

Attachment 3a.

Wave 2 Survivor Survey (online, English)

Public reporting burden of this collection of information is estimated to average of 20 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 Survey

English ▼

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

Thank you for agreeing to participate in this study.

This survey will take you about 20 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 someone who was diagnosed with cancer. This survey includes questions on several topics. For example, you will be asked about your general background and experiences related to cancer treatment. What we learn from this study will help the CDC make recommendations to assist future cancer patients and their caregivers.

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 an individual diagnosed with or living with cancer.

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.



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Progress



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CDC Barriers Survey

English ▼

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In 2021, you were diagnosed with cancer.

Since 2021, have you been diagnosed with another type of cancer?

- ☐ Yes
- ☐ No

What type of cancer were you diagnosed with?

- ☐ Breast
- ☐ Colorectal
- ☐ Cervical
- ☐ Other cancer – Please specify:

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Progress  12%

CDC Barriers Survey

English ▼

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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  14%

CDC Barriers Survey

English ▼

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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)
- ☐
- ☐ Medicare/Medicare Advantage
- ☐ Military (Tricare, Champ-VA, or some other insurance)
- ☐ Other [please specify]:

Please select the main reason why you are not currently enrolled in a health care plan.

- ☐ You or the policyholder retired, lost a job, or changed employers
- ☐ You missed a deadline for signing up or paying for coverage
- ☐ You became ineligible (e.g., your age, health status)
- ☐ The cost of coverage increased
- ☐ You had Medicaid or other public coverage, but were no longer eligible
- ☐ You do not need or want insurance
- ☐ Prefer not to answer

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Progress  16%

CDC Barriers Survey

English ▼

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Which best describes your current home?

- ☐ 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 do 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  18%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Does anyone in the family own this home?

- ☐ Yes
- ☐ No

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Progress  19%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

How many people are currently living or staying at this address?

This includes everyone who is living or staying at your home for more than 2 months, including you.

Select an answer... ▼

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Progress  21%

CDC Barriers Survey

English ▼

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At your home, do you or any other member of your household have access to the internet?

- ☐ Yes
☐ No

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Progress  22%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Are you scared to walk around your neighborhood...

	Yes	No	Prefer not to answer
... during the day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... at night?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress  23%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

In general, what is your primary form of transportation?

- ☐ Walking
- ☐ Bicycle
- ☐ Personal vehicle (e.g., car, truck, SUV, minivan)
- ☐ Carpool or borrow personal vehicle of a friend, family member, or neighbor
- ☐ Taxi or rideshare (e.g., Uber, Lyft)
- ☐ Rental car or car sharing service (e.g., Zipcar, Car2go)
- ☐ Bus or trolley
- ☐ Subway or train
- ☐ Motorcycle
- ☐ Paratransit (specialized door-to-door transport service for people with disabilities)
- ☐ Other – Please specify:

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Progress  25%

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  28%

CDC Barriers Survey

English ▼

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Is there a doctor's office, clinic, health center, or other place where you usually go if you are sick or need advice about your health (regular, non-cancer-related care)? This does **not include** care received in Emergency Rooms (ER), urgent care centers, or drug/grocery store clinics.

- ☐ Yes
- ☐ No

What is the **main** reason you do not have a usual source of health care?

- ☐ I seldom or never get sick.
- ☐ I recently moved to the area.
- ☐ I don't know where to go for care.
- ☐ The usual source of my medical care in this area is no longer available.
- ☐ I can't find a provider who speaks my language.
- ☐ I like to go to different places for different health needs.
- ☐ I just changed insurance plans.
- ☐ I don't use doctors/I just treat myself.
- ☐ I can't afford the cost of medical care.
- ☐ I have no health insurance.
- ☐ I can't find a provider who is available when I am (e.g., due to work schedule).
- ☐ Other reason – Please specify:
- ☐ Prefer not to answer

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Progress  30%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What types of cancer treatment have you received? If you have been diagnosed with cancer more than once, please think about treatment for your most recent diagnosis for cancer. Select all that apply.

- ☐ IV Chemotherapy
- ☐ Oral Chemotherapy
- ☐ Radiation
- ☐ Surgery
- ☐ Immunotherapy (e.g., interferon or cancer vaccines) or another biological therapy (e.g., Car-T, Gleevec, Iressa, Tarceva, Herceptin, or Erbitux)
- ☐ Hormonal therapy (e.g., Tamoxifen, Adjuvant, Zoladex, Lupron)
- ☐ Precision medicine / targeted therapy (using medication to target specific genes and proteins of the cancer)
- ☐ Bone marrow or stem cell transplant
- ☐ Complementary and alternative therapy (e.g., acupuncture, reiki)
- ☐ Other
- ☐ I have not received any treatment for cancer.

Please specify the other type of treatment(s):

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Progress 33%

CDC Barriers Survey

English 

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Please select whether you have completed each of the treatment(s) you selected in the previous question:

	Yes	No	Don't know
IV Chemotherapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral Chemotherapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunotherapy (e.g., interferon or cancer vaccines) or another biological therapy (e.g., Car-T, Gleevec, Iressa, Tarceva, Herceptin, or Erbitux)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hormonal therapy (e.g., Tamoxifen, Adjuvant, Zoladex, Lupron)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Precision medicine / targeted therapy (using medication to target specific genes and proteins of the cancer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bone marrow or stem cell transplant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complementary and alternative therapy (e.g., acupuncture, reiki)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress 35%

Did you participate in a clinical trial as part of your cancer treatment?

- ☐ Yes
- ☐ No
- ☐ Don't know

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Progress 36%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

How informed did you feel about the potential side effects from treatment?

- ☐ Very
- ☐ Somewhat
- ☐ Not at all

Please describe your experience (optional):

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Progress  39%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

How difficult were the side effects you experienced?

- ☐ Not at all difficult
- ☐ Somewhat difficult
- ☐ Difficult
- ☐ Very difficult

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Progress  40%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

When you called your doctor's office or clinic during regular office hours with questions about your cancer treatment, how often did you get the help or advice you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Not applicable: I never called my doctor's office or clinic with questions.

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Progress  42%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

In general, how often did you leave your doctor's office or clinic with unanswered questions related to your cancer?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

Please describe your experience (optional):

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Progress  45%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

During your cancer treatment, how supportive were your friends and relatives?

- ☐ Not at all supportive
- ☐ Not very supportive
- ☐ Somewhat supportive
- ☐ Very supportive

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Progress  46%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Do you currently need any assistance to do your day-to-day activities?

- ☐ A lot of assistance
- ☐ Some assistance
- ☐ A little assistance
- ☐ Not at all

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Progress  47%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Did you ever discuss the cost of treatment for your cancer with your doctor(s) or other health care providers?

- ☐ Yes
- ☐ No
- ☐ Don't know

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Progress  49%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

When choosing a treatment course for your cancer, how much did you consider the costs of specific treatments?

- ☐ No, not at all
- ☐ Yes, somewhat
- ☐ Yes, a great deal

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Progress  50%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

At any time since your first cancer diagnosis, did you take extended paid time off work, unpaid time off, or make a change in your hours, duties, or employment status?

- ☐ Yes
- ☐ No

Did you make these work changes...

- ☐ Because of your cancer, its treatment, or its lasting effects
- ☐ Some other reason
- ☐ Don't know
- ☐ Prefer not to answer

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Progress  53%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

The next few questions ask about your experiences in the past 12 months.

How much money would you estimate you have paid out-of-pocket in the past 12 months for medical expenses related to your 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 you have spent and not money provided by the insurance company.

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

How much money would you estimate you have paid out-of-pocket in the past 12 months for other expenses related to your 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 you spent and not money provided by the insurance company.

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

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Progress  57%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

How would you describe your reaction to the money you spent for cancer treatment?

I spent...

- ☐ ...more money than I expected
- ☐ ...about as much money as I expected
- ☐ ...less money than I expected

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Progress  59%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Did you receive financial assistance from any of the following people or places? Please select all that apply.

- ☐ Family or friends
- ☐ Local support organizations
- ☐ National cancer organizations
- ☐ Your church or faith-based community
- ☐ I did not receive any financial assistance.

What type of financial assistance did you receive? Please select all that apply.

- ☐ Cash assistance or money transfer
- ☐ Gift card or pre-loaded credit card
- ☐ Gas cards or rideshare vouchers
- ☐ Coupons or discounted services
- ☐ Other - Please specify:

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Progress  61%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

How would you describe your reaction to the time you spent related to your cancer treatment?

I spent...

- ☐ ...more time than I expected
- ☐ ...about as much time as I expected
- ☐ ...less time than I expected

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Progress  63%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

How often did your doctor(s) or other healthcare providers show respect for what you had to say?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

Please describe your experience (optional):

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Progress  66%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

How often did your doctor(s) or other healthcare providers give you as much cancer-related information as you wanted?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

Please describe your experience (optional):

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Progress  69%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What were the top non-medical issues you faced in the past 12 months related to your cancer treatment or follow-up cancer care?

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 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 my 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 you to appointment(s)**
- ☐ **Other**
- ☐ **I did not encounter any issues.**

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Progress  70%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Please describe the other issue(s) that you faced in the past 12 months related to your cancer treatment or follow-up cancer care.

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Progress  71%

CDC Barriers Survey

English ▼

[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
- ☐ Problems getting transportation to doctor's office or with long travel time to the doctor's office
- ☐ 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 my 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 you to appointment(s)

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Progress  73%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

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

You may select up to 5 factors.

- ☐ Worked with a nurse/patient navigator who provided additional support
- ☐ Was able to manage side effects
- ☐ Was able to afford care
- ☐ Was able to cover all my expenses like food
- ☐ Had permanent, stable housing
- ☐ Insurance covered most of my 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 I know (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 my doctor or specialist
- ☐ Was able to understand medical information that was shared with me
- ☐ Other - Please specify:

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Progress  74%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Have you ever received instructions from a doctor, nurse, or other health professional about when you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?

- ☐ Yes
- ☐ No
- ☐ Don't know

Were the instructions written down (e.g., in your patient portal, Survivorship Care Plan) or printed on paper for you?

- ☐ Yes
- ☐ No
- ☐ Don't know

Did someone from your doctor's office talk through the instructions with you, either in-person or over the phone?

- ☐ Yes
- ☐ No
- ☐ Don't know

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Progress  78%

CDC Barriers Survey

English 

[Save and Continue Later](#)

Which of the following topics have you discussed with your doctor(s) in post-treatment care? Select all that apply.

- ☐ Follow-up testing
- ☐ Risk of recurrence
- ☐ Quality of life
- ☐ Exercise and nutrition
- ☐ Physical function
- ☐ Mental and emotional impact or health
- ☐ Fatigue
- ☐ Pain
- ☐ Other - Please specify:
- ☐ Prefer not to answer

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Progress  80%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

How would you rate your doctors' knowledge of how cancer and its treatment have affected the quality of your life?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very good
- ☐ Excellent

Please describe your experience (optional):

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Progress 83%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

If you've spoken with your cancer care doctor(s) in the past year, how often did your cancer care doctor(s) explain things in a way you could understand?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Not applicable: I haven't spoken with my doctor(s) in the past year.

Please describe your experience (optional):

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Progress 85%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

How often did your follow-up cancer care doctor(s) spend enough time with you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

Please describe your experience (optional):

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Progress  88%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

After completing your initial course of cancer treatment, how difficult was it to see a specialist for follow-up cancer care?

- ☐ Not at all difficult
- ☐ Somewhat difficult
- ☐ Difficult
- ☐ Very difficult

Please describe your experience (optional):

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Progress  91%

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  92%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

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

Full name:	<input type="text"/>
Street address 1:	<input type="text"/>
Street address 2:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip code:	<input type="text"/>

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Progress  94%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Please enter your e-mail address for the electronic gift card:

Please retype the email address for confirmation:

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Progress  97%

CDC Barriers 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%