SURVEY ID # |___|___| — |___|___|___|___|

Individualized Cancer Care Follow-Up Study

A study examining women's health care experiences since diagnosis with breast cancer

Conducted by: Keck School of Medicine at the University of Southern California, Emory University, and the University of Michigan

Return to:

Dr. Ann Hamilton, PhD
Keck School of Medicine
University of Southern California
2001 N. Soto Sr., SSB318E, MS 9239
Los Angeles, CA 90089-9239

(or use enclosed postage paid envelope)

Questions? Please call toll-free (855) 872-1140 or e-mail iCan.Care@med.usc.edu

This study is funded by a grant from the American Cancer Society and has been approved by the Institutional Review Boards of Emory University, the University of Southern California, and the University of Michigan.

General Instructions

PLEASE READ THESE INSTRUCTIONS CAREFULLY

- Answer each question as best you can. Please do not leave any blank. However, if you feel that you do not wish to answer a question, please write 'skip' next to it and continue on to the next question.

- Put an ✘ or fill in the circle ● next to your answer.

  Example: ⊗ Yes **or** ● Yes

- Please erase or cross your answer out completely if you want to change your answer.

  Example: ~~⊗~~ Yes

- Mark only one response for each question unless other instructions are given, such as **"Mark ALL that apply".**

- Please follow any instructions or arrows that direct you to the next question.

  Example: ⊗ No ⟶ **Please go to F9 on the next page.**

- If you mark an answer with a line after it, please write the specific information on the line.

  Example: ● Other (please explain): *It was less than one week.*

Definitions

PLEASE READ CAREFULLY AND KEEP
THESE DEFINITIONS IN MIND AS YOU FILL OUT THE SURVEY

In this survey:

- Primary treatment means the initial surgery, chemotherapy, and/or radiation therapy you may have received to treat your breast cancer.

- Primary care provider (PCP) means the health care provider that you see for general illnesses or routine checkups (including a physician's assistant or nurse practitioner in the practice).

- Oncology provider means the health care provider that you see most often for breast cancer follow-up care. This could be a medical oncologist, surgeon, or radiation oncologist you see for care related to your history of breast cancer (including a physician's assistant or nurse practitioner in the practice).

- The COVID-19 pandemic means the coronavirus pandemic that began in the US in March 2020. It is sometimes called SARS-CoV-2.

Please be reminded that your responses to this survey are confidential and will not be shared with your doctors.

Section A: Your Current Health and Health History

In general…	Excellent	Very good	Good	Fair	Poor
A1. Would you say your health is …	○	○	○	○	○
A2. Would you say your quality of life is …	○	○	○	○	○
A3. How would you rate your physical health?	○	○	○	○	○
A4. How would you rate your mental health, including your mood and your ability to think?	○	○	○	○	○
A5. How would you rate your satisfaction with your social activities and relationships?	○	○	○	○	○

	Excellent	Very good	Good	Fair	Poor
A6. **In general,** please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work, and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)	○	○	○	○	○

	Completely	Mostly	Moderately	A little	Not at all
A7. To what extent are you able to carry out your everyday physical activities, such as walking, climbing stairs, carrying groceries, or moving a chair?	○	○	○	○	○

	Never	Rarely	Sometimes	Often	Always
A8. **In the past 7 days,** how often have you been bothered by emotional problems such as feeling anxious, depressed, or irritable?	○	○	○	○	○

	None	Mild	Moderate	Severe	Very severe
A9. How would you rate your fatigue **on average?**	○	○	○	○	○

	No pain									Worst imaginable pain
A10. How would you rate your pain **on average**?	○	○	○	○	○	○	○	○	○	○

A11. **In the past 12 months**, how many times did you have a visit with any doctor's office, outpatient clinic, or ambulatory care clinic for health care? This can be any type of visit, including a virtual or telehealth visit.

_____ times

A12. **In the past 12 months,** what has been your experience with your menstrual periods?

- ○ I have not had any menstrual periods in the past 12 months
- ○ I have had regular (or the usual timing of) menstrual periods in the past 12 months
- ○ I have had a change in the timing of my menstrual periods in the past 12 months

A13. **In the past 12 months,** did you experience hot flashes or night sweats at any time – even once?

○	○
Yes	No

A14. Please tell us if you have **ever** been <u>told by a doctor</u> that you had any of the following health conditions:

Yes	No	
○	○	a. Dementia or Alzheimer disease
○	○	b. Stroke
○	○	c. Chronic lung disease (COPD)
○	○	d. High blood pressure or hypertension
○	○	e. Angina (chest or heart pain from not enough blood flowing to the heart)
○	○	f. Heart attack (myocardial infarction)
○	○	g. Congestive heart failure
○	○	h. Abnormal heartbeat (arrhythmia)
○	○	i. Diabetes
○	○	j. Cancer, other than breast or non-melanoma skin cancer
○	○	k. Arthritis (osteoarthritis or rheumatoid)
○	○	l. Connective tissue disease, such as lupus or scleroderma
○	○	m. Chronic kidney disease
○	○	n. Blood clots in the legs or the lung (pulmonary embolism or deep vein thrombosis (DVT))
○	○	o. Depression
○	○	p. Anxiety disorder
○	○	q. COVID-19 or the coronavirus also known as SARS-CoV-2

A15. Have you had the following surgeries? If yes, please tell us the year you had the surgery done.

	No	Yes	Year of surgery
a. Oophorectomy (removal of ovaries)	○	○	_____ YYYY
b. Total hysterectomy (removal of uterus and cervix)	○	○	_____ YYYY
c. Total colectomy (removal of entire colon)	○	○	_____ YYYY
d. Total gastrectomy (removal of stomach)	○	○	_____ YYYY

A16. **In the past month,** how often have you worried about your breast cancer coming back?

○	○	○	○	○
Almost never	Rarely	Sometimes	Often	Almost always

A17. **During the past month,** how often has worrying about your breast cancer coming back…

	Almost never	Rarely	Sometimes	Often	Almost always
a. Made you feel upset?	○	○	○	○	○
b. Made it difficult for you to carry out your usual daily activities at home or at work?	○	○	○	○	○
c. Made you feel distant from family and friends?	○	○	○	○	○

A18. **Since your breast cancer was first diagnosed and treated**, have you been diagnosed with a **new cancer in your other breast** (not a recurrence of your previous cancer)?

○	○
Yes	No

A19. **Since your breast cancer was first diagnosed and treated**, have you been diagnosed with **another type of cancer in a different part of your body?** Please mark ALL that apply.

○ No	○ Ovarian cancer	○ Sarcoma
○ Lung cancer	○ Colon cancer	○ Other (please explain): _ _ _ _ _ _ _ _ _ _ _ _ _
○ Uterine cancer	○ Skin cancer	_ _

A20. **Since your breast cancer was first diagnosed and treated**, has a doctor told you that your breast cancer has come back (recurrence)?

- ○ No
- ○ Y

A20a. When was the recurrence found? _____ / _____
MM YYYY

A20b. In what area(s) of the body was it found? **Mark ALL that apply.**

- ○ Breast
- ○ Somewhere else in the body (please explain): _ _ _ _ _ _ _ _ _ _

_ _

A20c. What treatment(s) did you receive for this recurrence?
Mark ALL that apply.

- ○ Lumpectomy
- ○ Mastectomy
- ○ Radiation treatment
- ○ Chemotherapy
- ○ Breast reconstruction
- ○ Hormonal therapy
- ○ Targeted therapy such as trastuzumab or Herceptin because the tumor was HER2-positive
- ○ Other treatment (please explain): _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

_ _

Please continue to fill out the rest of this survey. We are very interested in your breast cancer care experiences. Since you have had a recurrence some of the questions may not apply to you, so please do your best with the survey. Thank you!

Section B: Your Recent Health Care

Remember, in this survey:

- Primary treatment means the initial surgery, chemotherapy, and/or radiation therapy you may have received to treat your breast cancer.
- Primary care provider (PCP) means the health care provider that you see for general illnesses or routine checkups (including a physician's assistant or nurse practitioner in the practice).
- Oncology provider means the health care provider that you see most often for breast cancer follow-up care. This could be a medical oncologist, surgeon, or radiation oncologist you see for care related to your history of breast cancer (including a physician's assistant or nurse practitioner in the practice).
- The COVID-19 pandemic means the coronavirus pandemic that began in the US in March 2020. It is sometimes called SARS-CoV-2.

Health care since you finished your primary treatment for breast cancer

B1. **Since you finished your primary treatment for breast cancer**…

	Yes	No
a. Were you given a survivorship care plan? This is a document that summarizes your treatments, lists tests and check-ups you need in the future, and gives you ideas for staying healthy after treatment.	○	○
b. Have you received any of your breast cancer follow-up care at a multidisciplinary clinic such as a Comprehensive Cancer Center? This is a clinic where many different types of providers work together to provide your care.	○	○
c. Have you sought health care from a hospital emergency room for a reason related to your breast cancer or its treatment?	○	○
d. Have you had a blood test for signs of cancer, such as a CA-125 or CEA test?	○	○
e. Have you had imaging tests to check for breast cancer coming back, such as a CT scan, PET scan, or bone scan?	○	○

B2. **Since you finished your primary treatment for breast cancer,** which provider has been most responsible for providing your follow-up care?

○ Almost always my primary care provider	○ Usually my primary care provider	○ Both providers have been equally responsible	○ Usually my oncology provider	○ Almost always my oncology provider

B3. When you have a question about something related to breast cancer, which provider do you ask first?

○ My oncology provider	○ My primary care provider	○ Another provider (please explain): _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

B4. **Since you finished your primary treatment for breast cancer**, have you received care or support from the following providers to manage ongoing issues related to your breast cancer or its treatment?

	Yes	No
a. Chiropractor	○	○
b. Acupuncturist	○	○
c. Other homeopathic provider of alternative or holistic treatments	○	○
d. Nutritionist	○	○

Recent Screenings and Services

B5. A DEXA bone density scan is a type of X-ray to measure the strength of your bones.

In the past 2 years, have you had a DEXA bone density scan?

○ Yes ○ No

B6. During a pap test (pap smear) or an HPV test, your doctor or nurse puts a speculum into your vagina and uses a special stick or soft brush to collect cells to test for signs of HPV and/or cervical cancer.

In the past 5 years, have you had a PAP test (with or without an HPV test) to screen for cervical cancer?

○ Yes ○ No

B7. A sigmoidoscopy and a colonoscopy are both tests in which a tube is inserted into the rectum to view the colon for signs of cancer or other health problems.

In the past 10 years, have you had either a colonoscopy or a sigmoidoscopy?

○ Yes ○ No

B8. **In the past 12 months**, did a provider **order** these services for you? This means that the provider gave you specific instructions to get that service. You should answer "yes" if the provider gave you instructions to get that service, even if you did not receive the service.

In the past 12 months, did any provider **order**…	No	Yes	**If yes, who ordered it? Mark ALL that apply.** Oncology provider	PCP	Another provider
a. Flu shot	○	○	○	○	○
b. Pneumonia shot	○	○	○	○	○
c. Blood test for cholesterol (lipid panel)	○	○	○	○	○
d. Blood test for high blood sugar or diabetes (blood sugar or A1C test)	○	○	○	○	○
e. Blood test for signs of cancer (CA-125 or CEA test)	○	○	○	○	○
f. Genetic test for future cancer risk (blood or saliva BRCA1/2 or multigene panel test)	○	○	○	○	○
g. DEXA bone density scan	○	○	○	○	○
h. Breast MRI	○	○	○	○	○
i. Other imaging test to check for breast cancer coming back, such as a CT scan, PET scan, or bone scan	○	○	○	○	○
j. Mammogram	○	○	○	○	○
k. Stool test for colorectal cancer	○	○	○	○	○
l. Colonoscopy or sigmoidoscopy for colorectal cancer	○	○	○	○	○
m. Pap test or HPV test for cervical cancer	○	○	○	○	○

B9. How long has it been since you last had a…

	Never	Within the past 2 years	2-5 years ago	More than 5 years ago
a. Flu shot	○	○	○	○
b. Pneumonia shot	○	○	○	○
c. Blood test for cholesterol (lipid panel)	○	○	○	○
d. Blood test for high blood sugar or diabetes (blood sugar or A1C test)	○	○	○	○
e. Blood test for signs of cancer (CA-125 or CEA test)	○	○	○	○
f. Genetic test for future cancer risk (blood or saliva BRCA1/2 or multigene panel test)	○	○	○	○
g. Breast MRI	○	○	○	○
h. Other imaging test to check for breast cancer coming back, such as a CT scan, PET scan, or bone scan	○	○	○	○
i. Mammogram	○	○	○	○
j. Stool test for colorectal cancer	○	○	○	○
k. Colonoscopy or sigmoidoscopy for colorectal cancer	○	○	○	○
l. Pap test or HPV test for cervical cancer	○	○	○	○
m. Skin screening by a dermatologist	○	○	○	○
n. Thyroid ultrasound	○	○	○	○
o. Endoscopy to look at the digestive tract, including the stomach, esophagus, and pancreas	○	○	○	○

B10. **In the past 2 years**, how many times have you had a visit with each of the following providers? This can be any type of visit, including a virtual or telehealth visit.

	0 times in the past 2 years	1-2 times	3-5 times	6 or more times
a. Primary care provider	○	○	○	○
b. Surgical oncologist	○	○	○	○
c. Medical oncologist	○	○	○	○
d. Radiation oncologist	○	○	○	○
e. Gynecologist	○	○	○	○

Section C: Your Recent Health Care Experiences

C1. **Thinking of your experiences with <u>receiving health care</u> in the past 12 months**, have you felt you were discriminated against for any reason?

○ Yes	○ No

C2. What do you think is the reason(s) you were discriminated against when receiving health care?

Yes	No	
○	○	a. Age
○	○	b. Race
○	○	c. Language
○	○	d. Health or disability
○	○	e. Weight
○	○	f. Insurance
○	○	g. Income
○	○	h. Gender
○	○	i. Medical beliefs
○	○	j. Other (please explain): _

C3. **In the past 2 years**, how often has your PCP or oncology provider ordered a medical test or procedure that the other one had already ordered?

○ Never	○ Rarely	○ Sometimes	○ Often	○ Very often

C4. **In the past 2 years**, how often did you think an important part of your breast cancer follow-up care was missed?

○ Never	○ Rarely	○ Sometimes	○ Often	○ Very often

Your Primary Care Provider (PCP)

These next questions are about your primary care provider (PCP) – the health care provider that you see for general illnesses or routine checkups.

Continue with C20 on page 13

C5. How long have you been seeing your current primary care provider?

○ Less than 1 year	○ 1 – 3 years	○ 4 – 5 years	○ More than 5 years	○ I don't have a primary care provider

C6. Is your current primary care provider (PCP) the same one you were seeing at the time of your breast cancer diagnosis and primary treatment?

○ Yes

○ No →

C6a. Why did you switch to a different PCP after your diagnosis and treatment? **Please mark ALL that apply**.

- ○ I wanted a PCP with cancer survivorship experience
- ○ I wanted a PCP who was in the same health system as my other oncology provider(s)
- ○ My former PCP retired, moved locations, or changed their hours
- ○ It was hard to get appointments with my former PCP
- ○ My former PCP's office location was inconvenient (for example: difficult parking, too far away)
- ○ My health insurance made it harder to see my former PCP
- ○ I didn't like my former PCP
- ○ Other (please explain):_ _

_ _

C7. **In general,** I feel that my primary care provider…

	Not at all true	A little true	Somewhat true	Quite true	Very true
a. Provides me with choices and options for my medical care	○	○	○	○	○
b. Expresses confidence in my ability to make decisions	○	○	○	○	○
c. Tries to understand how I see things before offering an opinion	○	○	○	○	○

C8. Please think about your primary care provider's office and **mark ONE response on each row.**

	Never	Rarely	Sometimes	Often	Always
a. When the office is open and you get sick, would someone from there see you the same day?	○	○	○	○	○
b. When you need a non-urgent visit such as an annual check-up, can you get an appointment as soon as you want to?	○	○	○	○	○
c. When the office is open, can you get advice quickly over the phone?	○	○	○	○	○

C9. **Since you finished your primary treatment for breast cancer**, how often have you and your primary care provider discussed the following issues?

	Never	Rarely	Sometimes	Often	Always
a. Symptoms of your breast cancer coming back (recurrence)	○	○	○	○	○
b. Managing physical side effects of cancer treatment, such as pain or fatigue	○	○	○	○	○
c. Emotional issues related to your cancer, such as worry about recurrence	○	○	○	○	○
d. Financial problems related to your cancer	○	○	○	○	○
e. All the prescription medicines you were taking	○	○	○	○	○
f. Ongoing medical problems you may have, such as diabetes or heart disease	○	○	○	○	○
g. Improving your physical activity level, such as through exercise	○	○	○	○	○
h. Other lifestyle changes, such as improving your diet, limiting alcohol, or stopping smoking	○	○	○	○	○

C10. How confident are you in your primary care provider's overall ability to handle your follow-up care after your breast cancer diagnosis and treatment?

○	○	○	○	○
Not at all confident	A little confident	Somewhat confident	Very confident	Extremely confident

C11. After going to the specialist or special service for breast cancer, does your primary care provider talk with you about what happened at the visit?

○	○	○	○	○
Never	Rarely	Sometimes	Often	Always

C12. **In the past 6 months,** how often did your primary care provider seem informed and up-to-date about the care you got from your oncology provider?

○	○	○	○	○
Never	Rarely	Sometimes	Often	Always

C13. **Now that your primary cancer treatment for breast cancer is finished,** which doctor do you prefer to see for each of the following?

	Prefer primary care provider	Prefer oncology provider	Either one is fine	Prefer to see both
a. Follow-up for breast cancer (mammograms)	○	○	○	○
b. Screening for other cancers such as colorectal or cervical cancer	○	○	○	○
c. General preventive care such as vaccinations or check-ups	○	○	○	○
d. Treatment of my ongoing or future medical problems such as diabetes or heart disease	○	○	○	○

C14. How do you feel about the amount of involvement your primary care provider (PCP) currently has in your breast cancer follow-up care?

○	○	○	○	○
I want my PCP to be less involved		My PCP is involved just the right amount		I want my PCP to be more involved

C15. During the COVID-19 pandemic, how much did your PCP's amount of involvement in your breast cancer follow-up care change?

○	○	○	○	○
My PCP became much less involved		No change		My PCP became much more involved

C16. **Compared to your oncology provider,** how would you rate…

	Much worse		No different		Much better
a. The amount of money you have to pay out of pocket at your PCP's office	○	○	○	○	○
b. The ability to get an appointment with your PCP as soon as you need to	○	○	○	○	○
c. The ability to get advice over the phone from your PCP's office	○	○	○	○	○
d. The wait times at your PCP's office	○	○	○	○	○
e. The difficulty of traveling to get to your PCP's office	○	○	○	○	○
f. The parking available at your PCP's office	○	○	○	○	○
g. Your relationship with your PCP	○	○	○	○	○
h. Your PCP's communication with you about your breast cancer follow-up care	○	○	○	○	○
i. The quality of the breast cancer follow-up care provided by your PCP	○	○	○	○	○

C17. How well do you feel that your primary care provider and your oncology provider **communicate with each other** about…

	Very poorly	Poorly	Average	Well	Very well	N/A
a. The symptoms of breast cancer recurrence that need to be watched for	○	○	○	○	○	○
b. Mammogram or MRI test results	○	○	○	○	○	○
c. Your receipt of general preventive care such as vaccinations or other cancer screenings	○	○	○	○	○	○

C18. How satisfied are you that your health care providers are working together to deliver your breast cancer follow-up care?

○	○	○	○	○
Not at all satisfied	A little satisfied	Somewhat satisfied	Very satisfied	Extremely satisfied

C19. How much time does it take you to get from your home to your primary care provider's office?

○ Less than 15 minutes ○ 31 to 60 minutes

○ 15 to 30 minutes ○ More than 60 minutes

C20. How much time does it take you to get from your home to the office of the oncology provider that is most involved in your breast cancer follow-up care?

○ Less than 15 minutes ○ 31 to 60 minutes

○ 15 to 30 minutes ○ More than 60 minutes

C21. In general, I feel that my oncology provider…

	Not at all true	A little true	Somewhat true	Quite true	Very true	N/A
a. Provides me with choices and options for my medical care	○	○	○	○	○	○
b. Expresses confidence in my ability to make decisions	○	○	○	○	○	○
c. Tries to understand how I see things before offering an opinion	○	○	○	○	○	○

Section D: How You Have Been Feeling Lately

D1. Thinking of your sexuality, how often do you generally feel…

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
a. Sexually attractive in your clothes	○	○	○	○	○
b. Comfortable/at ease during sexual activity	○	○	○	○	○
c. Confident sexually	○	○	○	○	○
d. Satisfied with your sex life	○	○	○	○	○
e. Confident sexually about how your breast area looks when unclothed	○	○	○	○	○
f. Sexually attractive when unclothed	○	○	○	○	○

D2. **In the past 7 days**, how satisfied have you been with…

	Not at all	A little bit	Somewhat	Quite a bit	Very much
a. How you look in the mirror clothed	○	○	○	○	○
b. The shape of your breast(s) or breast area when you are wearing a bra	○	○	○	○	○
c. The shape of your breast(s) or breast area when you are not wearing a bra	○	○	○	○	○
d. How normal you feel in your clothes	○	○	○	○	○
e. How comfortable your bras fit	○	○	○	○	○
f. How you look in the mirror unclothed	○	○	○	○	○

D3. Please rate your ability to do the following activities **in the past 7 days**.

	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
a. Open a tight or new jar	○	○	○	○	○
b. Do heavy household chores (e.g., wash walls, floors)	○	○	○	○	○
c. Carry a shopping bag or briefcase	○	○	○	○	○
d. Wash your back	○	○	○	○	○
e. Use a knife to cut food	○	○	○	○	○
f. Recreational activities in which you take some force or impact through your arm, shoulder, or hand (e.g. golf, hammering, tennis, etc.)	○	○	○	○	○

D4. **During the past 7 days**…

	Not at all	Slightly	Moderately	Quite a bit	Extremely
a. To what extent has your arm, shoulder, or hand problem interfered with your normal social activities with family, friends, neighbors, or groups?	○	○	○	○	○
	Not at all limited	**Slightly limited**	**Moderately limited**	**Very limited**	**Unable**
b. Were you limited in your work or other regular daily activities as a result of your arm, shoulder, or hand problem?	○	○	○	○	○
	No difficulty	**Mild difficulty**	**Moderate difficulty**	**Severe difficulty**	**So much difficulty that I can't sleep**
c. How much difficulty have you had sleeping because of the pain in your arm, shoulder, or hand?	○	○	○	○	○

D5. Please rate the severity of the following symptoms **in the past 7 days**.

	None	Mild	Moderate	Severe	Extreme
a. Arm, shoulder, or hand pain	○	○	○	○	○
b. Tingling (pins and needles) in your arm, shoulder, or hand	○	○	○	○	○

D6. **<u>At its worst</u> in the past 7 days**, what was the severity of your…

	None	Mild	Moderate	Severe	Very severe
a. Arm swelling	○	○	○	○	○
b. Hot flashes or flushes	○	○	○	○	○
c. Aching joints, such as elbows, knees, or shoulders	○	○	○	○	○
d. Vaginal dryness	○	○	○	○	○
e. Decreased sexual interest	○	○	○	○	○
f. Psychological or emotional issues related to your breast cancer, such as depression or anxiety	○	○	○	○	○

D7. **In the past 12 months**, how often have…

	Never	Less than once a year	A few times a year	A few times a month	At least once a week	Almost every day
a. You been treated with less respect than other people	○	○	○	○	○	○
b. You been treated unfairly at restaurants or stores	○	○	○	○	○	○
c. People criticized your accent or the way you speak	○	○	○	○	○	○
d. People acted as if they think you are not smart	○	○	○	○	○	○
e. People acted as if they are afraid of you	○	○	○	○	○	○
f. People acted as if they think you are dishonest	○	○	○	○	○	○
g. People acted as if they're better than you are	○	○	○	○	○	○
h. You been threatened or harassed	○	○	○	○	○	○

D8. **In the past 12 months**, have you been treated unfairly because of…

Yes	No	
○	○	a. Your ancestry or national origin
○	○	b. Your gender or sex
○	○	c. Your race or skin color
○	○	d. Your age
○	○	e. The way you speak English
○	○	f. Some other reason (please explain): _

Section E: Impact of the COVID-19 Pandemic

The COVID-19 coronavirus pandemic began in the United States in March 2020. Please tell us about how the pandemic has affected your life.

E1. Has the COVID-19 pandemic made these things worse or better?

	A lot worse	A little worse	About the same	A little better	A lot better
a. Your ability to get general preventive care, such as flu shots or screening for cancers other than breast cancer	○	○	○	○	○
b. Your ability to get breast cancer follow-up care	○	○	○	○	○
c. Your ability to get care for other health conditions, such as diabetes or heart disease	○	○	○	○	○
d. Your ability to communicate with your oncology provider when needed	○	○	○	○	○
e. Your ability to communicate with your primary care provider when needed	○	○	○	○	○
f. Your ability to fill or refill prescription medications	○	○	○	○	○
g. Your employment situation	○	○	○	○	○
h. Your financial situation	○	○	○	○	○
i. Your physical health and well-being	○	○	○	○	○
j. Your mental health and well-being	○	○	○	○	○

E2. **Since the COVID-19 pandemic began**, how worried have you been about becoming sick with COVID-19?

○	○	○	○	○
Not at all worried	A little worried	Somewhat worried	Very worried	Extremely worried

E3. **Since the COVID-19 pandemic began**, how consistently have you been doing the following things?

	Never or rarely	Some of the time	Most of the time	Almost all of the time	All of the time
a. Avoiding touching my face	○	○	○	○	○
b. Keeping my hands clean (washing longer with soap and water or using hand sanitizer)	○	○	○	○	○
c. Keeping things clean in my home (such as my phone, refrigerator, or doorknobs)	○	○	○	○	○
d. Staying home as much as possible	○	○	○	○	○
e. Wearing a mask or face covering when I go outside of the house	○	○	○	○	○
f. Staying at least six feet (about 3 steps) away from people I don't live with	○	○	○	○	○
g. Avoiding gatherings or groups of other people	○	○	○	○	○

Section F: Your History of Breast Cancer Treatments

F1. What surgery have you had for your breast cancer? **Please mark ALL that apply** and tell us the date(s).

	Surgery	**Date(s)**
○	Lumpectomy (removal of the cancer and some surrounding tissue)	_____ / _____ (MM / YYYY)
○	Additional lumpectomy(s) after the first one, on the same breast	_____ / _____ (MM / YYYY) ; _____ / _____ (MM / YYYY)
○	Mastectomy (removal of the entire breast with cancer)	_____ / _____ (MM / YYYY)
○	Mastectomy of the other breast (the breast without cancer), resulting in a double mastectomy	_____ / _____ (MM / YYYY)
○	I did not have any surgery to treat my breast cancer	

F2. Have you ever had breast reconstruction?

○ No → **Continue with F3 on the next page**

○ Yes

F2a. Did your reconstruction start at a later time than your mastectomy surgery or did it start at the same time as your mastectomy?

- ○ At the same time as my mastectomy surgery
- ○ At a later time than my mastectomy surgery
  - → F2b. In what year did your reconstruction begin? _____ YYYY

F2c. What type of breast reconstruction did you have?

- ○ A DIEP flap, TRAM flap, or latissimus dorsi flap (or another type of flap that uses your own tissue from the abdomen or back)
- ○ An implant (silicone or saline)
- ○ Other (please explain): _

F2d. **If you had an implant,** what kind of implant did you receive?

- ○ Smooth
- ○ Textured
- ○ Don't know
- ○ I did not have an implant → **Continue with F3 on the next page**

F2e. **If you had an implant,** have you had your implant taken out or replaced?

- ○ Yes, taken out but not replaced
- ○ Yes, replaced with a different implant
- ○ No, but I've considered it
- ○ No → **Continue with F3 on the next page**

F2f. If you have had your implant taken out or replaced or considered doing this, why?

_ _

_ _

_ _

F3. Hormone therapy helps block estrogen from getting to cancer cells that may remain in the body. Hormone therapy is sometimes called "anti-estrogen therapy" or "endocrine therapy." Examples include **tamoxifen**, **anastrozole** or Arimidex, **letrozole** or Femara, **exemestane** or Aromasin, and **raloxifene** or Evista.

Have you **ever** taken any of these medications? **Please mark ONE.**

- ○ Yes, I currently take one of these medications
- ○ Yes, I took one of these medications before but no longer take it
- ○ No, I have never taken any of these medications → **Continue with F5**

F4. Please tell us which hormone therapy medications you have ever used by marking one item in each row.

	Currently take	Took before but no longer taking	Have never taken
a. Tamoxifen	○	○	○
b. Raloxifene (Evista)	○	○	○
c. An aromatase inhibitor, such as Anastrozole (Arimidex), Letrozole (Femara), or Exemestane (Aromasin)	○	○	○
d. Another medication (please explain): _	○	○	○

F5. How **satisfied** are you with the decision about…

	Not at all satisfied	A little satisfied	Somewhat satisfied	Quite satisfied	Totally satisfied	N/A
a. Whether or not to have radiation therapy	○	○	○	○	○	○
b. Whether or not to have breast reconstruction	○	○	○	○	○	○
c. Whether or not to take hormone therapy	○	○	○	○	○	○

F6. Ovarian suppression drugs stop the ovaries from making estrogen altogether and help prevent cancer tumors from growing. These drugs stop menstrual periods and are sometimes used along with hormone therapy in premenopausal women with ER-positive breast cancer. Examples include **leuprolide** or Lupron and **goserelin** or Zoladex.

Have you **ever** taken any of these medications? **Please mark ONE.**

○ Yes, I currently take one of these medications

○ Yes, I took one of these medications before but no longer take it

→ F6a. Did you complete at least five years of ovarian suppression treatment?
○ Yes ○ No

○ No, I have never taken any of these medications

F7. **In the past 12 months**, how often have you done any of the following things while using the Internet?

	Never	Rarely	Sometimes	Often	Very often
a. Looked for health or medical information related to your breast cancer follow-up care	○	○	○	○	○
b. Bought medicine or vitamins related to your breast cancer online	○	○	○	○	○
c. Used social media – such as Facebook or Twitter – to offer or receive support for issues related to breast cancer	○	○	○	○	○
d. Used email or a patient portal to communicate with a doctor or doctor's office about your breast cancer follow-up care	○	○	○	○	○

Section G: Hormone Therapy for Breast Cancer

Hormone therapy helps block estrogen from getting to cancer cells that may remain in the body. Hormone therapy is sometimes called "anti-estrogen therapy" or "endocrine therapy." Examples include **tamoxifen**, **anastrozole** or Arimidex, **letrozole** or Femara, **exemestane** or Aromasin, and **raloxifene** or Evista.

G1. Did you complete at least five years of hormone therapy treatment?

○ Yes

○ Not yet - I'm currently taking hormone therapy but it hasn't been five years yet

○ No – I took hormone therapy but stopped and did not complete five years of treatment

○ No, I have never taken hormone therapy

Continue with Section H on page 23

G2. How strongly have you considered taking hormone therapy for longer than five years?

○	○	○	○	○
Not at all	A little bit	Somewhat	Quite a bit	Very much

G3. Have you talked with a health care provider about taking hormone therapy for longer than five years?

○ Yes

○ No → **Continue with G7 on the next page**

G4. How strongly has your oncology provider recommended that you take hormone therapy for longer than five years?

○ Not at all	○ A little bit	○ Somewhat	○ Quite a bit	○ Very much	○ N/A – did not discuss

G5. How much has your primary care provider participated in the decision about whether to take hormone therapy for longer than five years?

○ Not at all	○ A little bit	○ Somewhat	○ Quite a bit	○ A lot

G6. How do you feel about the amount of involvement your primary care provider (PCP) has had in this decision?

○ I feel my PCP was or is not involved enough	○	○ I feel my PCP was or is involved just the right amount	○	○ I feel my PCP was or is too involved

G7. Did you decide to continue to take hormone therapy for longer than five years?

- ○ Yes, I decided to take it for longer than five years
- ○ No, I decided not to take it for longer than five years
- ○ No decision yet – I am still in the process of deciding → **Continue with G11 on the next page**

G8. How was the decision made?

- ○ I made the decision, with little input from my health care provider(s)
- ○ I made the decision, after seriously considering my health care provider(s)' opinions
- ○ My health care provider(s) and I decided together
- ○ My health care provider(s) made the decision, after seriously considering my opinion
- ○ My health care provider(s) made the decision, with little input from me

G9. When you were deciding whether or not to continue to take hormone therapy for longer than five years, did your health care providers give you conflicting advice about the decision?

○ Not at all	○ A little bit	○ Somewhat	○ Quite a bit	○ Very much	○ N/A – did not discuss

Now we would like to learn more about how you made your decision. **Please answer these next questions regardless of what decision you made and how easy or hard it was for you.**

G10. When making decisions about whether or not to continue to take hormone therapy for longer than five years…

	Not at all	A little	Somewhat	Quite a bit	A lot
a. I weighed the pros and cons of each option before making the decision	○	○	○	○	○
b. I feel like I really thought through all the issues important to the decision	○	○	○	○	○

c. I talked with others – family or friends – before making my decision	○	○	○	○	○
d. I talked with other breast cancer patients before making my decision	○	○	○	○	○
e. I spent time thinking about each option	○	○	○	○	○

G11. **When decisions were being made about whether or not to continue to take hormone therapy for longer than five years**, how <u>important</u> were each of these factors?

	Not at all important	A little important	Somewhat important	Quite important	Very important
a. Family planning issues, such as having children	○	○	○	○	○
b. Medication costs	○	○	○	○	○
c. Side effects you experienced, such as hot flashes, joint pain, or vaginal dryness	○	○	○	○	○
d. The risk of very rare but serious side effects, such as blood clots or uterine cancer	○	○	○	○	○
e. The potential impact on your level of sexual interest (libido)	○	○	○	○	○
f. The need to continue to take a pill every day	○	○	○	○	○
g. Your amount of worry about the cancer coming back	○	○	○	○	○
h. The need to obtain and refill prescriptions	○	○	○	○	○
i. What your partner wanted you to do	○	○	○	○	○
j. What your oncology provider(s) wanted you to do	○	○	○	○	○
k. The decisions that other women you know have made	○	○	○	○	○
l. Your age	○	○	○	○	○
m. Your faith or religious beliefs	○	○	○	○	○
n. Other health conditions that you have, such as osteoporosis or arthritis	○	○	○	○	○
o. Your desire for the most extensive treatments possible	○	○	○	○	○

G12. How much benefit do you think you will (or would) get from <u>continuing</u> to take hormone therapy for an <u>extra five years</u> (total of ten years) after your diagnosis with breast cancer?

○	○	○	○	○
No benefit at all	Small benefit	Moderate benefit	Large benefit	Huge benefit

Section H: Genetic Testing for Cancer Risk

Genetic testing for cancer risk is used to look for inherited gene mutations or changes that might put a person at higher risk of getting certain kinds of cancer.

H1. How long has it been since you last had a counseling session with a genetic counseling expert – that is, an appointment where the whole discussion is about genetic cancer risk?

- ○ Never
- ○ Within the past 2 years
- ○ 2-5 years ago
- ○ More than 5 years ago

Clinical Genetic Testing

We would like to ask you about clinical genetic testing – genetic tests for future cancer risk that are ordered by a doctor or a genetic counselor. These tests can be done with either a blood test or a saliva test where you spit into a tube.

H2. How long has it been since you last had a blood or saliva genetic test for future cancer risk that was ordered by a doctor or genetic counselor?

- ○ Never
- ○ Within the past 2 years
- ○ 2-5 years ago
- ○ More than 5 years ago

H3. What were the results of your **most recent** genetic test that was ordered by a doctor or genetic counselor? **Please mark ALL that apply.**

- ○ N/A – I have never had a test like this
- ○ Negative – I did not have any mutations in the gene tests
- ○ Positive for a gene mutation
- ○ Uncertain – a variant of uncertain significance (VUS) was found
- ○ I don't know the results

H4. Have you talked with your immediate adult blood relatives (parents, brothers and sisters, children) about getting clinical genetic testing to learn more about their own future cancer risk?

○ ○ ○

Yes, I have talked to most or all of my adult family members	Yes, I have talked to some of my adult family members (but not all)	No, I haven't talked to any adult family members

H5. To the best of your knowledge, does any member of your family have a gene mutation that increases the risk of cancer?

○ Yes	○ No	○ Don't know

H6. Please tell us whether anyone in your family have been diagnosed with these cancers.

	Anyone in your family?	Which family member(s)? Please list their relation to you and their age at diagnosis.
EXAMPLE	⊘Yes ○No	*Mother at age 55, sister at age 32*
a. Male breast cancer	○Yes ○No	_ _
b. Female breast cancer	○Yes ○No	_ _
c. Ovarian (peritoneal/fallopian tube) cancer	○Yes ○No	_ _
d. Sarcoma (muscle or bone cancer)	○Yes ○No	_ _

Direct-to-Consumer (DTC) Genetic Testing

Some companies are selling genetic tests for cancer risk on the internet, without the need to involve your doctor. Anyone can buy these tests online, get a testing kit in the mail, collect their spit in a special cup or tube, and mail the test kit back to the company for analysis. Examples of companies offering this "direct-to-consumer" testing include **23andMe**, **AncestryDNA**, and **Color**.

H7. How much have you…

	Not at all	A little bit	Somewhat	Quite a bit	A lot
a. Talked with a health care provider about getting one of these tests	○	○	○	○	○
b. Talked with family or friends about getting one of these tests	○	○	○	○	○
c. Researched these types of tests online	○	○	○	○	○

H8. Have you ever taken a direct-to-consumer genetic test for cancer risk that you ordered on the internet? **Examples include 23andMe, AncestryDNA, and Color.**

○ Yes
○ **Continue with Section I on the next page**

H9. Which direct-to-consumer genetic tests for cancer risk have you taken?

Yes No

○	○	a. 23andMe
○	○	b. AncestryDNA
○	○	c. Color
○	○	d. Something else (please explain): _

H10. How long has it been since you last had a direct-to-consumer genetic test for cancer risk that you ordered on the internet?

- ○ Never
- ○ Within the past 2 years
- ○ 2-5 years ago
- ○ More than 5 years ago

H11. What were the results of your most recent direct-to-consumer genetic test for cancer risk?
Please mark <u>ALL</u> that apply.

- ○ Negative – I did not have any mutations in the gene tests
- ○ Positive for a gene mutation
- ○ Uncertain – a variant of uncertain significance (VUS) was found
- ○ Something else (please explain): _
- ○ I don't know the results

H12. How much have you talked with the following people about the results of your direct-to consumer genetic test(s) for cancer risk?

	Not at all	A little bit	Somewhat	Quite a bit	A lot
a. Your primary care provider	○	○	○	○	○
b. Your oncology provider	○	○	○	○	○
c. A genetic counselor	○	○	○	○	○
d. Your family members	○	○	○	○	○

H13. How helpful has direct-to-consumer genetic testing for cancer risk been to you?

○	○	○	○	○
Not at all helpful	A little helpful	Somewhat helpful	Quite helpful	Extremely helpful

<u>Section I: Home and Work</u>

I1. Do you currently have debt (for example, unpaid bills, credit card balance, bank loans, or borrowing money from family or friends) from your breast cancer treatment?

O	O
Yes	No

I2. Are you **currently** working for pay?

O	O
Yes	No

I3. Which of the following best describes your **current** employment status? **Please mark ALL that apply.**

- O Employed full-time
- O Employed part-time
- O Unemployed and looking for work
- O Temporarily laid off or on sick or other leave
- O Disabled
- O Retired
- O Student
- O Homemaker
- O Other (please explain): _

I4. What type of medical insurance do you currently have? **Please mark ALL that apply.**

- O None
- O Insurance provided through my current or former employer or union (including HMO)
- O Insurance provided to another family member (e.g., spouse) through their current or former employer or union (including HMO)
- O Insurance purchased directly from an insurance company (by you or another family member)
- O Insurance purchased from an exchange ("Obamacare" or the Affordable Care Act)
- O Medicaid or other state provided insurance
- O Medicare/government insurance
- O Veterans Affairs (VA, including those who have ever used or enrolled for VA health care)
- O Other (please explain): _

I5. On average, about how many hours per week have you worked **in the past 12 months**?

______ hours per week

I6. **Currently,** what is the total yearly income of your entire household, before taxes, from all sources – including child support, alimony, disability, social security, and unemployment?

- O Less than $5,000
- O $5,000-$9,999
- O $10,000-$19,999
- O $40,000-$59,999
- O $60,000-$89,999
- O $90,000 or more

○ $20,000-$29,999 ○ Don't know

○ $30,000-$39,999

I7. **Currently,** how many people are supported by the total income for your household, including yourself?

○ 1 (just you)	○ 2 people	○ 3 people	○ 4 or more people

I8. People with a history of cancer may feel cancer or its treatment affects their financial well-being. Circle the number that rates how much in the past month your history of breast cancer and/or treatment affected…

In the past month, how has having had breast cancer and/or treatment affected…	Not affected at all										Affected a great deal
a. Your spending on medical bills	0	1	2	3	4	5	6	7	8	9	10
b. Money in your savings	0	1	2	3	4	5	6	7	8	9	10
c. Other money you owe (like debts and credit cards)	0	1	2	3	4	5	6	7	8	9	10
d. Your ability to pay all of your bills	0	1	2	3	4	5	6	7	8	9	10
e. Your ability to pay for food	0	1	2	3	4	5	6	7	8	9	10
f. Your ability to work your usual number of hours at your job	0	1	2	3	4	5	6	7	8	9	10
g. Your ability to contribute to your normal household responsibilities and daily chores	0	1	2	3	4	5	6	7	8	9	10
h. Your stress level about finances	0	1	2	3	4	5	6	7	8	9	10

I9. People with cancer may rely on a variety of financial resources and support sources. Please circle the number that rates how much in the past month you relied on each of these things to deal with the financial impact of your breast cancer and/or treatment.

In the past month, to deal with the financial impact of your breast cancer and/or treatment, how much did you rely on…	Did not rely at all										Relied a great deal
a. Using your household income	0	1	2	3	4	5	6	7	8	9	10
b. Using your savings	0	1	2	3	4	5	6	7	8	9	10
c. Using credit cards	0	1	2	3	4	5	6	7	8	9	10
d. Having someone to help manage your medical bills	0	1	2	3	4	5	6	7	8	9	10
e. Having someone to help with your normal household responsibilities and daily chores	0	1	2	3	4	5	6	7	8	9	10
f. Having someone to help care for the people who normally depend on you	0	1	2	3	4	5	6	7	8	9	10

g. Having help from community resources, such as churches, cancer foundations, patient assistance, or the Salvation Army	0	1	2	3	4	5	6	7	8	9	10

I10. Compared to before you were diagnosed with breast cancer, please rate if your financial situation is…

○	○	○	○	○
Much better	Better	Nearly the same	Worse	Much worse

Section J: Your Lifestyle

J1. **Since you finished your primary treatment for breast cancer**, have you talked about the following things with your health care providers?

	Yes	No
a. Smoking cessation (stopping smoking)	○	○
b. Weight management or diet	○	○
c. Alcohol use	○	○
d. Physical activity	○	○

J2. Have you **ever** smoked tobacco?

○	○	○	○	○
Currently smoke everyday	Currently smoke some days	Used to smoke everyday but no longer do	Used to smoke some days but no longer do	Never smoked

J3. **During the past 30 days**, how many days per week did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

_____ days per week

J4. **During the past 30 days**, on the days when you drank, about how many drinks did you drink on average? One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. (Note: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.)

_____ drinks

J5. How many days per week do you currently participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

_____ days per week

J6. And when you take part in physical activity or exercise, for how many minutes do you usually keep at it?

_____ minutes

The next questions ask about Cannabis (also called marijuana or hemp) use. **Cannabis means all forms and preparations of Cannabis, such as smoked, inhaled, eaten, or applied to the skin and those with or without THC (the ingredient that makes you feel "high").** CBD oil and Rick Simpson Oil (RSO) are commonly-used preparations of Cannabis.

J7. **Since you finished your primary treatment for breast cancer**, have you talked with a health care provider about using or trying any form of Cannabis to manage ongoing issues related to your breast cancer or its treatment? **Please mark ALL that apply.**

- ○ My primary care provider
- ○ My oncology provider
- ○ Another health care provider (please explain): _
- ○ N/A – I have not discussed it with any health care providers

J8. **Since you finished your primary treatment for breast cancer**, have you used Cannabis to manage ongoing issues related to your breast cancer or its treatment?

- ○ No → **Please go to Section K on page 32**
- ○ Yes, but not within the past 12 months →
- ○ Yes, within the past 12 months

J8a. Why did you stop using Cannabis?
Please mark ALL that apply.

- ○ It was not effectively controlling my symptoms
- ○ I didn't like that it changed my thinking, focus, and/or concentration
- ○ It made depressed or anxious
- ○ It made me nauseous
- ○ My health care provider told me to stop
- ○ Some other reason (please explain):

_ _

_ _

Please tell us about your typical use of Cannabis, **even if you are no longer using it.**

J9. When was the first time you used Cannabis to manage ongoing issues related to your breast cancer or its treatment?

_____
YYYY

J10. How often do you use Cannabis to manage ongoing issues related to your breast cancer or its treatment?

- ○ Once or twice – I've tried it but don't use it regularly
- ○ A few times a year
- ○ A few times a month
- ○ A few times a week
- ○ Once a day
- ○ More than once a day

J11. What form of Cannabis do you use to manage ongoing issues related to your breast cancer or its treatment? **Please mark ALL that apply.**

- ○ Something I smoke, such as a pipe, joint, bong, or blunt
- ○ Something I inhale, such as material from a vaporizer, vape pen, or e-cigarette
- ○ Something I eat, drink, or swallow
- ○ Something I rub on my skin, such as a lotion or oil
- ○ Other (please explain): _

The two main active ingredients in Cannabis are THC (tetrahydrocannabinol) and CBD (cannabidiol). THC gives the feeling of being "high." Cannabis products are available with different amounts of THC and CBD.

J12. What kinds of Cannabis products do you typically use to manage ongoing issues related to your breast cancer or its treatment? This information can often be found on the package label.

- ○ CBD-dominant products: large amounts of CBD with only small amounts of THC, such as hemp oil or products from "Indica dominant" Cannabis strains
- ○ THC-dominant products: large amounts of THC with only small amounts of CBD, such as marijuana, Rick Simpson Oil, or "Sativa dominant" Cannabis strains
- ○ Balanced products: similar levels of both THC and CBD
- ○ Don't know

J13. How much do you agree with each of the following statements?

I use Cannabis…	Do not agree at all	Agree a little bit	Agree somewhat	Agree quite a bit	Agree very much
a. To manage pain	○	○	○	○	○
b. To manage anxiety	○	○	○	○	○
c. To manage depression	○	○	○	○	○
d. To manage nausea	○	○	○	○	○
e. To get "high"	○	○	○	○	○
f. To help my appetite (make me hungry)	○	○	○	○	○
g. To help me sleep	○	○	○	○	○

h. To treat my breast cancer	○	○	○	○	○
i. To prevent my breast cancer from coming back (recurrence)	○	○	○	○	○
j. For another reason (please explain): _	○	○	○	○	○

J14. Has using Cannabis allowed you to reduce or stop using these medications?

	Yes	No
a. Prescription pain pills, such as Vicodin, OsyContin, Fentynl (pain patch), Morphine, Percocet, or Dilaudid	○	○
b. Prescription sedatives, such as Xanax, Valium, Klonopin, Trazadone, or Seroquel	○	○
c. Prescription sleep aids, such as Ambien	○	○
d. Nausea medications, such as Phenergan or Zofran	○	○
e. Over-the-counter pain pills, such as Tylenol, Motrin, Advil, or Aleve	○	○
f. Antidepressant medications, such as Celexa, Prozac, Zoloft, or Lexapro	○	○
g. Something else (please explain): _	○	○

J15. How strongly did each of these providers support your use of Cannabis to manage ongoing issues related to your breast cancer or its treatment?

	Not at all	A little bit	Somewhat	Quite a bit	Very much	N/A – did not discuss
a. Your oncology provider	○	○	○	○	○	○
b. Your primary care provider (PCP)	○	○	○	○	○	○

J16. Did any of these health care providers give you a card or other paperwork that gives you access to medical-grade Cannabis (also called marijuana or hemp)?

	Yes	No
a. Your oncology provider	○	○
b. Your primary care provider (PCP)	○	○
c. The doctor affiliated with the Cannabis dispensary	○	○
d. Another health care provider (please explain): _	○	○

Section K: About You

K1. In general, what language(s) do you read and speak?

○	○	○	○	○
Only English	English better than any other language	Both equally	Another language better than English	Only another language

K2. What language do you usually speak at home?

○	○	○	○	○
Only English	More English than any other language	Both equally	Another language more than English	Only another language

K3. In what language do you usually think?

○	○	○	○	○
Only English	More English than any other language	Both equally	Another language more than English	Only another language

K4. What language do you usually speak with your friends?

○	○	○	○	○
Only English	More English than any other language	Both equally	Another language more than English	Only another language

K5. How often do you have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

○	○	○	○	○
Never	Rarely	Sometimes	Often	Always

K6. How often do you find numerical information to be useful?

○	○	○	○	○
Never	Rarely	Sometimes	Often	Very often

K7. In the past 2 years, have you moved or changed residences?

○ No

○ Yes → K7a. If yes, when? _____ / _____
MM YYYY

K8. What is your current marital status?

○ Married
○ Divorced
○ Separated
○ Living with partner
○ Widowed
○ Never married

K9. What is the highest level of education you have completed?

○ No high school
○ Some high school
○ High school graduate or G.E.D.
○ Some college or technical school
○ College graduate (Bachelor's degree)
○ Graduate degree or higher

K10. Do you consider yourself to be…

○ Straight or heterosexual
○ Lesbian
○ Gay
○ Bisexual
○ Queer
○ Same-gender loving
○ Other, please specify: _
○ Prefer not to answer

K11. What is your current gender identity?

○ Female
○ Male
○ Trans female or trans woman
○ Trans male or trans man
○ Genderqueer or gender non-confirming
○ Other, please specify: _
○ Prefer not to answer

K12. What sex were you assigned at birth, meaning on your original birth certificate?

○ Female
○ Male
○ Don't know

○ Prefer not to answer

K13. Today's date is: _____ / _____ / _____
MM DD YYYY

K14. What else would you like us to know? Did we miss anything in this survey that is important to your health care experiences since your diagnosis with breast cancer? Please tell us about it below.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Thank you very much for filling out this survey! Your answers are <u>very</u> important to us.

Please return the survey in the envelope provided or mail to:

Dr. Ann Hamilton, Ph.D.
Keck School of Medicine
University of Southern California
2001 N. Soto St., SSB318E, MS 9239
Los Angeles, CA 90089-9239

If you have any questions, please call us toll-free at **(855) 872-1140** or e-mail **iCan.Care@med.usc.edu.**