•																			
h. Other: _____	•																			
Enhanced Partnerships																				
<p>24. What types of resources have you / your organization provided to support the Cancer Survivorship program's implementation? Please select all that apply:</p> <ul style="list-style-type: none"> • Time • Meeting space • Materials • Hiring of new staff • Recruitment of volunteers • In-kind funding • Additional grant funding (not including CDC DCPC) • Thought leadership (i.e., an individual that is recognized as an authority in a specialized field and whose expertise is sought out) • Meeting facilitation • Other: _____ 		X																		
<p>25. Please indicate which of the following cancer survivorship activities you have participated in.</p>		X																		

Survey Item		Respondent Type	
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	Yes		
a. Adding the Cancer Survivorship module to your state's BRFSS	•		
b. Auto-populating Survivorship Care Plans with EHR data	•		
c. Adopting or expanding Patient Navigator programs for survivors	•		
d. Promoting / disseminating National Cancer Survivorship Resource Center resources (e.g., E-Learning series)	•		
e. Developing educational materials for cancer survivors	•		
f. Disseminating educational materials for cancer survivors	•		
g. Other: _____	•		
<p>26. What type of new patient populations are you able to reach through your work with partners? Select all that apply.</p> <ul style="list-style-type: none"> • Adolescent / young adult • African American • Asian • At-risk due to family history • Disabled • Hispanic • LGBT • Low-income • Metastatic • Native American / American Indian • Pediatric • Rural • Seniors (age 65+ years) • Veterans • Other: _____ 		X	
<p>27. Because of partner collaborations, has your reach expanded to any of the following cancer survivor groups?</p> <ul style="list-style-type: none"> • No expansion resulted • Breast • Colorectal 		X	

Survey Item	Respondent Type	
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<ul style="list-style-type: none"> • Lung • Melanoma • Prostate • Ovarian/cervical (gynecological) • Other: _____ 		
<p>28. What type(s) of patient populations are you able to reach through your work at your organization? Select all that apply.</p> <ul style="list-style-type: none"> • Adolescent / young adult • African American • Asian • At-risk due to family history • Disabled • Hispanic • LGBT • Low-income • Metastatic • Native American / American Indian • Pediatric • Rural • Seniors (age 65+ years) • Under-insured / uninsured • Veterans • Other: _____ 		X
<p>29. What type(s) of cancer do your patient populations most commonly face?</p> <ul style="list-style-type: none"> • Breast • Colorectal • Lung • Melanoma • Prostate • Ovarian/cervical (gynecological) 		X

Survey Item	Respondent Type	
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<ul style="list-style-type: none"> Other: _____ 		
<u>Challenges and Facilitators</u>		
30. What are some key factors that have led to successful partnerships with other DP15-1501 grantees (e.g., history of working together, common goals, common target audience/patient population, partners' thought leadership/subject matter expertise)? [open text]	X	
31. What are some key factors that have led to successful partnerships with external partners (e.g., history of working together, physical proximity of offices, common goals, common target audience/patient population, partners' thought leadership/subject matter expertise)? [open text]	X	
32. What are some key factors that have led to a successful partnership with your DP15-1501 grantee (e.g., history of working together, physical proximity of offices, common goals, common target audience/patient population, partners' thought leadership/subject matter expertise)? [open text]		X
33. What have been the primary challenges in your partnerships with other DP15-1501 grantees (e.g., communication, competing priorities/interests, lack of common goal, staffing turnover, time commitment)? [open text]	X	
34. What have been the primary challenges in your partnerships with external partners (e.g., communication, competing priorities/interests, lack of common goal, staffing turnover, time commitment)? [open text]	X	
35. What have been the primary challenges in your partnership with your DP15-1501 grantee (e.g., communication, competing priorities/interests, lack of common goal, staffing turnover, time commitment)? [open text]		X
<u>Respondent Background</u>		
36. In what state are you located? [Drop-down list: Indiana, Kansas, Louisiana, Michigan, South Dakota, Washington]	X	X
37. Are you employed by your state's cancer registry? <ul style="list-style-type: none"> Yes No 	X	X
38. What is the name of your organization? _____		X
39. Are you a healthcare provider? <ul style="list-style-type: none"> Yes No → Skip to Question 41 		X
40. What is your healthcare specialty? <ul style="list-style-type: none"> Medical Oncology Radiation Oncology 		X

Survey Item	Respondent Type	
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<ul style="list-style-type: none"> • Gynecologic Oncology • Urologist • General Surgery • Family Medicine • General practitioner /Internal Medicine • Other: _____ 		
<p>41. What is your role at your organization?</p> <p>[Drop-down list for grantees: DP15-1501 program coordinator; DP15-1501 program manager; Other:_____]</p>	X	
<p>42. What is your role at your organization?</p> <p>[Drop-down list for partners: Coalition member; Hospital Administrator; Patient Navigator; Provider; Other:_____]</p>		X