

Attachment 3b: Cancer Survivor Survey

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WINTRO_1 Thank you for agreeing to participate in our study!

Please use the “Next” and “Back” buttons to navigate between the questions within the questionnaire. Do not use your browser buttons.

If at any time during the survey, you would like to exit, please use the “Save & Exit” button above. Using this button will save all of the data you have already entered and ensure you are able to return to the same location to complete the survey.

<Programmer: If respondent logging back into survey>

WEBINEM1/WEBINEM2/WEBINPH1/WEBINPH2

In case you need to exit the survey and complete it at a later time or you get disconnected, please enter your email address so we can send you a link to reaccess the survey.

Please enter your email address:

Please reenter your email address:

Prefer not to answer

WINTRO_2 Welcome Back!

Please use the “Next” and “Back” buttons to navigate between the questions within the questionnaire. Do not use your browser buttons.

If at any time during the survey, you would like to exit, please use the “Save & Exit” button above. Using this button will save all of the data you have already entered and ensure you are able to return to the same location to complete the survey.

Continue from where I left off

Cancer Survivorship Survey

[Programmer note: Add "Prefer not to answer" as greyed option for all questions]

The following questions are about cancer treatments and the medical care you may have received.

TREATTYPE. What type of treatment did you receive for your cancer?

	Yes	No
Surgery to remove the tumor	<input type="checkbox"/>	<input type="checkbox"/>
Radiation	<input type="checkbox"/>	<input type="checkbox"/>
Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>
Hormonal treatments	<input type="checkbox"/>	<input type="checkbox"/>
Bone marrow or stem cell transplant	<input type="checkbox"/>	<input type="checkbox"/>
Other treatment (please specify) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did not receive treatment	<input type="checkbox"/>	<input type="checkbox"/>

[PROGRAMMER: If 'Did not receive treatment' selected, R should not be allowed to select other options]

[For every treatment the patient indicated, ask if received in the last 12 months]

TIMING. Were these treatments received in the last 12 months?

	Yes	No
Surgery to remove the tumor	<input type="checkbox"/>	<input type="checkbox"/>
Radiation	<input type="checkbox"/>	<input type="checkbox"/>
Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>
Hormonal treatments	<input type="checkbox"/>	<input type="checkbox"/>
Bone marrow or stem cell transplant	<input type="checkbox"/>	<input type="checkbox"/>
Other treatment (please specify) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

[If indicated that received radiation, chemotherapy, hormonal therapy, or other treatment, in the last 12 months, ask if currently receiving said treatment]

CURRENT. Are you currently receiving these treatments?

	Yes	No
Radiation	<input type="checkbox"/>	<input type="checkbox"/>
Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>
Hormonal treatments	<input type="checkbox"/>	<input type="checkbox"/>
Other treatment (please specify) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

[skip if 'not received treatment' or currently receiving chemotherapy or radiation]

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TREATDOC. At the completion of your cancer treatment(s), did your doctor give you a written document describing ALL the treatments you actually received? This would NOT include general pamphlets about cancer treatments or individual lab results.

Yes

No

Don't know

[skip if 'not received treatment' or currently receiving chemotherapy or radiation]

TREATCHECK. Have you ever received advice from a doctor, nurse, or other health care professional about where you should return, or who you should see, for routine cancer check-ups after completing treatment for cancer?

Yes

No

Don't know

[if received advice]

INFOFORMAT. Not including appointment cards or reminders, was this information written down, printed on paper, or provided in an electronic format?

Yes

No

Don't know

At any time since you were first diagnosed with cancer, did any doctor or other health care provider, including your current health care provider, discuss any of the following with you:

	Discussed it with me in detail	Discussed it with me briefly	Did not discuss at all	I don't remember
DISCUSSMONITOR. The need for regular follow-up care and monitoring (after completing your treatment)				
DISCUSSEFFECTS. Late or long-term side effects of cancer treatment that you may experience over time				
DISCUSSNEEDS. Your emotional or social needs related to your cancer, its treatment, or the lasting effects of that treatment				
DISCUSSLIFE. Lifestyle or healthy behavior recommendations, such as diet, exercise, or quitting smoking				

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How satisfied are you with the following aspects of your cancer related medical care...

	Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied	N/A
SATISALL. The overall medical care you received?						
SATISLIST. How well your health care team listened to your concerns?						
SATISANS. How well your health care team answered your questions?						
SATISNEED. How well your health care team met your emotional and social needs related to your cancer diagnosis and treatment?						

DIAGEFFECT. After you were diagnosed with cancer, did your doctor, nurse or other health professional talk with you about how cancer may affect your emotions or relationships with other people?

- Yes
- No
- Don't know

COPE. Did you participate in any of the following to help you cope psychologically or emotionally with your cancer? *Please select all that apply.*

- Support group
- Professional counseling
- Talk to religious leaders or members of spiritual community
- Talk to doctors, nurses, or other health professionals
- Talk to friends and family
- Yoga or other exercise
- Meditation
- Stress reduction or management techniques
- Other, please specify:
- None of the above

<Programmer: If they select None of the above do not allow selection of other responses.>

[if 'None of the above']

NOPART. Why did you not participate in any support services? *Please select all that apply.*

- I didn't know these services were available
- I didn't want to participate in these services or activities
- I didn't think I needed to participate in these activities
- I couldn't afford to participate in these activities
- Other, please specify:

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The following questions are about your experiences with your health insurance during your cancer diagnosis and treatment.

INSYN. Did you have any form of health insurance that paid for all or part of any of your medical care, tests, or cancer treatments?

Yes

No

[if insured]

INSTYPE. What kind of health insurance did you have at the time of your cancer diagnosis and treatment? *Please select all that apply.*

Exclude private plans that only provide extra cash while hospitalized, like Metlife or Aflac.

Private health insurance

Medicare

Medi-Gap

Medicaid

SCHIP

Military health care (TRICARE/VA/CHAMP-VA)

Indian Health Service

State-sponsored health plan

Other government program

Single service plan (e.g. dental, vision, prescription)

Don't know

[if private insurance]

Which one of these categories best describes how your private insurance plan was obtained at that time?

Through employer

Through union

Through workplace (don't know if union or employer)

Through workplace – self-employed or professional association

Purchased directly

Through Healthcare.gov or the Affordable Care Act, also known as Obamacare

Through a state/local government or community program

Don't know

[If insured]

INSREF. Was there ever a time when health insurance refused to cover a medical appointment for your cancer with the doctor or facility of your choice?

Yes

No

Doesn't apply

Don't know

[if insured]

INSREF2. Was there ever a time when health insurance refused to cover a second opinion about your cancer?

Yes

No

Doesn't apply

Don't know

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[if insured]

INSREFTEST. Was there ever a time when health insurance refused to cover a test or procedure recommended by your doctors for your cancer care and treatment?

Yes

No

Doesn't apply

Don't know

[if insured]

INSREFMED. Was there ever a time when health insurance refused to cover a medication prescribed for your cancer care?

Yes

No

Don't know

[if insured]

INSCONC. Were you ever concerned about losing your health insurance because of your cancer?

Yes

No [Skip to INSLOSS]

Not applicable [Skip to INSLOSS]

[if insured]

INSJOB. During your cancer diagnosis and treatment, did you ever stay at a job in part because you were concerned about losing your health insurance?

Yes

No

Not applicable

Don't know

Since your cancer diagnosis, did your spouse or significant other ever stay at a job in part because he/she was concerned about losing health insurance for the family?

Yes

No

Does not apply

INSLOSS. At any point during your cancer diagnosis or treatment, were you uninsured or did you lose your health insurance coverage?

Yes

No

Not applicable

Don't know

INSDENY. Were you ever denied health insurance coverage because of your cancer?

Yes

No

Doesn't apply

Don't know

CURRINS. Are you currently covered by any kind of health insurance or some other kind of health care plan?

Yes

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No
Don't know

CURRINSTYP. What kind of health insurance or health care coverage do you have? (select all that apply)
Exclude private plans that only provide extra cash while hospitalized, like Metlife or Aflac.

Private health insurance
Medicare
Medi-Gap
Medicaid
SCHIP
Military health care (TRICARE/VA/CHAMP-VA)
Indian Health Service
State-sponsored health plan
Other government program
Single service plan (e.g. dental, vision, prescription)
Don't know

[if have private insurance]

INSPRIVTYP. Which one of these categories best describes how your private insurance plan was obtained?

Through employer
Through union
Through workplace (don't know if union or employer)
Through workplace – self-employed or professional association
Purchased directly
Through Healthcare.gov or the Affordable Care Act, also known as Obamacare
Through a state/local government or community program
Don't know

INSNO. In the past 12 months, was there any time when you did not have any health insurance coverage?

Yes
No
Don't know

The following questions are about your occupational status and experiences with work before, during, and after your cancer treatment.

WORKSTATDIAG. At the time of your cancer diagnosis, what was your employment status?

Employed Full-time
Employed Part-time
Unemployed and looking for work
Unemployed and not looking for work
Homemaker
Retired
On disability
Other

[if employed full or part time]

PAYTYPE. Were you paid hourly or salaried?

Hourly

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Salaried
Not sure

[if employed full or part time]

How many hours did you spend sitting at work?

Less than 2.5 hours per day

More than 2.5 hours, but less than 5 hours per day

More than 5 hours, but less than 7 hours per day

7 hours or more per day

[if employed full or part time]

How much time did you spend at your job doing each of the following..

	All the time	Almost all the time	Most of the time	Sometimes	Never
Performing physical tasks or making physical efforts (e.g. lifting heavy objects)					
Performing tasks requiring intense concentration or attention					
Learning new things					
Keeping up the pace					

[if employed full or part time]

LEAVE. Did you take any leave or time-off from work for any of your cancer treatment and/or recovery?

Yes

No

There was no provision for time off and I had to quit working

[if employed full or part time]

LEAVETYP. What kind of leave or time-off did you take during your treatment and/or recovery? *(please select all that apply)*

Paid sick leave

Other paid time off

Unpaid leave or time-off

Family Medical Leave Act (FMLA)

N/A - I did not take leave or time off

Other, please specify:

Did you ever feel that your cancer, it's treatment, or the lasting effects of the treatment...

	Yes	No	DK
Interfered with your ability to perform any physical tasks required by your job?			
Interfered with your ability to perform any mental tasks required by your job?			
Made you feel like you were less productive at work?			

[if employed full or part time]

WORKADJ. During your cancer treatment and recovery did you ever...? *(please select all that apply)*

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Go part-time or work fewer hours
Make changes to your work schedule
Have different duties or responsibilities than before your diagnosis
Decide not to pursue a promotion or career advancement
Quit your job or decided to stop working
Retire earlier than expected

[if employed full or part time]

WORKPOST. After your treatment and recovery, did you continue working for pay?

Yes

No

[if Yes]

WORKPOSTTYPA. After treatment and recovery did you...

Continue at the same job you had before your cancer diagnosis

Have a different job than the one you had before your cancer diagnosis

Worked fewer hours at the same or different job

[if no]

WORKPOSTTYPB. After treatment and recovery did you...

Retire

Go on disability

Quit working

Lose your job or get fired

Continue looking for work

Other, please specify:

[if worked after cancer]

WORKDISC. Did you ever feel like you were experiencing discrimination in your workplace resulting from your cancer diagnosis, treatment, and its lasting effects?

Yes

No

[if worked after cancer]

WORKWORRY. Were you ever worried or concerned that you might lose your job while you were going through your cancer diagnosis and treatment?

Very worried

Somewhat worried

A little worried

Not at all worried

[if worked after cancer]

Would you have quit working after your cancer diagnosis and treatment if you were able to?

Yes

No

Don't Know

[ask of everyone]

CURRWORK. What is your current occupational status?

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Employed full-time
Employed part-time
Unemployed
Homemaker
Student
Retired
Disabled
Other (please specify:_____)

Next, we will ask about the possible financial impact cancer has had on your life.

FINPROB. To what degree has having cancer caused financial problems for you and your family?

A lot
Some
A little
None at all

FINHELP. Have you received financial help from family or friends because of your cancer or treatment?

Yes
No
Don't know

BORROW. Have you or someone in your family had to borrow money or go into debt because of your cancer or its treatment?

Yes
No
Don't know

BANKRUPT. Did you or your family ever file for bankruptcy because of your cancer or its treatment?

Yes
No
Don't know

FINSACR. Have you or your family ever had to make other kinds of financial sacrifices such as putting off important purchases or cutting down on spending because of your cancer or its treatment?

Yes
No
Don't know

[if yes to FINSACR]

FINSACOTH. What kinds of financial sacrifices did you or your family make because of your cancer or its treatment?

Reduced spending on vacation or other leisure activities
Delayed large purchases, like a car
Reduced spending on basics, like food and clothing
Used savings set aside for other purposes, like your retirement account, college funds, or other savings
Made a change to a living situation, like sold, refinanced, or moved to a smaller or more affordable home
Other, please specify: [write-in]

TREATSPENT. How much do you think you or your family spent out-of-pocket on co-pays, medical bills, and other expenses related to your cancer, its treatment, and any lasting effects of that treatment?

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- Less than \$2,000
- Between \$2,000 and \$5,000
- Between \$5,001 and \$10,000
- Between \$10,001 and \$25,000
- More than \$25,000
- Don't Know

Next, we will ask you a series of questions about your thoughts, beliefs, and experiences with cancer.

Many, if not all, people who have had cancer, wonder about the cause of their cancer and often develop a theory about how they got their cancer. In other words, even though we don't know all the causes of cancer, most people have an idea about why they have it.

CAUSEYN. Have you ever thought about what may have caused your cancer?

- Yes
- No

CAUSETYP. Several things have been shown to cause. One a scale of one to 5, with 5 meaning that it may have played a very large role in causing your cancer and 1 meaning it likely did not play a role in causing your cancer, how much of a role do you think each of the following played in causing cancer?

	Plays a very large role in causing breast cancer (5)	(4)	(3)	(2)	Does not play a role in causing breast cancer (1)	Don't Know
Environmental factors (e.g. pollution, chemicals, or pesticides)						
Lifestyle or behavioral factors (e.g. not exercising, tanning, drinking alcohol, or smoking)						
Stress or trauma (e.g. difficult life events)						
Genetics (e.g. cancer runs in the family)						
Biological factors (e.g. age, menopausal status, or						

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having children)						
Pre-existing diseases (e.g. infections or other chronic conditions)						
Emotions (e.g. depression or being a pessimist)						
Chance or bad luck						
Karma or God's will						

Are there any additional things, not already mentioned above, that you think could have played a role in causing your cancer?
 {free text response}

CHANCE. How would you rate your chances of getting cancer again in the future?

- Very high
- Somewhat high
- Moderate
- Somewhat low
- Very low

WORRY. How often do you worry about your cancer coming back or getting worse?

- All the time
- Often
- Sometimes
- Rarely
- Never

The following questions are about any recurrences or metastasis you may have had. A cancer recurrence is a cancer that has returned after you received treatment (e.g. prostate cancer that comes back after treatment). A cancer metastasis is when your cancer spreads from the original site to a new organ in the body (e.g. breast cancer that spreads to the lungs).

RECUR. At any time since you were first diagnosed with cancer, has a doctor or other health professional told you that your cancer had come back (that is, that you had a recurrence?)

- Yes
- No
- Don't know

[If had recurrence]

RECURAGE. How old were when you were diagnosed with a cancer recurrence?

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Don't know

META. At any time since you were first diagnosed with cancer, has a doctor or other health professional told you that your cancer has spread to another part of your body (that is, that you had a metastasis)?

Yes

No

Don't know

[if had metastasis]

METAAGE. How old were you when you were diagnosed with a cancer metastasis?

Don't know

CANSTAT. Has a doctor or health care provider told you that your cancer is now in remission, or that you are now cancer free?

Yes

No

Don't know

The next question asks about any other medical conditions you may have.

COND. Have you been told by a doctor or other health professional that you have any of these conditions?
Please select all that apply.

	Yes	No	Don't know
A. Hypertension (high blood pressure)			
B. High cholesterol			
C. Heart condition (heart attack, coronary heart disease, angina, or congestive heart failure)			
D. Diabetes or high blood sugar			
E. Arthritis			
F. Asthma			
G. Emphysema or chronic bronchitis			
H. Kidney disease			
I. Depression			
J. Anxiety			
K. Chronic liver condition			
L. Stomach and/or intestinal problems (Crohn's, ulcers, inflammatory bowel disease)			

SIDEEFF. Since your cancer, have you developed any of the following cancer treatment related side effects?
Please select all that apply.

Lymphedema

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Nerve problems, also called Neuropathy
Memory or concentration problems
Heart problems
Fatigue
Frequent or persistent pain

DOCTYPE. During your cancer treatment and recovery have you seen any of the following types of doctors or health professionals to treat physical side effects related to cancer or its treatment? *Please select all that apply.*

Physical therapist
Occupational therapist
Physiatrist (physical medicine)
Rehabilitation specialist
Massage Therapist
Acupuncturist
Nutritionist or Dietitian
Other

DEPMED. Have you ever taken any prescription medication for depression? (Some medications to treat depression could include Zoloft, Prozac, Sarafem, Lexapro, Celexa, Paxil, Effexor, Cymbalta, or Wellbutrin)

Yes
No
Don't know

[if yes]

DEPMEDTIME. Did you take this medication before, during, or after your cancer diagnosis and treatment? *Please select all that apply.*

Took medication BEFORE cancer diagnosis and treatment
Took medication DURING cancer diagnosis and treatment
Took medication AFTER cancer diagnosis and treatment
Don't know

[if yes]

DEPCURR. Are you currently taking medication for depression?

Yes
No
Don't know

[if yes to DEPCURR]

DEPSCRIPT. Who wrote the prescription for your anti-depressant medication?

Primary care doctor
Oncologist
Psychiatrist
Other please specify:
Don't know

ANXMED. Have you ever taken prescription medication for anxiety or for feeling worried or nervous? (Some medications to treat anxiety could include Xanax, Niravam, Klonopin, Ativan, Valium, Vanspar, or a beta-blocker like Bevbloc)

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- Yes
- No
- Don't know

[if yes]

ANXMEDTIME. Did you take this medication before, during, or after your cancer diagnosis and treatment? (please select all that apply)

- Took medication BEFORE cancer diagnosis and treatment
- Took medication DURING cancer diagnosis and treatment
- Took medication AFTER cancer diagnosis and treatment
- Don't know

[if yes]

ANXCURR. Are you currently taking medication to treat anxiety?

- Yes
- No
- Don't know

[if yes to ANXCURR]

ANXSCRIPT. Who wrote the prescription for your anti-anxiety medication?

- Primary care doctor
- Oncologist
- Psychiatrist
- Other please specify:
- Don't know

Now we'd like to ask a few questions about your current health.

HEALTH. In general would you say your health is...

- Excellent
- Very good
- Good
- Fair
- Poor

	Excellent	Very good	Good	Fair	Poor
LIFEQUAL. In general would you say your quality of life is...					
HLTHPHY. In general, how would you rate your physical health...					
HLTHMENT. In general, how would you rate your mental health, including your ability to think?					
RELSATIS. In general, how would you rate your satisfaction with your social activities and relationships?					
ROLESSATIS. In general please rate how well you carry out your usual social activities and roles (this					

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includes activities at home, at work, and in your community, and your responsibilities as a parent, child, spouse, employee, friend, etc.)					
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ACTIVE. To what extent are you able to carry out your everyday physical activities such as walking, climbing, stairs, carrying groceries, or moving a chair?

- Completely
- Mostly
- Moderately
- A little
- Not at all

EMOTION. In the past 7 days, how often have you been bothered by emotional problems, such as feeling anxious, depressed, or irritable?

- Always
- Often
- Sometimes
- Rarely
- Never

FATIGUE. In the past 7 days, how would you rate your fatigue on average?

- Very severe
- Severe
- Moderate
- Mild
- None

PAIN. On a scale from 1 to 10 where 0 is no pain and 10 is constant pain, how would you rate your pain, on average?

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

EQUIP. Do you now have any health problems that require you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

- Yes
- No

ABILITY. By yourself, and without using any special equipment, how difficult is it for you to...

	Very easy	Somewhat easy	Neither easy nor difficult	Somewhat difficult	Very difficult	Can't do at all	N/A
A. Walk a quarter mile - about 3 city blocks							
B. Walk up 10 steps without resting							
C. Stand or be on your feet for							

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about 2 hours							
D. Sit for about 2 hours							
E. Stoop, bend, or kneel							
F. Reach up over your head							
G. Use your fingers to grasp or handle small objects							
H. Lift or carry something as heavy as 10 pounds, like a full bag of groceries							
I. Push or pull large objects like a living room chair							
J. Go out for things like shopping, movies, or sporting events							
K. Participate in social activities like visiting friends, attending clubs and meetings, or going to parties							
L. Do things to relax at home or for leisure (reading, watching TV,							

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sewing, listening to music)							
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<Programmer: Put ABILITY across three screens, four items on each screen.>

SUPPORT. People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following support available to you if you need it?

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
A. Someone you can count on to listen to you when you need to talk					
B. Someone to give you good advice about a crisis					
C. Someone to give you information to help you understand a situation					
D. Someone to confide in or talk to about yourself or your problems					
E. Someone whose advice you really want					
F. Someone to share your most private worries and fears with					
G. Someone to turn to for suggestions about how to deal with a personal problem					
H. Someone who understands your problems					

<Programmer: Put SUPPORT across two screens, four items on each screen.>

BOTHER. Over the last 2 weeks, how often have you been bothered by the following problems?

	All of the time	Some of the time	A little of the time	None of the time
A. Feeling nervous, anxious, or on the edge				
B. Not being able to stop or control worrying				
C. Little interest or pleasure in doing things				
D. Feeling down, depressed, or hopeless				

The following questions are about your use and interactions with the health care system.

LASTVISIT. About how long has it been since you last saw or talked to a doctor or other health care professional about your health?

6 months or less

More than 6 months, but not more than 1 year ago

More than 1 year, but not more than 2 years ago

More than 2 years, but not more than 5 years ago

More than 5 years ago

Don't know

CHECKUPYN. Is there a place that you usually go to when you need routine or preventive care, such as a physical examination or check-up?

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Yes

No

[if have a place usually go for care]

CHECKUPTYP. What kind of place do you usually go to when you need routine or preventive care, such as a physical examination or check-up?

Clinic or health center

Doctor's office or HMO

Hospital emergency room

Hospital outpatient department

Urgent care clinic

Don't know

DOCTYPE. What type of doctor provides the majority of your health care? *Please select all that apply.*

Cancer surgeon

Internist or internal medicine doctor

Family practitioner

Plastic surgeon or reconstructive surgeon

Medical oncologist

Radiologist or Radiation oncologist

General surgeon

Gynecologist

Other, please specify:

DELAY. Have you delayed getting medical care for any of the following reasons in the PAST 12 MONTHS?

	Yes	No	Don't know
A. You couldn't get through on the telephone			
B. You couldn't get an appointment soon enough			
C. Once you get there, you have to wait too long to see the doctor			
D. The office wasn't open when you could get there			
E. You didn't have transportation			
F. Out of pocket costs or copayments			
G. Loss or change of insurance status			

COMMENT. We asked you several questions about your cancer diagnosis and treatment, as well as the impact that having cancer has had on several aspects of your life. Are there any additional experiences or challenges you faced that you would like to share with us that would be important for us to consider when thinking about people's experiences as cancer survivors?

<Programmer: Please apply a maximum character limit of 1,000.>

Finally, we have a few questions solely for statistical purposes.

EDUC. What is the highest grade or level of schooling you completed?

Grade 11 or less

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Completed high school
Post high school training other than college (vocational or technical)
Some college
College graduate
Postgraduate or graduate degree

MARITALSTAT. What is your marital status?

Married/partnered
Living as married
Divorced
Widowed
Separated
Living as married
Divorced/Widowed/Separated
Single, never been married

ETHNICITY. Are you of Hispanic, Latino/a, or Spanish origin?

Yes
No

[if Hispanic or Latino]

ETHNGROUP. Which group are you from?

Mexican, Mexican American, Chicano/a
Puerto Rican
Cuban
Dominican
Central or South American
Other Hispanic, Latino/a, or Spanish origin

RACE. What is your race? *Please select all that apply.*

White
Black or African American
Asian
Native Hawaiian or Pacific Islander
American Indian or Alaska Native

INCOME. Thinking about all the members of your family living in your household, what is your combined annual income, meaning the total pre-tax income from all sources, earned in the past year?

Less than \$20,000
\$21,000 to \$49,999
\$50,000 to \$99,999
\$100,000 to \$199,999
\$200,000 or more
Don't know

INCENTX

Congratulations, in appreciation for your time and effort completing the survey, we want to send you a \$5 Amazon gift card! Please enter your email address below so that we can send you the code.

Address

CLOSING SCREEN

This is the end of the survey.

Thank you very much for your time and effort.

If you would like more information about genetic testing for cancer risk, please visit the following resources:

Bring Your Brave (BRCA testing) https://www.cdc.gov/cancer/breast/young_women/bringyourbrave/

Know: BRCA <https://www.knowbrca.org/>

Talking to family members <http://kintalk.org/>

NCI Cancer Genetics Services Directory

<https://www.cancer.gov/about-cancer/causes-prevention/genetics/directory>

If you would like more information about the study, please call 1-312-201-4412 or send an email to cancersurvey@norc.org. If you have questions about your rights as a survey participant, you may call the NORC Institutional Review Board Administrator (toll-free) at 1-866-309-0542.