

ATTACHMENT 4A

Caregiver Survey (online, English)

Public reporting burden of this collection of information is estimated to average of 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-####).

CDC Barriers Caregiver Survey

English ▼

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Si desea completar la encuesta en español, seleccione español en el menú desplegable en la parte superior derecha de la pantalla.

Thank you for agreeing to participate in this study. This survey will take you about 15 minutes to complete. After you submit the survey, you will receive a \$40 check or electronic gift card as a token of appreciation for your time.

A goal of this study is to collect information about your experience as a caregiver for someone who was diagnosed with cancer. We are also interested in learning about any barriers your care recipient may have faced during their treatment.

This survey includes questions on several topics. For example, you will be asked about where you live, your health, and how caregiving has impacted you. Some of these questions ask you to think back to events that may have occurred a few years ago.

Although the answers may be hard to remember, please do the best you can. There are no right or wrong answers to any of these questions. You should just report what you have been through as a caregiver.

Participation in this study is voluntary. Questions answered in this study will not affect your health care. You can skip any question you do not want to answer. Just go on to the next question. You may exit the survey at any time. You may also complete the survey in multiple sittings; your answers will be saved. Joining this study has minimal risks. Some of the questions on the survey may be upsetting, but you don't have to answer them. Protections are in place to keep your data as safe as possible.

CDC Barriers Survey

English ▼

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How old are you?

- ☐ 21-24 years old
- ☐ 25-29 years old
- ☐ 30-34 years old
- ☐ 35-39 years old
- ☐ 40-44 years old
- ☐ 45-49 years old
- ☐ 50-54 years old
- ☐ 55-59 years old
- ☐ 60-64 years old
- ☐ 65-69 years old
- ☐ 70-74 years old
- ☐ 75 years old or older

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Progress  7%

CDC Barriers Caregiver Survey



English ▼

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What is your relationship to the individual, who was diagnosed with breast cancer in 2021?

They are your:

- ☐ spouse (husband/wife)
- ☐ domestic partner
- ☐ child
- ☐ parent
- ☐ sibling
- ☐ friend
- ☐ Other – Please specify:

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Progress  10%

CDC Barriers Caregiver Survey



English ▼

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For the rest of the survey, we will refer to the individual to whom you provided care during their cancer treatment as a “care recipient.”

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CDC Barriers Caregiver Survey



English ▼

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Do you live in the same household with the care recipient?

- ☐ Yes
- ☐ No

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Progress  12%

CDC Barriers Caregiver Survey



English ▼

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What is your biological sex? This is a category that is based upon your original birth certificate.

- ☐ Male
- ☐ Female
- ☐ Prefer not to answer

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Progress  14%

CDC Barriers Survey

English ▼

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What ethnicity do you identify as?

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Prefer not to answer

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Progress  8%

CDC Barriers Survey

English ▼

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What race do you identify as? Select all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Multiracial
- ☐ Other - Please specify:
- ☐ Prefer not to answer

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Progress  9%

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What was your marital status when the care recipient was first diagnosed?

- ☐ Never married
- ☐ Married
- ☐ Living together with a partner as an unmarried couple / cohabitating
- ☐ Widowed
- ☐ Separated or divorced

What is your current marital status?

- ☐ Never married
- ☐ Married
- ☐ Living together with a partner as an unmarried couple / cohabitating
- ☐ Widowed
- ☐ Separated or divorced

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Progress  19%

CDC Barriers Caregiver Survey



English ▼

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What was your employment status when the care recipient was **first diagnosed**?

- ☐ Employed for pay (including self-employed) – 40 hours or more per week
- ☐ Employed for pay (including self-employed) – Less than 40 hours per week
- ☐ Retired
- ☐ Homemaker
- ☐ Student
- ☐ Out of work
- ☐ Unable to work (e.g., due to disability, work authorization)

What is your **current** employment status?

- ☐ Employed for pay (including self-employed) – 40 hours or more per week
- ☐ Employed for pay (including self-employed) – Less than 40 hours per week
- ☐ Retired
- ☐ Homemaker
- ☐ Student
- ☐ Out of work
- ☐ Unable to work (e.g., due to disability, work authorization)

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Progress  21%

CDC Barriers Survey

English ▼

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What is your **current** employment status?

- ☐ Employed for pay (including self-employed) – 40 or more hours per week
- ☐ Employed for pay (including self-employed) – Less than 40 hours per week
- ☐ Retired
- ☐ Homemaker
- ☐ Student
- ☐ Out of work for 1 year or more
- ☐ Out of work for less than 1 year
- ☐ Unable to work (e.g., due to disability, work authorization)

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Progress  13%

CDC Barriers Survey

English ▼

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What was your total household income in 2021?

- ☐ Less than \$20,000
- ☐ \$20,001–\$40,000
- ☐ \$40,001–\$60,000
- ☐ \$60,001–\$80,000
- ☐ \$80,001–\$100,000
- ☐ \$100,001–\$120,000
- ☐ More than \$120,000
- ☐ Don't know

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Progress  14%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

What was your health insurance status when the care recipient was first diagnosed? Please select all that apply.

- ☐ No insurance
- ☐ Lapse in coverage
- ☐ Private health insurance (purchased on your own or from your job or from your spouse's / partner's / parent's job)
- ☐ Medicaid
- ☐ Medicare/Medicare Advantage
- ☐ Military (Tricare, Champ-VA, or some other military insurance)
- ☐ Other - Please specify:

What is your current health insurance status? Please select all that apply.

- ☐ No insurance
- ☐ Lapse in coverage
- ☐ Private health insurance (purchased on your own or from your job or from your spouse's / partner's / parent's job)
- ☐ Medicaid
- ☐ Medicare/Medicare Advantage
- ☐ Military (Tricare, Champ-VA, or some other military insurance)
- ☐ Other - Please specify:

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Progress  25%

CDC Barriers Survey

English ▼

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What is the highest level of school that you completed?

- ☐ Elementary or middle school
- ☐ 9th –12th grade but not a high school graduate
- ☐ High school graduate or GED
- ☐ Some college or technical school
- ☐ College graduate
- ☐ Post-graduate or professional degree

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Progress  16%

CDC Barriers Caregiver Survey



English ▼

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What was your zip code during the care recipient's cancer treatment? Please enter a 5-digit zip code.

- ☐ I lived in multiple zip codes during the care recipient's cancer treatment.
- ☐ Don't know

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Progress  28%

Please enter the zip codes where you lived.

Zip Code 1:

Zip Code 2:

Zip Code 3:

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Progress  21%

CDC Barriers Caregiver Survey



English ▼

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Which best describes your home during your time as a caregiver to the care recipient?

- ☐ A one-family house detached from any other house (including mobile homes)
- ☐ A one-family house attached to one or more houses (e.g., townhome, duplex)
- ☐ An apartment building, apartment complex, or condo
- ☐ I did not have stable housing (staying in a hotel, in a shelter, living outside on the street or in a park, etc.).
- ☐ Other - Please specify:

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Progress  34%

CDC Barriers Survey

English ▼

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Think about your household, which includes everyone who lives with you.

Please indicate whether the following statements are often true, sometimes true, or never true.

"Within the past 12 months, we worried whether our food would run out before we had money to buy more."

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

"Within the past 12 months, the food we bought just didn't last and we didn't have money to get more."

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

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Progress  23%

[Save and Continue Later](#)

What condition(s) had you been dealing with shortly before the care recipient's breast cancer diagnosis? Select all that apply.

- ☐ Arthritis, rheumatism, or gout
- ☐ Benign tumors or cysts
- ☐ Cancer
- ☐ Chronic pain
- ☐ Circulation problems (including blood clots)
- ☐ Dementia or Alzheimer's
- ☐ Depression, anxiety, or emotional problem
- ☐ Diabetes
- ☐ Epilepsy or seizures
- ☐ Fibromyalgia or lupus
- ☐ Gastrointestinal conditions or disorders
- ☐ Hearing problem
- ☐ Heart problem
- ☐ Hernia
- ☐ Hypertension or high blood pressure
- ☐ Kidney, bladder, or renal problems
- ☐ Lung or breathing problem (for example, asthma and emphysema)
- ☐ Migraine headaches (not just headaches)
- ☐ Multiple Sclerosis (MS) or Muscular Dystrophy (MD)
- ☐ Osteoporosis or tendinitis
- ☐ Parkinson's disease or other tremors
- ☐ Stroke
- ☐ Thyroid problems or Graves' disease
- ☐ Ulcer
- ☐ Vision problem or problem seeing
- ☐ Weight problem
- ☐ Other impairment or problem - Please specify one:
- ☐ None of the above

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Progress  38%

CDC Barriers Caregiver Survey



English ▼

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The next questions are about your experiences during the care recipient's cancer treatment.

Were you the primary caregiver for the care recipient, taking responsibility for most of the care recipient's needs during their treatment?

- ☐ Yes
- ☐ No

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Progress  39%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

**During the care recipient's cancer treatment, what type(s) of support did you provide?
Select all that apply.**

- ☐ Provided emotional support
- ☐ Provided financial support
- ☐ Helped manage finances
- ☐ Accompanied care recipient to medical appointments
- ☐ Helped with medical decision-making
- ☐ Coordinated medical care (e.g., finding health care providers, making appointments, helping with prescriptions/medications)
- ☐ Provided transportation to and from doctor, for errands, etc.
- ☐ Assisted with daily tasks (e.g., cooking, cleaning, childcare)
- ☐ Other – Please specify:

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Progress  41%

CDC Barriers Caregiver Survey



English ▼

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During the care recipient's cancer treatment, were you paid for your role as a caregiver?

- ☐ Yes
- ☐ No

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Progress  42%

CDC Barriers Caregiver Survey



English ▼

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During the care recipient's cancer treatment, what were your household's source(s) of income? Select all that apply.

- ☐ Income from employment
- ☐ Pension or retirement
- ☐ Government assistance (disability, social security)
- ☐ Paid leave from work
- ☐ Stipends or financial assistance from nonprofit organizations or charitable organizations
- ☐ Other – Please specify:

Currently, what are your household's sources of income? Select all that apply.

- ☐ Income from employment
- ☐ Pension or retirement
- ☐ Government assistance (disability, social security)
- ☐ Paid leave from work
- ☐ Stipends or financial assistance from nonprofit organizations or charitable organizations
- ☐ Other – Please specify:

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Progress  44%

CDC Barriers Caregiver Survey



English ▼

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During the care recipient's cancer treatment, how many hours per week on average did you spend caring for them (e.g., attending doctor's appointments, helping them manage side effects, assisting with daily tasks like cooking or cleaning, spending time together, praying)?

- ☐ Less than 5 hours
- ☐ Between 5 to 10 hours
- ☐ Between 11 to 15 hours
- ☐ Between 16 to 20 hours
- ☐ More than 20 hours
- ☐ Don't know

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Progress  46%

CDC Barriers Caregiver Survey



English ▼

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During the care recipient's cancer treatment, was your employment impacted by your role as a caregiver?

- ☐ Yes, my work schedule changed (e.g., went from full to part-time or my hours were reduced or increased)
- ☐ Yes, my employment status changed (e.g., changed jobs, quit job, retired, or got an additional job).
- ☐ No (e.g. job stayed the same, was already retired)

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Progress  47%

CDC Barriers Caregiver Survey



English ▼

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During the care recipient's cancer treatment, did you use time off for caregiving?

- ☐ Yes, I took paid time off.
- ☐ Yes, I took unpaid time off.
- ☐ Yes, I took both paid and unpaid time off.
- ☐ No

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Progress  48%

CDC Barriers Caregiver Survey



English ▼

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During the care recipient's cancer treatment, was your income impacted by your role as a caregiver?

- ☐ Yes, I lost my source of income (e.g., stopped working or quit job).
- ☐ Yes, my income decreased (e.g., reduced hours worked, switched to lower paying job).
- ☐ Yes, my income increased.
- ☐ No

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Progress  50%

CDC Barriers Caregiver Survey



English ▼

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The next questions are about the care recipient's cancer treatment.

Did the care recipient ever discuss the cost of treatment for their cancer with their doctors or other healthcare providers?

- ☐ Yes
- ☐ No
- ☐ I don't know whether they discussed it.

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Progress  51%

[Save and Continue Later](#)

When the care recipient was choosing a treatment course for their cancer, did they consider the costs of specific treatments?

- ☐ A great deal
- ☐ Somewhat
- ☐ Not at all
- ☐ Not applicable; the care recipient did not receive information about treatment costs.
- ☐ Don't know

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Progress  52%

[Save and Continue Later](#)

How much money would you estimate your care recipient/care recipient's household has paid out-of-pocket in the past 12 months for medical expenses related to their breast cancer, including co-payments, hospital bills, deductibles, and medication costs – including hormonal therapy and other medications to help prevent cancer recurrence?

For this question, please think of out-of-pocket money that they spent and not money provided by the insurance company.

- ☐ Less than \$500
- ☐ \$500-\$2,000
- ☐ \$2,001-\$5,000
- ☐ \$5,001-\$10,000
- ☐ More than \$10,000
- ☐ Don't know

How much money would you estimate your care recipient has paid out-of-pocket in the past 12 months for other expenses related to their breast cancer, such as travel costs, parking, child/elderly care, special diet/food/drinks, etc.?

For this question, please think of out-of-pocket money that they spent and not money provided by the insurance company.

- ☐ Less than \$500
- ☐ \$500-\$2,000
- ☐ \$2,001-\$5,000
- ☐ \$5,001-\$10,000
- ☐ More than \$10,000
- ☐ Don't know

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Progress 55%

[Save and Continue Later](#)

How would you describe the care recipient's reaction to the money they spent for cancer treatment?

They spent...

- ☐ ...more money than they expected
- ☐ ...about as much money as they expected
- ☐ ...less money than they expected
- ☐ Don't know

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Progress



56%

[Save and Continue Later](#)

What were the top non-medical issues the care recipient faced during their cancer treatment?

You may select up to 5 issues.

- ☐ **Afraid the treatment will be too painful or unpleasant**
- ☐ **Could not afford care** (e.g., cost too much; other competing expenses)
- ☐ **Could not afford food**
- ☐ **Lack of permanent, stable housing**
- ☐ **No insurance coverage, or insurance company would not approve, cover or pay for care**
- ☐ **Problems getting transportation to doctor's office for treatment or office was too far away**
- ☐ **Could not get time off work for appointments and care** (e.g., no paid sick leave, no flexible work schedule, no medical leave)
- ☐ **Didn't know where to go to get care** (e.g., no primary doctor or usual source of care to make referral; unfamiliar with local providers; local specialty practice closed)
- ☐ **Was refused services** (e.g., out of network provider, not accepting new patients)
- ☐ **Took too long to get an appointment that worked for their schedule**
- ☐ **Experienced discrimination** (e.g., racial or ethnic discrimination, gender, weight, sexual orientation, disability status)
- ☐ **Unable to understand the doctor's language** (e.g., different language without access to interpretation)
- ☐ **Medical information was too hard to understand**
- ☐ **Couldn't get dependent care** (e.g., for child, elderly relative, or relative with a disability)
- ☐ **Could not get a friend or family member to go with them to appointment**
- ☐ **Other**
- ☐ **Did not encounter any issues**
- ☐ **I was not aware of any issues.**

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Progress  57%


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Of the top issues you selected, please rank them, with "1" being the most important.

- ☐ Afraid the treatment will be too painful or unpleasant
- ☐ Could not afford care (e.g., cost too much; other competing expenses)
- ☐ Could not afford food
- ☐ Lack of permanent, stable housing
- ☐ No insurance coverage, or insurance company would not approve, cover or pay for care

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Progress  60%

If respondent selected "Did not encounter any issues", they will see:

Please select the top 5 factors that made it easier for the cancer recipient to get medical care for their cancer treatment.

- ☐ Worked with a nurse/patient navigator who provided additional support
- ☐ Had support of a caregiver
- ☐ Was able to manage side effects
- ☐ Was able to afford care
- ☐ Was able to cover all non-medical expenses like food
- ☐ Had permanent, stable housing
- ☐ Insurance covered most of their medical costs
- ☐ Easy access to transportation
- ☐ Convenient location of healthcare provider
- ☐ Was able to take time off work for appointments and care (e.g., paid sick leave, flexible work schedule, medical leave available)
- ☐ Connected to a provider by someone they knew (e.g., doctor, nurse, family member, friend, others on social media)
- ☐ Was able to get an appointment with a doctor or specialist within a reasonable timeframe
- ☐ Was able to make arrangements for dependent care (e.g., for child, elderly relative, or relative with a disability), if needed
- ☐ Was treated with respect by their doctor
- ☐ Was able to understand medical information that was shared with them
- ☐ Other - Please specify:

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Progress  61%

[Save and Continue Later](#)

During the care recipient's cancer treatment, was your health impacted by your role as caregiver?

- ☐ Yes, it was negatively impacted.
- ☐ Yes, it was positively impacted.
- ☐ No, my health was not impacted.

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Progress



62%

[Save and Continue Later](#)

During the care recipient's cancer treatment, how much support did you get from your family?

- ☐ All of the support I needed
- ☐ Some of the support I needed
- ☐ No support
- ☐ Prefer not to answer

During the care recipient's cancer treatment, how much support did you get from your friends?

- ☐ All of the support I needed
- ☐ Some of the support I needed
- ☐ No support
- ☐ Prefer not to answer

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Progress  66%

CDC Barriers Caregiver Survey



English ▼

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The next three questions will ask about how you have felt more recently, in the past week.

Below is a list of statements that other people facing an illness have said are important.

For each of the following statements, please select your response as it applies to the past 7 days.

	1 – Not at all	2 - A little bit	3 - Somewhat	4 - Quite a bit	5 - Very much
I have a lack of energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have nausea.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because of my physical condition, I have trouble meeting the needs of my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel ill.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to enjoy life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am forced to spend time in bed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress 69%

CDC Barriers Caregiver Survey



English ▼

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Are you currently taking any medication or receiving other medical treatments?

- ☐ No
☐ Yes

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Progress 70%

CDC Barriers Caregiver Survey



English ▼

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Please select your response to the following statement as it applies to the **past 7 days**.

	1 – Not at all	2 - A little bit	3 - Somewhat	4 - Quite a bit	5 – Very much
I am bothered by the side effects of treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress 71%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

Below is a list of statements that other people facing an illness have said are important.

For each of the following statements, please select your response as it applies to the **past 7 days**.

	1 – Not at all	2 - A little bit	3 - Somewhat	4 - Quite a bit	5 – Very much
I am satisfied with how I am coping with my loved one's illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am losing hope in the fight against my loved one's illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry about my loved one dying.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry that my loved one's condition will get worse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress 73%

CDC Barriers Caregiver Survey



English ▼

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Below is a list of statements that other people facing an illness have said are important.

For each of the following statements, please select your response as it applies to the past 7 days.

	1 – Not at all	2 - A little bit	3 - Somewhat	4 - Quite a bit	5 – Very much
I am able to work (include work at home).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My work (include work at home) is fulfilling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to enjoy life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have accepted my loved one's illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am sleeping well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am enjoying the things I usually do for fun.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am content with the quality of my life right now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress 74%

CDC Barriers Caregiver Survey



English ▼

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During the care recipient's cancer treatment, were you provided with information or resources specifically for caregivers? Select all that apply.

- ☐ Yes, from my care recipient's doctor or health care team
- ☐ Yes, from a nonprofit organization (e.g., American Cancer Society)
- ☐ Yes, from another source – Please specify:
- ☐ No
- ☐ Don't know

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Progress 75%

CDC Barriers Caregiver Survey



English ▼

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How informed did you feel about the potential side effects from the care recipient's treatment?

- ☐ Very
- ☐ Somewhat
- ☐ Not at all

How informed did you feel about the potential complications (e.g., drains blocking, wounds not healing) from the care recipient's treatment?

- ☐ Very
- ☐ Somewhat
- ☐ Not at all

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Progress



78%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

How often did the care recipient's doctors and other healthcare providers give you as much cancer-related information as you wanted?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Not applicable (I did not ask for cancer-related information.)

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Progress



80%

Please describe your experience (optional):

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Progress



80%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

How often did the care recipient's doctors and other healthcare providers show respect for what you had to say?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Not applicable (I did not speak with my loved one's doctor.)

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Progress



83%

Please describe your experience (optional):

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Progress



80%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

How often did the care recipient's other family members and/or friends show respect or appreciate your efforts (e.g., help with decision-making, house chores, emotional support, transportation, etc.)?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Not applicable (I did not speak with other family members and/or friends.)

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Progress  85%

Please describe your experience (optional):

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Progress  80%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

As a thank you for completing this survey, we will provide you with \$40. Do you prefer to receive an electronic VISA gift card emailed to you or a check mailed to your home?

Processing time for an e-card is about a week. Processing time for a check is about 3-4 weeks.

- ☐ Electronic gift card emailed to me
- ☐ Check mailed to my home

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Progress  95%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Please enter your contact information so that we may send you a \$40 check.

Full name:

Street address 1:

Street address 2:

City:

State:

Zip code:

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Progress  96%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Please enter your email address for the electronic gift card:

Please retype the email address for confirmation:

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Progress  98%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

We will be conducting 1-hour phone or online interviews with a subset of caregivers who complete this survey and are willing to volunteer their time.

Would you like to be considered to participate in a 1-hour phone/online interview?

- ☐ Yes
☐ No

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Progress  93%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

Please provide your phone number:

Please provide your email address:

Please retype the email address for confirmation:

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Progress  97%

CDC Barriers Caregiver Survey



English ▼

Thank you!

If you have any questions about the survey, please do not hesitate to call us toll free at (833) 997-2714 or email us at CDC_CancerSurvey@rti.org 

Please click [SUBMIT] to submit your responses.

Submit

Progress



100%

CDC Barriers Caregiver Survey

English ▼

[Save and Continue Later](#)

Si desea completar la encuesta en español, seleccione español en el menu despegable en la parte superior derecha de la pantalla.

Thank you for agreeing to participate in this study. This survey will take you about 15 minutes to complete. After you submit the survey, you will receive a \$40 check or electronic gift card as a token of appreciation for your time.

A goal of this study is to collect information about your experience as a caregiver for someone who was diagnosed with cancer. We are also interested in learning about any barriers your care recipient may have faced during their treatment.

This survey includes questions on several topics. For example, you will be asked about where you live, your health, and how caregiving has impacted you. Some of these questions ask you to think back to events that may have occurred a few years ago.

Although the answers may be hard to remember, please do the best you can. There are no right or wrong answers to any of these questions. You should just report what you have been through as a caregiver.

Participation in this study is voluntary. Questions answered in this study will not affect your health care. You can skip any question you do not want to answer. Just go on to the next question. You may exit the survey at any time. You may also complete the survey in multiple sittings; your answers will be saved. Joining this study has minimal risks. Some of the questions on the survey may be upsetting, but you don't have to answer them. Protections are in place to keep your data as safe as possible.

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

How old are you?

- ☐ 21-24 years old
- ☐ 25-29 years old
- ☐ 30-34 years old
- ☐ 35-39 years old
- ☐ 40-44 years old
- ☐ 45-49 years old
- ☐ 50-54 years old
- ☐ 55-59 years old
- ☐ 60-64 years old
- ☐ 65-69 years old
- ☐ 70-74 years old
- ☐ 75 years old or older

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Progress  7%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)


What is your relationship to the individual, who was diagnosed with breast cancer in 2021?

They are your:

- ☐ spouse (husband/wife)
- ☐ domestic partner
- ☐ child
- ☐ parent
- ☐ sibling
- ☐ friend
- ☐ Other – Please specify:

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Progress  10%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

For the rest of the survey, we will refer to the individual to whom you provided care during their cancer treatment as a “care recipient.”

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Progress  11%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

Do you live in the same household with the care recipient?

- ☐ Yes
- ☐ No

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Progress  12%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

What is your biological sex? This is a category that is based upon your original birth certificate.

- ☐ Male
- ☐ Female
- ☐ Prefer not to answer

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Progress  14%

[Save and Continue Later](#)

What was your marital status when the care recipient was first diagnosed?

- ☐ Never married
- ☐ Married
- ☐ Living together with a partner as an unmarried couple / cohabitating
- ☐ Widowed
- ☐ Separated or divorced

What is your current marital status?

- ☐ Never married
- ☐ Married
- ☐ Living together with a partner as an unmarried couple / cohabitating
- ☐ Widowed
- ☐ Separated or divorced

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Progress  19%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

What was your employment status when the care recipient was **first diagnosed**?

- ☐ Employed for pay (including self-employed) – 40 hours or more per week
- ☐ Employed for pay (including self-employed) – Less than 40 hours per week
- ☐ Retired
- ☐ Homemaker
- ☐ Student
- ☐ Out of work
- ☐ Unable to work (e.g., due to disability, work authorization)

What is your **current** employment status?

- ☐ Employed for pay (including self-employed) – 40 hours or more per week
- ☐ Employed for pay (including self-employed) – Less than 40 hours per week
- ☐ Retired
- ☐ Homemaker
- ☐ Student
- ☐ Out of work
- ☐ Unable to work (e.g., due to disability, work authorization)

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Progress  21%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What is your **current** employment status?

- ☐ Employed for pay (including self-employed) – 40 or more hours per week
- ☐ Employed for pay (including self-employed) – Less than 40 hours per week
- ☐ Retired
- ☐ Homemaker
- ☐ Student
- ☐ Out of work for 1 year or more
- ☐ Out of work for less than 1 year
- ☐ Unable to work (e.g., due to disability, work authorization)

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Progress  13%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What was your total household income in 2021?

- ☐ Less than \$20,000
- ☐ \$20,001–\$40,000
- ☐ \$40,001–\$60,000
- ☐ \$60,001–\$80,000
- ☐ \$80,001–\$100,000
- ☐ \$100,001–\$120,000
- ☐ More than \$120,000
- ☐ Don't know

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Next >

Progress  14%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

What was your health insurance status when the care recipient was first diagnosed? Please select all that apply.

- ☐ No insurance
- ☐ Lapse in coverage
- ☐ Private health insurance (purchased on your own or from your job or from your spouse's / partner's / parent's job)
- ☐ Medicaid
- ☐ Medicare/Medicare Advantage
- ☐ Military (Tricare, Champ-VA, or some other military insurance)
- ☐ Other - Please specify:

What is your current health insurance status? Please select all that apply.

- ☐ No insurance
- ☐ Lapse in coverage
- ☐ Private health insurance (purchased on your own or from your job or from your spouse's / partner's / parent's job)
- ☐ Medicaid
- ☐ Medicare/Medicare Advantage
- ☐ Military (Tricare, Champ-VA, or some other military insurance)
- ☐ Other - Please specify:

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Progress  25%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What is the highest level of school that you completed?

- ☐ Elementary or middle school
- ☐ 9th –12th grade but not a high school graduate
- ☐ High school graduate or GED
- ☐ Some college or technical school
- ☐ College graduate
- ☐ Post-graduate or professional degree

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Progress  16%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

What was your zip code during the care recipient's cancer treatment? Please enter a 5-digit zip code.

- ☐ I lived in multiple zip codes during the care recipient's cancer treatment.
- ☐ Don't know

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Next >

Progress  28%

Please enter the zip codes where you lived.

Zip Code 1:

Zip Code 2:

Zip Code 3:

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Progress  21%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

Which best describes your home during your time as a caregiver to the care recipient?

- ☐ A one-family house detached from any other house (including mobile homes)
- ☐ A one-family house attached to one or more houses (e.g., townhome, duplex)
- ☐ An apartment building, apartment complex, or condo
- ☐ I did not have stable housing (staying in a hotel, in a shelter, living outside on the street or in a park, etc.).
- ☐ Other - Please specify:

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Progress  34%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Think about your household, which includes everyone who lives with you.

Please indicate whether the following statements are often true, sometimes true, or never true.

"Within the past 12 months, we worried whether our food would run out before we had money to buy more."

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

"Within the past 12 months, the food we bought just didn't last and we didn't have money to get more."

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

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[Next >](#)

Progress  23%

What condition(s) had you been dealing with shortly before the care recipient's cervical cancer diagnosis? Select all that apply.

- ☐ Arthritis, rheumatism, or gout
- ☐ Benign tumors or cysts
- ☐ Cancer
- ☐ Chronic pain
- ☐ Circulation problems (including blood clots)
- ☐ Dementia or Alzheimer's
- ☐ Depression, anxiety, or emotional problem
- ☐ Diabetes
- ☐ Epilepsy or seizures
- ☐ Fibromyalgia or lupus
- ☐ Gastrointestinal conditions or disorders
- ☐ Hearing problem
- ☐ Heart problem
- ☐ Hernia
- ☐ Hypertension or high blood pressure
- ☐ Kidney, bladder, or renal problems
- ☐ Lung or breathing problem (for example, asthma and emphysema)
- ☐ Migraine headaches (not just headaches)
- ☐ Multiple Sclerosis (MS) or Muscular Dystrophy (MD)
- ☐ Osteoporosis or tendinitis
- ☐ Parkinson's disease or other tremors
- ☐ Stroke
- ☐ Thyroid problems or Graves' disease
- ☐ Ulcer
- ☐ Vision problem or problem seeing
- ☐ Weight problem
- ☐ Other impairment or problem - Please specify one:
- ☐ None of the above

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

The next questions are about your experiences during the care recipient's cancer treatment.

Were you the primary caregiver for the care recipient, taking responsibility for most of the care recipient's needs during their treatment?

- ☐ Yes
- ☐ No

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Progress  39%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

During the care recipient's cancer treatment, what type(s) of support did you provide? Select all that apply.

- ☐ Provided emotional support
- ☐ Provided financial support
- ☐ Helped manage finances
- ☐ Accompanied care recipient to medical appointments
- ☐ Helped with medical decision-making
- ☐ Coordinated medical care (e.g., finding health care providers, making appointments, helping with prescriptions/medications)
- ☐ Provided transportation to and from doctor, for errands, etc.
- ☐ Assisted with daily tasks (e.g., cooking, cleaning, childcare)
- ☐ Other – Please specify:

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Progress  41%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

During the care recipient's cancer treatment, were you paid for your role as a caregiver?

- ☐ Yes
- ☐ No

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Progress  42%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

During the care recipient's cancer treatment, what were your household's source(s) of income? Select all that apply.

- ☐ Income from employment
- ☐ Pension or retirement
- ☐ Government assistance (disability, social security)
- ☐ Paid leave from work
- ☐ Stipends or financial assistance from nonprofit organizations or charitable organizations
- ☐ Other – Please specify:

Currently, what are your household's sources of income? Select all that apply.

- ☐ Income from employment
- ☐ Pension or retirement
- ☐ Government assistance (disability, social security)
- ☐ Paid leave from work
- ☐ Stipends or financial assistance from nonprofit organizations or charitable organizations
- ☐ Other – Please specify:

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Progress  44%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

During the care recipient's cancer treatment, how many hours per week on average did you spend caring for them (e.g., attending doctor's appointments, helping them manage side effects, assisting with daily tasks like cooking or cleaning, spending time together, praying)?

- ☐ Less than 5 hours
- ☐ Between 5 to 10 hours
- ☐ Between 11 to 15 hours
- ☐ Between 16 to 20 hours
- ☐ More than 20 hours
- ☐ Don't know

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Progress  46%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

During the care recipient's cancer treatment, was your employment impacted by your role as a caregiver?

- ☐ Yes, my work schedule changed (e.g., went from full to part-time or my hours were reduced or increased)
- ☐ Yes, my employment status changed (e.g., changed jobs, quit job, retired, or got an additional job).
- ☐ No (e.g. job stayed the same, was already retired)

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Progress  47%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

During the care recipient's cancer treatment, did you use time off for caregiving?

- ☐ Yes, I took paid time off.
- ☐ Yes, I took unpaid time off.
- ☐ Yes, I took both paid and unpaid time off.
- ☐ No

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Progress  48%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

During the care recipient's cancer treatment, was your income impacted by your role as a caregiver?

- ☐ Yes, I lost my source of income (e.g., stopped working or quit job).
- ☐ Yes, my income decreased (e.g., reduced hours worked, switched to lower paying job).
- ☐ Yes, my income increased.
- ☐ No

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Progress  50%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

The next questions are about the care recipient's cancer treatment.

Did the care recipient ever discuss the cost of treatment for their cancer with their doctors or other healthcare providers?

- ☐ Yes
- ☐ No
- ☐ I don't know whether they discussed it.

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Progress  51%

[Save and Continue Later](#)

When the care recipient was choosing a treatment course for their cancer, did they consider the costs of specific treatments?

- ☐ A great deal
- ☐ Somewhat
- ☐ Not at all
- ☐ Not applicable; the care recipient did not receive information about treatment costs.
- ☐ Don't know

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Progress  52%

How much money would you estimate your care recipient/care recipient's household has paid out-of-pocket in the past 12 months for medical expenses related to their cervical cancer, including co-payments, hospital bills, deductibles, and medication costs – including hormonal therapy and other medications to help prevent cancer recurrence?

For this question, please think of out-of-pocket money that they spent and not money provided by the insurance company.

- ☐ Less than \$500
- ☐ \$500-\$2,000
- ☐ \$2,001-\$5,000
- ☐ \$5,001-\$10,000
- ☐ More than \$10,000
- ☐ Don't know

How much money would you estimate your care recipient has paid out-of-pocket in the past 12 months for other expenses related to their cervical cancer, such as travel costs, parking, child/elderly care, special diet/food/drinks, etc.?

For this question, please think of out-of-pocket money that they spent and not money provided by the insurance company.

- ☐ Less than \$500
- ☐ \$500-\$2,000
- ☐ \$2,001-\$5,000
- ☐ \$5,001-\$10,000
- ☐ More than \$10,000
- ☐ Don't know

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Progress



54%

[Save and Continue Later](#)

How would you describe the care recipient's reaction to the money they spent for cancer treatment?

They spent...

- ☐ ...more money than they expected
- ☐ ...about as much money as they expected
- ☐ ...less money than they expected
- ☐ Don't know

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Progress



56%

[Save and Continue Later](#)

What were the top non-medical issues the care recipient faced during their cancer treatment?

You may select up to 5 issues.

- ☐ **Afraid the treatment will be too painful or unpleasant**
- ☐ **Could not afford care** (e.g., cost too much; other competing expenses)
- ☐ **Could not afford food**
- ☐ **Lack of permanent, stable housing**
- ☐ **No insurance coverage, or insurance company would not approve, cover or pay for care**
- ☐ **Problems getting transportation to doctor's office for treatment or office was too far away**
- ☐ **Could not get time off work for appointments and care** (e.g., no paid sick leave, no flexible work schedule, no medical leave)
- ☐ **Didn't know where to go to get care** (e.g., no primary doctor or usual source of care to make referral; unfamiliar with local providers; local specialty practice closed)
- ☐ **Was refused services** (e.g., out of network provider, not accepting new patients)
- ☐ **Took too long to get an appointment that worked for their schedule**
- ☐ **Experienced discrimination** (e.g., racial or ethnic discrimination, gender, weight, sexual orientation, disability status)
- ☐ **Unable to understand the doctor's language** (e.g., different language without access to interpretation)
- ☐ **Medical information was too hard to understand**
- ☐ **Couldn't get dependent care** (e.g., for child, elderly relative, or relative with a disability)
- ☐ **Could not get a friend or family member to go with them to appointment**
- ☐ **Other**
- ☐ **Did not encounter any issues**
- ☐ **I was not aware of any issues.**

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Progress  57%

[Save and Continue Later](#)

Of the top issues you selected, please rank them, with "1" being the most important.

- ☐ Afraid the treatment will be too painful or unpleasant
- ☐ Could not afford care (e.g., cost too much; other competing expenses)
- ☐ Could not afford food
- ☐ Lack of permanent, stable housing
- ☐ No insurance coverage, or insurance company would not approve, cover or pay for care

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Progress  60%

If caregiver selects "Did not encounter any issues", will see:

Please select the top 5 factors that made it easier for the cancer recipient to get medical care for their cancer treatment.

- ☐ Worked with a nurse/patient navigator who provided additional support
- ☐ Had support of a caregiver
- ☐ Was able to manage side effects
- ☐ Was able to afford care
- ☐ Was able to cover all non-medical expenses like food
- ☐ Had permanent, stable housing
- ☐ Insurance covered most of their medical costs
- ☐ Easy access to transportation
- ☐ Convenient location of healthcare provider
- ☐ Was able to take time off work for appointments and care (e.g., paid sick leave, flexible work schedule, medical leave available)
- ☐ Connected to a provider by someone they knew (e.g., doctor, nurse, family member, friend, others on social media)
- ☐ Was able to get an appointment with a doctor or specialist within a reasonable timeframe
- ☐ Was able to make arrangements for dependent care (e.g., for child, elderly relative, or relative with a disability), if needed
- ☐ Was treated with respect by their doctor
- ☐ Was able to understand medical information that was shared with them
- ☐ Other - Please specify:

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Progress  61%

[Save and Continue Later](#)

During the care recipient's cancer treatment, was your health impacted by your role as caregiver?

- ☐ Yes, it was negatively impacted.
- ☐ Yes, it was positively impacted.
- ☐ No, my health was not impacted.

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Progress  62%

[Save and Continue Later](#)

During the care recipient's cancer treatment, how much support did you get from your family?

- ☐ All of the support I needed
- ☐ Some of the support I needed
- ☐ No support
- ☐ Prefer not to answer

During the care recipient's cancer treatment, how much support did you get from your friends?

- ☐ All of the support I needed
- ☐ Some of the support I needed
- ☐ No support
- ☐ Prefer not to answer

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Progress



66%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

The next three questions will ask about how you have felt more recently, in the past week.

Below is a list of statements that other people facing an illness have said are important.

For each of the following statements, please select your response as it applies to the past 7 days.

	1 – Not at all	2 - A little bit	3 - Somewhat	4 - Quite a bit	5 - Very much
I have a lack of energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have nausea.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because of my physical condition, I have trouble meeting the needs of my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel ill.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to enjoy life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am forced to spend time in bed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress 69%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

Are you currently taking any medication or receiving other medical treatments?

- ☐ No
☐ Yes

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Next >

Progress 70%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

Please select your response to the following statement as it applies to the **past 7 days**.

	1 – Not at all	2 - A little bit	3 - Somewhat	4 - Quite a bit	5 – Very much
I am bothered by the side effects of treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress 71%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

Below is a list of statements that other people facing an illness have said are important.

For each of the following statements, please select your response as it applies to the **past 7 days**.

	1 – Not at all	2 - A little bit	3 - Somewhat	4 - Quite a bit	5 – Very much
I am satisfied with how I am coping with my loved one's illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am losing hope in the fight against my loved one's illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry about my loved one dying.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry that my loved one's condition will get worse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Next >

Progress 73%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

Below is a list of statements that other people facing an illness have said are important.

For each of the following statements, please select your response as it applies to the past 7 days.

	1 – Not at all	2 - A little bit	3 - Somewhat	4 - Quite a bit	5 – Very much
I am able to work (include work at home).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My work (include work at home) is fulfilling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to enjoy life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have accepted my loved one's illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am sleeping well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am enjoying the things I usually do for fun.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am content with the quality of my life right now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress 74%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

During the care recipient's cancer treatment, were you provided with information or resources specifically for caregivers? Select all that apply.

- ☐ Yes, from my care recipient's doctor or health care team
- ☐ Yes, from a nonprofit organization (e.g., American Cancer Society)
- ☐ Yes, from another source – Please specify:
- ☐ No
- ☐ Don't know

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Progress 75%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

How informed did you feel about the potential side effects from the care recipient's treatment?

- ☐ Very
- ☐ Somewhat
- ☐ Not at all

How informed did you feel about the potential complications (e.g., drains blocking, wounds not healing) from the care recipient's treatment?

- ☐ Very
- ☐ Somewhat
- ☐ Not at all

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Progress



78%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

How often did the care recipient's doctors and other healthcare providers give you as much cancer-related information as you wanted?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Not applicable (I did not ask for cancer-related information.)

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Progress



80%

Please describe your experience (optional):

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Progress  80%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

How often did the care recipient's doctors and other healthcare providers show respect for what you had to say?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Not applicable (I did not speak with my loved one's doctor.)

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Progress  83%

Please describe your experience (optional):

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Progress  80%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

How often did the care recipient's other family members and/or friends show respect or appreciate your efforts (e.g., help with decision-making, house chores, emotional support, transportation, etc.)?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Not applicable (I did not speak with other family members and/or friends.)

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Progress  85%

Please describe your experience (optional):

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Progress  80%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

As a thank you for completing this survey, we will provide you with \$40. Do you prefer to receive an electronic VISA gift card emailed to you or a check mailed to your home?

Processing time for an e-card is about a week. Processing time for a check is about 3-4 weeks.

- ☐ Electronic gift card emailed to me
- ☐ Check mailed to my home

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Progress  95%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Please enter your contact information so that we may send you a \$40 check.

Full name:

Street address 1:

Street address 2:

City:

State:

Zip code:

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Progress  96%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Please enter your email address for the electronic gift card:

Please retype the email address for confirmation:

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Progress  98%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

We will be conducting 1-hour phone or online interviews with a subset of caregivers who complete this survey and are willing to volunteer their time.

Would you like to be considered to participate in a 1-hour phone/online interview?

- ☐ Yes
☐ No

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Progress  93%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

Please provide your phone number:

Please provide your email address:

Please retype the email address for confirmation:

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Progress  97%

CDC Barriers Caregiver Survey



English ▼

Thank you!

If you have any questions about the survey, please do not hesitate to call us toll free at (833) 997-2714 or email us at CDC_CancerSurvey@rti.org 

Please click [SUBMIT] to submit your responses.

Submit

Progress  100%

For Caregivers of Patients with Colorectal Cancer

CDC Barriers Caregiver Survey

English ▼

[Save and Continue Later](#)

Si desea completar la encuesta en español, seleccione español en el menu despegable en la parte superior derecha de la pantalla.

Thank you for agreeing to participate in this study. This survey will take you about 15 minutes to complete. After you submit the survey, you will receive a \$40 check or electronic gift card as a token of appreciation for your time.

A goal of this study is to collect information about your experience as a caregiver for someone who was diagnosed with cancer. We are also interested in learning about any barriers your care recipient may have faced during their treatment.

This survey includes questions on several topics. For example, you will be asked about where you live, your health, and how caregiving has impacted you. Some of these questions ask you to think back to events that may have occurred a few years ago.

Although the answers may be hard to remember, please do the best you can. There are no right or wrong answers to any of these questions. You should just report what you have been through as a caregiver.

Participation in this study is voluntary. Questions answered in this study will not affect your health care. You can skip any question you do not want to answer. Just go on to the next question. You may exit the survey at any time. You may also complete the survey in multiple sittings; your answers will be saved. Joining this study has minimal risks. Some of the questions on the survey may be upsetting, but you don't have to answer them. Protections are in place to keep your data as safe as possible.

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

How old are you?

- ☐ 21-24 years old
- ☐ 25-29 years old
- ☐ 30-34 years old
- ☐ 35-39 years old
- ☐ 40-44 years old
- ☐ 45-49 years old
- ☐ 50-54 years old
- ☐ 55-59 years old
- ☐ 60-64 years old
- ☐ 65-69 years old
- ☐ 70-74 years old
- ☐ 75 years old or older

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Progress



7%

What is your relationship to the individual, who was diagnosed with colorectal cancer in 2021?

They are your:

- ☐ spouse (husband/wife)
- ☐ domestic partner
- ☐ child
- ☐ parent
- ☐ sibling
- ☐ friend
- ☐ Other – Please specify:

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Progress

10%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

For the rest of the survey, we will refer to the individual to whom you provided care during their cancer treatment as a “care recipient.”

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Progress

11%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

Do you live in the same household with the care recipient?

- ☐ Yes
- ☐ No

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

What is your biological sex? This is a category that is based upon your original birth certificate.

- ☐ Male
- ☐ Female
- ☐ Prefer not to answer

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Progress

14%

[Save and Continue Later](#)

What was your marital status when the care recipient was first diagnosed?

- ☐ Never married
- ☐ Married
- ☐ Living together with a partner as an unmarried couple / cohabitating
- ☐ Widowed
- ☐ Separated or divorced

What is your current marital status?

- ☐ Never married
- ☐ Married
- ☐ Living together with a partner as an unmarried couple / cohabitating
- ☐ Widowed
- ☐ Separated or divorced

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Progress



19%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

What was your employment status when the care recipient was first diagnosed?

- ☐ Employed for pay (including self-employed) – 40 hours or more per week
- ☐ Employed for pay (including self-employed) – Less than 40 hours per week
- ☐ Retired
- ☐ Homemaker
- ☐ Student
- ☐ Out of work
- ☐ Unable to work (e.g., due to disability, work authorization)

What is your current employment status?

- ☐ Employed for pay (including self-employed) – 40 hours or more per week
- ☐ Employed for pay (including self-employed) – Less than 40 hours per week
- ☐ Retired
- ☐ Homemaker
- ☐ Student
- ☐ Out of work
- ☐ Unable to work (e.g., due to disability, work authorization)

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Progress  21%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What is your current employment status?

- ☐ Employed for pay (including self-employed) – 40 or more hours per week
- ☐ Employed for pay (including self-employed) – Less than 40 hours per week
- ☐ Retired
- ☐ Homemaker
- ☐ Student
- ☐ Out of work for 1 year or more
- ☐ Out of work for less than 1 year
- ☐ Unable to work (e.g., due to disability, work authorization)

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Progress  13%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What was your total household income in 2021?

- ☐ Less than \$20,000
- ☐ \$20,001–\$40,000
- ☐ \$40,001–\$60,000
- ☐ \$60,001–\$80,000
- ☐ \$80,001–\$100,000
- ☐ \$100,001–\$120,000
- ☐ More than \$120,000
- ☐ Don't know

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Next >

Progress  14%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

What was your health insurance status when the care recipient was first diagnosed? Please select all that apply.


- ☐ No insurance
- ☐ Lapse in coverage
- ☐ Private health insurance (purchased on your own or from your job or from your spouse's / partner's / parent's job)
- ☐ Medicaid
- ☐ Medicare/Medicare Advantage
- ☐ Military (Tricare, Champ-VA, or some other military insurance)
- ☐ Other - Please specify:

What is your current health insurance status? Please select all that apply.

- ☐ No insurance
- ☐ Lapse in coverage
- ☐ Private health insurance (purchased on your own or from your job or from your spouse's / partner's / parent's job)
- ☐ Medicaid
- ☐ Medicare/Medicare Advantage
- ☐ Military (Tricare, Champ-VA, or some other military insurance)
- ☐ Other - Please specify:

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Progress  25%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What is the highest level of school that you completed?

- ☐ Elementary or middle school
- ☐ 9th –12th grade but not a high school graduate
- ☐ High school graduate or GED
- ☐ Some college or technical school
- ☐ College graduate
- ☐ Post-graduate or professional degree

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Progress  16%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

What was your zip code during the care recipient's cancer treatment? Please enter a 5-digit zip code.

- ☐ I lived in multiple zip codes during the care recipient's cancer treatment.
- ☐ Don't know

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Next >

Progress  28%

Please enter the zip codes where you lived.

Zip Code 1:

Zip Code 2:

Zip Code 3:

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Next >

Progress  21%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

Which best describes your home during your time as a caregiver to the care recipient?

- ☐ A one-family house detached from any other house (including mobile homes)
- ☐ A one-family house attached to one or more houses (e.g., townhome, duplex)
- ☐ An apartment building, apartment complex, or condo
- ☐ I did not have stable housing (staying in a hotel, in a shelter, living outside on the street or in a park, etc.).
- ☐ Other - Please specify:

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Progress  34%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Think about your household, which includes everyone who lives with you.

Please indicate whether the following statements are often true, sometimes true, or never true.

"Within the past 12 months, we worried whether our food would run out before we had money to buy more."

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

"Within the past 12 months, the food we bought just didn't last and we didn't have money to get more."

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

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Progress  23%

What condition(s) had you been dealing with shortly before the care recipient's colorectal cancer diagnosis? Select all that apply.

- ☐ Arthritis, rheumatism, or gout
- ☐ Benign tumors or cysts
- ☐ Cancer
- ☐ Chronic pain
- ☐ Circulation problems (including blood clots)
- ☐ Dementia or Alzheimer's
- ☐ Depression, anxiety, or emotional problem
- ☐ Diabetes
- ☐ Epilepsy or seizures
- ☐ Fibromyalgia or lupus
- ☐ Gastrointestinal conditions or disorders
- ☐ Hearing problem
- ☐ Heart problem
- ☐ Hernia
- ☐ Hypertension or high blood pressure
- ☐ Kidney, bladder, or renal problems
- ☐ Lung or breathing problem (for example, asthma and emphysema)
- ☐ Migraine headaches (not just headaches)
- ☐ Multiple Sclerosis (MS) or Muscular Dystrophy (MD)
- ☐ Osteoporosis or tendinitis
- ☐ Parkinson's disease or other tremors
- ☐ Stroke
- ☐ Thyroid problems or Graves' disease
- ☐ Ulcer
- ☐ Vision problem or problem seeing
- ☐ Weight problem
- ☐ Other impairment or problem - Please specify one:
- ☐ None of the above

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

The next questions are about your experiences during the care recipient's cancer treatment.

Were you the primary caregiver for the care recipient, taking responsibility for most of the care recipient's needs during their treatment?

- ☐ Yes
- ☐ No

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Progress  39%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

**During the care recipient's cancer treatment, what type(s) of support did you provide?
Select all that apply.**

- ☐ Provided emotional support
- ☐ Provided financial support
- ☐ Helped manage finances
- ☐ Accompanied care recipient to medical appointments
- ☐ Helped with medical decision-making
- ☐ Coordinated medical care (e.g., finding health care providers, making appointments, helping with prescriptions/medications)
- ☐ Provided transportation to and from doctor, for errands, etc.
- ☐ Assisted with daily tasks (e.g., cooking, cleaning, childcare)
- ☐ Other – Please specify:

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Progress  41%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

During the care recipient's cancer treatment, were you paid for your role as a caregiver?

- ☐ Yes
- ☐ No

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Progress  42%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

During the care recipient's cancer treatment, what were your household's source(s) of income? Select all that apply.

- ☐ Income from employment
- ☐ Pension or retirement
- ☐ Government assistance (disability, social security)
- ☐ Paid leave from work
- ☐ Stipends or financial assistance from nonprofit organizations or charitable organizations
- ☐ Other – Please specify:

Currently, what are your household's sources of income? Select all that apply.

- ☐ Income from employment
- ☐ Pension or retirement
- ☐ Government assistance (disability, social security)
- ☐ Paid leave from work
- ☐ Stipends or financial assistance from nonprofit organizations or charitable organizations
- ☐ Other – Please specify:

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Progress  44%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

During the care recipient's cancer treatment, how many hours per week on average did you spend caring for them (e.g., attending doctor's appointments, helping them manage side effects, assisting with daily tasks like cooking or cleaning, spending time together, praying)?

- ☐ Less than 5 hours
- ☐ Between 5 to 10 hours
- ☐ Between 11 to 15 hours
- ☐ Between 16 to 20 hours
- ☐ More than 20 hours
- ☐ Don't know

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Progress  46%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

During the care recipient's cancer treatment, was your employment impacted by your role as a caregiver?

- ☐ Yes, my work schedule changed (e.g., went from full to part-time or my hours were reduced or increased)
- ☐ Yes, my employment status changed (e.g., changed jobs, quit job, retired, or got an additional job).
- ☐ No (e.g. job stayed the same, was already retired)

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Progress  47%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

During the care recipient's cancer treatment, did you use time off for caregiving?

- ☐ Yes, I took paid time off.
- ☐ Yes, I took unpaid time off.
- ☐ Yes, I took both paid and unpaid time off.
- ☐ No

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Progress  48%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

During the care recipient's cancer treatment, was your income impacted by your role as a caregiver?

- ☐ Yes, I lost my source of income (e.g., stopped working or quit job).
- ☐ Yes, my income decreased (e.g., reduced hours worked, switched to lower paying job).
- ☐ Yes, my income increased.
- ☐ No

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Progress  50%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

The next questions are about the care recipient's cancer treatment.

Did the care recipient ever discuss the cost of treatment for their cancer with their doctors or other healthcare providers?

- ☐ Yes
- ☐ No
- ☐ I don't know whether they discussed it.

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Progress  51%

[Save and Continue Later](#)

When the care recipient was choosing a treatment course for their cancer, did they consider the costs of specific treatments?

- ☐ A great deal
- ☐ Somewhat
- ☐ Not at all
- ☐ Not applicable; the care recipient did not receive information about treatment costs.
- ☐ Don't know

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Progress  52%

How much money would you estimate your care recipient/care recipient's household has paid out-of-pocket in the past 12 months for medical expenses related to their colorectal cancer, including co-payments, hospital bills, deductibles, and medication costs – including hormonal therapy and other medications to help prevent cancer recurrence?

For this question, please think of out-of-pocket money that they spent and not money provided by the insurance company.

- ☐ Less than \$500
- ☐ \$500-\$2,000
- ☐ \$2,001-\$5,000
- ☐ \$5,001-\$10,000
- ☐ More than \$10,000
- ☐ Don't know

How much money would you estimate your care recipient has paid out-of-pocket in the past 12 months for other expenses related to their colorectal cancer, such as travel costs, parking, child/elderly care, special diet/food/drinks, etc.?

For this question, please think of out-of-pocket money that they spent and not money provided by the insurance company.

- ☐ Less than \$500
- ☐ \$500-\$2,000
- ☐ \$2,001-\$5,000
- ☐ \$5,001-\$10,000
- ☐ More than \$10,000
- ☐ Don't know

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Progress



54%

[Save and Continue Later](#)

How would you describe the care recipient's reaction to the money they spent for cancer treatment?

They spent...

- ☐ ...more money than they expected
- ☐ ...about as much money as they expected
- ☐ ...less money than they expected
- ☐ Don't know

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Progress



56%

[Save and Continue Later](#)

What were the top non-medical issues the care recipient faced during their cancer treatment?

You may select up to 5 issues.

- ☐ **Afraid the treatment will be too painful or unpleasant**
- ☐ **Could not afford care** (e.g., cost too much; other competing expenses)
- ☐ **Could not afford food**
- ☐ **Lack of permanent, stable housing**
- ☐ **No insurance coverage, or insurance company would not approve, cover or pay for care**
- ☐ **Problems getting transportation to doctor's office for treatment or office was too far away**
- ☐ **Could not get time off work for appointments and care** (e.g., no paid sick leave, no flexible work schedule, no medical leave)
- ☐ **Didn't know where to go to get care** (e.g., no primary doctor or usual source of care to make referral; unfamiliar with local providers; local specialty practice closed)
- ☐ **Was refused services** (e.g., out of network provider, not accepting new patients)
- ☐ **Took too long to get an appointment that worked for their schedule**
- ☐ **Experienced discrimination** (e.g., racial or ethnic discrimination, gender, weight, sexual orientation, disability status)
- ☐ **Unable to understand the doctor's language** (e.g., different language without access to interpretation)
- ☐ **Medical information was too hard to understand**
- ☐ **Couldn't get dependent care** (e.g., for child, elderly relative, or relative with a disability)
- ☐ **Could not get a friend or family member to go with them to appointment**
- ☐ **Other**
- ☐ **Did not encounter any issues**
- ☐ **I was not aware of any issues.**

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Progress



57%

If the caregiver selects any problems, they will see:

[Save and Continue Later](#)

Of the top issues you selected, please rank them, with "1" being the most important.

- ☐ Afraid the treatment will be too painful or unpleasant
- ☐ Could not afford care (e.g., cost too much; other competing expenses)
- ☐ Could not afford food
- ☐ Lack of permanent, stable housing
- ☐ No insurance coverage, or insurance company would not approve, cover or pay for care

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Progress  60%

If caregiver selected "Did not encounter any issues", they will see:

Please select the top 5 factors that made it easier for the cancer recipient to get medical care for their cancer treatment.

- ☐ Worked with a nurse/patient navigator who provided additional support
- ☐ Had support of a caregiver
- ☐ Was able to manage side effects
- ☐ Was able to afford care
- ☐ Was able to cover all non-medical expenses like food
- ☐ Had permanent, stable housing
- ☐ Insurance covered most of their medical costs
- ☐ Easy access to transportation
- ☐ Convenient location of healthcare provider
- ☐ Was able to take time off work for appointments and care (e.g., paid sick leave, flexible work schedule, medical leave available)
- ☐ Connected to a provider by someone they knew (e.g., doctor, nurse, family member, friend, others on social media)
- ☐ Was able to get an appointment with a doctor or specialist within a reasonable timeframe
- ☐ Was able to make arrangements for dependent care (e.g., for child, elderly relative, or relative with a disability), if needed
- ☐ Was treated with respect by their doctor
- ☐ Was able to understand medical information that was shared with them
- ☐ Other - Please specify:

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Progress  61%

[Save and Continue Later](#)

During the care recipient's cancer treatment, was your health impacted by your role as caregiver?

- ☐ Yes, it was negatively impacted.
- ☐ Yes, it was positively impacted.
- ☐ No, my health was not impacted.

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Progress  62%

[Save and Continue Later](#)

During the care recipient's cancer treatment, how much support did you get from your family?

- ☐ All of the support I needed
- ☐ Some of the support I needed
- ☐ No support
- ☐ Prefer not to answer

During the care recipient's cancer treatment, how much support did you get from your friends?

- ☐ All of the support I needed
- ☐ Some of the support I needed
- ☐ No support
- ☐ Prefer not to answer

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Progress  66%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

The next three questions will ask about how you have felt more recently, in the past week.

Below is a list of statements that other people facing an illness have said are important.

For each of the following statements, please select your response as it applies to the past 7 days.

	1 – Not at all	2 - A little bit	3 - Somewhat	4 - Quite a bit	5 - Very much
I have a lack of energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have nausea.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because of my physical condition, I have trouble meeting the needs of my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel ill.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to enjoy life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am forced to spend time in bed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress 69%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

Are you currently taking any medication or receiving other medical treatments?

- ☐ No
☐ Yes

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Progress 70%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

Please select your response to the following statement as it applies to the **past 7 days**.

	1 – Not at all	2 - A little bit	3 - Somewhat	4 - Quite a bit	5 – Very much
I am bothered by the side effects of treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress 71%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

Below is a list of statements that other people facing an illness have said are important.

For each of the following statements, please select your response as it applies to the **past 7 days**.

	1 – Not at all	2 - A little bit	3 - Somewhat	4 - Quite a bit	5 – Very much
I am satisfied with how I am coping with my loved one's illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am losing hope in the fight against my loved one's illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry about my loved one dying.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry that my loved one's condition will get worse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress 73%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

Below is a list of statements that other people facing an illness have said are important.

For each of the following statements, please select your response as it applies to the past 7 days.

	1 – Not at all	2 - A little bit	3 - Somewhat	4 - Quite a bit	5 – Very much
I am able to work (include work at home).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My work (include work at home) is fulfilling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to enjoy life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have accepted my loved one's illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am sleeping well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am enjoying the things I usually do for fun.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am content with the quality of my life right now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress 74%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

During the care recipient's cancer treatment, were you provided with information or resources specifically for caregivers? Select all that apply.

- ☐ Yes, from my care recipient's doctor or health care team
- ☐ Yes, from a nonprofit organization (e.g., American Cancer Society)
- ☐ Yes, from another source – Please specify:
- ☐ No
- ☐ Don't know

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Progress 75%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

How informed did you feel about the potential side effects from the care recipient's treatment?

- ☐ Very
- ☐ Somewhat
- ☐ Not at all

How informed did you feel about the potential complications (e.g., drains blocking, wounds not healing) from the care recipient's treatment?

- ☐ Very
- ☐ Somewhat
- ☐ Not at all

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Progress



78%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

How often did the care recipient's doctors and other healthcare providers give you as much cancer-related information as you wanted?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Not applicable (I did not ask for cancer-related information.)

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Progress



80%

Please describe your experience (optional):

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80%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

How often did the care recipient's doctors and other healthcare providers show respect for what you had to say?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Not applicable (I did not speak with my loved one's doctor.)

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Progress



83%

Please describe your experience (optional):

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80%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

How often did the care recipient's other family members and/or friends show respect or appreciate your efforts (e.g., help with decision-making, house chores, emotional support, transportation, etc.)?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Not applicable (I did not speak with other family members and/or friends.)

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Progress  85%

Please describe your experience (optional):

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Progress  80%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

As a thank you for completing this survey, we will provide you with \$40. Do you prefer to receive an electronic VISA gift card emailed to you or a check mailed to your home?

Processing time for an e-card is about a week. Processing time for a check is about 3-4 weeks.

- ☐ Electronic gift card emailed to me
- ☐ Check mailed to my home

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Progress  95%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Please enter your contact information so that we may send you a \$40 check.

Full name:

Street address 1:

Street address 2:

City:

State:

Zip code:

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Progress  96%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Please enter your email address for the electronic gift card:

Please retype the email address for confirmation:

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Progress  98%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

We will be conducting 1-hour phone or online interviews with a subset of caregivers who complete this survey and are willing to volunteer their time.

Would you like to be considered to participate in a 1-hour phone/online interview?

- ☐ Yes
☐ No

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Progress  93%

CDC Barriers Caregiver Survey



English ▼

[Save and Continue Later](#)

Please provide your phone number:

Please provide your email address:

Please retype the email address for confirmation:

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Progress  97%

CDC Barriers Caregiver Survey



English ▼

Thank you!

If you have any questions about the survey, please do not hesitate to call us toll free at (833) 997-2714 or email us at CDC_CancerSurvey@rti.org 

Please click [SUBMIT] to submit your responses.

Submit

Progress



100%