

SEX



Are you male or female?

- Male
- Female
- Prefer not to answer

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TREATTYPE



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

What type of treatment did you receive for your cancer?

	Yes	No	Don't know	Prefer not to answer
Surgery to remove the tumor	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chemotherapy	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hormonal treatments	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bone marrow or stem cell transplant	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other treatment (please specify) <input type="text"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did not receive treatment	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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TIMING



What do you have to say about cancer?

Were these treatments received in the last 12 months?

	Yes	No	Don't know	Prefer not to answer
Surgery to remove the tumor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chemotherapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hormonal treatments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bone marrow or stem cell transplant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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CURRENT



What do you have to say about cancer?

Are you currently receiving these treatments?

	Yes	No	Don't know	Prefer not to answer
Radiation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chemotherapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hormonal treatments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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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

- Prefer not to answer

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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

- Prefer not to answer

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INFOFORMAT



What do you have to say about cancer?

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
- Prefer not to answer

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DISCUSSMONITOR/DISCUSSEFFECTS/DISCUSSNEEDS/DISCUSSLIFE



What do you have to say about cancer?

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	Prefer not to answer
The need for regular follow-up care and monitoring (after completing your treatment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Late or long-term side effects of cancer treatment that you may experience over time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your emotional or social needs related to your cancer, its treatment, or the lasting effects of that treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lifestyle or healthy behavior recommendations, such as diet, exercise, or quitting smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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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	Prefer not to answer
The overall medical care you received?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How well your health care team listened to your concerns?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How well your health care team answered your questions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How well your health care team met your emotional and social needs related to your cancer diagnosis and treatment?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

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What do you have to say about cancer?

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
- Prefer not to answer

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COPE



What do you have to say about cancer?

Did you participate in any of the following to help you cope psychologically or emotionally with your cancer?

	Yes	No	Prefer not to answer
Support group	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional counseling	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Talk to religious leaders or members of spiritual community	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to doctors, nurses, or other health professionals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to friends and family	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yoga or other exercise	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Meditation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress reduction or management techniques	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify: <input type="text"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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NOPART



Why did you not participate in any support services?

	Yes	No	Prefer not to answer
I didn't know these services were available	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
I didn't want to participate in these services or activities	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
I didn't think I needed to participate in these activities	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
I couldn't afford to participate in these activities	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other, please specify: <input type="text"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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INSYN



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

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
- Prefer not to answer

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INSTYPE



What do you have to say about cancer?

What kind of health insurance did you have at that time?

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

	Yes	No	Don't know	Prefer not to answer
Private health insurance	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medi-Gap	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SCHIP	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Military health care (TRICARE/VA/CHAMP-VA)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indian Health Service	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
State-sponsored health plan	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other government program	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Single service plan (e.g. dental, vision, prescription)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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INSREF



What do you have to say about cancer?

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

- Prefer not to answer

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INSREF2



What do you have to say about cancer?

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

- Prefer not to answer

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For technical support, please call 1-312-201-4412 or send an email to CancerSurvey@norc.org.

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

- Prefer not to answer

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For technical support, please call 1-312-201-4412 or send an email to CancerSurvey@norc.org.

INSREFMED



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

- Yes
- No
- Don't know

- Prefer not to answer

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INSCONC



What do you have to say about cancer?

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

- Yes
- No
- Not applicable
- Prefer not to answer

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INSJOB



What do you have to say about cancer?

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
- Prefer not to answer

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INSLOSS



What do you have to say about cancer?

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

- Prefer not to answer

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INSDENY



What do you have to say about cancer?

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

- Yes
- No
- Doesn't apply
- Don't know

- Prefer not to answer

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CURRINS



What do you have to say about cancer?

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

- Yes
- No
- Don't know
- Prefer not to answer

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CURRINSTYP



What do you have to say about cancer?

What kind of health insurance or health coverage do you have?

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

	Yes	No	Don't know	Prefer not to answer
Private health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medi-Gap	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SCHIP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Military health care (TRICARE/VA/CHAMP-VA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indian Health Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State-sponsored health plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other government program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Single service plan (e.g. dental, vision, prescription)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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INSPRIVTYP



What do you have to say about cancer?

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

- Prefer not to answer

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INSNO



What do you have to say about cancer?

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

- Yes
- No
- Don't know

- Prefer not to answer

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WORKSTATDIAG



What do you have to say about cancer?

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

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

- Prefer not to answer

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PAYTYPE



What do you have to say about cancer?

Were you paid hourly or salaried?

- Hourly
- Salaried
- Not sure

- Prefer not to answer

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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
- Prefer not to answer

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LEAVETYP



What kind of leave or time-off did you take during your treatment and/or recovery?

	Yes	No	Prefer not to answer
Paid sick leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unpaid sick leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other paid time off	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Medical Leave Act (FMLA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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WORKADJ



What do you have to say about cancer?

During your cancer treatment and recovery did you ever...?

	Yes	No	Prefer not to answer
Go part-time or work fewer hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make changes to your work schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have different duties or responsibilities than before your diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decide not to pursue a promotion or career advancement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quit your job or decided to stop working	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retire earlier than expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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WORKPOST



What do you have to say about cancer?

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

- Yes
- No

- Prefer not to answer

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WORKPOSTTYP A



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

- Prefer not to answer

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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:

- Prefer not to answer

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WORKDISC



What do you have to say about cancer?

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

- Yes
- No

- Prefer not to answer

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WORKWORRY



What do you have to say about cancer?

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

- Prefer not to answer

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CURRWORK



What is your current occupational status?

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

- Prefer not to answer

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FINPROB



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

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

- A lot
- Some
- A little
- None at all
- Prefer not to answer

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FINHELP



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

- Yes
- No
- Don't know

- Prefer not to answer

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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

- Prefer not to answer

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BANKRUPT



What do you have to say about cancer?

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

- Yes
- No
- Don't know

- Prefer not to answer

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FINSACR



What do you have to say about cancer?

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

- Prefer not to answer

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FINSACOTH



What do you have to say about cancer?

Please describe what kind of financial sacrifices:

Prefer not to answer

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TREATSPENT



What do you have to say about cancer?

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?

- 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
- Prefer not to answer

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CAUSEYN



What do you have to say about cancer?

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.

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

- Yes
- No
- Prefer not to answer

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CAUSETYP



What do you have to say about cancer?

What do you think caused your cancer?

	Yes	No	Prefer not to answer
Environmental factors (pollution, chemicals, pesticides)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lifestyle and behavior factors (not exercising, tanning, drinking alcohol, smoking)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress or trauma (stress, injury, difficult life events)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genetics (runs in the family)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biological or physical (age, not having children, late menopause, early menarche)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor access to medical care (not getting tested for cancer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pre-existing disease or illness (infections, chronic conditions, previous cancer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chance (bad luck, or God's will)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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CHANCE



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

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

- Prefer not to answer

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WORRY



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

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

- Prefer not to answer

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RECUR



What do you have to say about cancer?

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).

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

- Prefer not to answer

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RECURAGE



What do you have to say about cancer?

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

- Don't know

- Prefer not to answer

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META



What do you have to say about cancer?

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

- Prefer not to answer

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METAAGE



What do you have to say about cancer?

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

-
- Don't know

- Prefer not to answer

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CANSTAT



What do you have to say about cancer?

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

- Prefer not to answer

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COND



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

Have you been told by a doctor or other health professional that you have any of these conditions?

	Yes	No	Don't know	Prefer not to answer
Hypertension (high blood pressure)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart condition (heart attack, coronary heart disease, angina, or congestive heart failure)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes or high blood sugar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emphysema or chronic bronchitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kidney disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic liver condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stomach and/or intestinal problems (Crohn's, ulcers, inflammatory bowel disease)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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SIDEEFF



What do you have to say about cancer?

Since your cancer, have you developed any of the following cancer treatment related side effects?

	Yes	No	Prefer not to answer
Lymphedema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nerve problems, also called Neuropathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory or concentration problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequent or persistent pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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DOCTYPE



What do you have to say about cancer?

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?

	Yes	No	Prefer not to answer
Physical therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physiatrist (physical medicine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rehabilitation specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Massage Therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acupuncturist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutritionist or Dietitian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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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

- Prefer not to answer

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DEPMEDTIME



Did you take this medication before, during, or after your cancer diagnosis and treatment?

	Yes	No	Don't know	Prefer not to answer
Took medication BEFORE cancer diagnosis and treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Took medication DURING cancer diagnosis and treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Took medication AFTER cancer diagnosis and treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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DEPCURR



Are you currently taking medication for depression?

- Yes
- No
- Don't know

- Prefer not to answer

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DEPSRIPT



Who wrote the prescription for your anti-depressant medication?

- Primary care doctor
- Oncologist
- Psychiatrist
- Other please specify:
- Don't know
- Prefer not to answer

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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)

- Yes
- No
- Don't know
- Prefer not to answer

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ANXMEDTIME



Did you take this medication before, during, or after your cancer diagnosis and treatment?

	Yes	No	Don't know	Prefer not to answer
Took medication BEFORE cancer diagnosis and treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Took medication DURING cancer diagnosis and treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Took medication AFTER cancer diagnosis and treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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ANXCURR



What do you have to say about cancer?

Are you currently taking medication to treat anxiety?

- Yes
- No
- Don't know

- Prefer not to answer

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ANXSCRIPT



What do you have to say about cancer?

Who wrote the prescription for your anti-anxiety medication?

- Primary care doctor
- Oncologist
- Psychiatrist
- Other please specify:

- Don't know
- Prefer not to answer

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HEALTH



What do you have to say about cancer?

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

In general would you say your health is...

- Excellent
- Very good
- Good
- Fair
- Poor

- Prefer not to answer

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LIFEQUAL/HLTHPHY/HLTHMENT/RELSATIS/ROLESSATIS



What do you have to say about cancer?

	Excellent	Very Good	Good	Fair	Poor	Prefer not to answer
In general, would you say your quality of life is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, how would you rate your physical health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, how would you rate your mental health, including your ability to think?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, how would you rate your satisfaction with your social activities and relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, please rate how well you carry out your usual social activities and roles (this includes activities at home, at work, and in your community, and your responsibilities as a parent, child, spouse, employee, friend, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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ACTIVE



What do you have to say about cancer?

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

- Prefer not to answer

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EMOTION



What do you have to say about cancer?

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

- Prefer not to answer

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FATIGUE



What do you have to say about cancer?

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

- Very severe
- Severe
- Moderate
- Mild
- None

- Prefer not to answer

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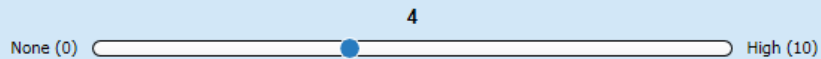
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PAIN



What do you have to say about cancer?

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? Please click to move the slider to select your response.



- Prefer not to answer

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EQUIP



What do you have to say about cancer?

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
- Don't know
- Prefer not to answer

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ABILITY



What do you have to say about cancer?

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	Prefer not to answer
Walk a quarter mile – about 3 city blocks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk up 10 steps without resting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stand or be on your feet for about 2 hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sit for about 2 hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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What do you have to say about cancer?

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	Prefer not to answer
Stoop, bend, or kneel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reach up over your head	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use your fingers to grasp or handle small objects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lift or carry something as heavy as 10 pounds, like a full bag of groceries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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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	Prefer not to answer
Push or pull large objects like a living room chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go out for things like shopping, movies, or sporting events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participate in social activities like visiting friends, attending clubs and meetings, or going to parties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do things to relax at home or for leisure (reading, watching TV, sewing, listening to music)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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SUPPORT



What do you have to say about cancer?

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	Prefer not to answer
Someone you can count on to listen to you when you need to talk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone to give you good advice about a crisis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone to give you information to help you understand a situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone to confide in or talk to about yourself or your problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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What do you have to say about cancer?

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	Prefer not to answer
Someone whose advice you really want	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone to share your most private worries and fears with	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone to turn to for suggestions about how to deal with a personal problem	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone who understands your problems	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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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	Prefer not to answer
Feeling nervous, anxious, or on the edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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LASTVISIT



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

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
- Prefer not to answer

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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?

- Yes
- No

- Prefer not to answer

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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

- Prefer not to answer

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DOCTYPE



What type of doctor provides the majority of your health care?

	Yes	No	Prefer not to answer
Cancer surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internist or internal medicine doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family practitioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plastic surgeon or reconstructive surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical oncologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiologist or Radiation oncologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gynecologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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DELAY



What do you have to say about cancer?

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

	Yes	No	Don't know	Prefer not to answer
You couldn't get through on the telephone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You couldn't get an appointment soon enough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once you get there, you have to wait too long to see the doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The office wasn't open when you could get there	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You didn't have transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Out of pocket costs or copayments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss or change of insurance status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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COMMENT



What do you have to say about cancer?

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?

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EDUCATIONGP



What do you have to say about cancer?

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

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

- Grade 11 or less
- Completed high school
- Post high school training other than college (vocational or technical)
- Some college
- College graduate
- Postgraduate or graduate degree

- Prefer not to answer

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MARITALSTAT



What do you have to say about cancer?

What is your marital status?

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

- Prefer not to answer

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ORIENTATION



**What do you have to
say about cancer?**

Which of the following best represents how you think about yourself?

- Lesbian or Gay
- Straight, that is, not lesbian or gay
- Bisexual
- Something else
- I don't know how to answer

- Prefer not to answer

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IDENTITY



**What do you have to
say about cancer?**

How do you describe yourself? (Select One)

- Female
- Male
- Transgender
- Do not identify as female, male, or transgender

- Prefer not to answer

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ETHNICITY



What do you have to say about cancer?

Are you of Hispanic, Latina, or Spanish origin?

- Yes
- No

- Prefer not to answer

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ETHNGROUP



What do you have to say about cancer?

Which group are you from?

- Mexican, Mexican American, Chicana
- Puerto Rican
- Cuban
- Dominican
- Central or South American
- Other Hispanic, Latina, or Spanish origin

- Prefer not to answer

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RACE



What do you have to say about cancer?

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

- Prefer not to answer

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INCOME



What do you have to say about cancer?

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

- Prefer not to answer

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Gift Card



What do you have to
say about cancer?

Congratulations, you are eligible for a \$5 Amazon gift card. Would you like to collect your gift card?

- Yes
- No

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What do you have to
say about cancer?

Would you like us to email the gift code number to you?

- Yes
- No

BACK **NEXT**

SAVE & EXIT

For technical support, please call 1-312-201-4412 or send an email to CancerSurvey@norc.org.



Below is your gift code number:

2DDP-VRDD3S-BN8S

Please write this down or [print](#) it for your records.

This is the end of the survey.

Thank you very much for your time and effort.

If you would like information regarding genetic testing or treatment resources, please visit the following CDC webpage: <https://www.cdc.gov/cancer/dcpc/resources/index.htm>.

If you would like more information about the study, please call 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.

SUBMIT

For technical support, please call 1-312-201-4412 or send an email to CancerSurvey@norc.org.

Save and Exit



Are you sure you want to exit the survey?

If you reached this page by mistake, please click BACK to return to the survey.

BACK **NEXT**

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