

English

Block 1

Impact of the novel Coronavirus (COVID-19) on Patients with Cancer

DESCRIPTION: You are invited to participate in a research study on understanding the evolving novel Coronavirus (COVID-19) pandemic and the impact on patients with cancer. The data we plan to collect will help us track the spread of the disease among patients with cancer in our community, and the actions patients are taking to prevent or reduce the impact of the novel Coronavirus (COVID-19). We will also evaluate the impact of the coronavirus on the patient's well-being and their cancer care by assessing the delays in their care and any other unmet needs. We will ask questions about your current health status, your household, and the actions you have taken thus far in response to the outbreak. We will also ask for your email address if you are willing to complete future surveys to help track the continued impact of the disease. All data will be confidential. The results of the study of your participation in this project will be used for research purposes only.

TIME INVOLVEMENT: Your participation in this study will take approximately 5-10 minutes to complete the study survey.

RISKS AND BENEFITS: The risks associated with this study are minimal and include potential loss of confidentiality and psychological distress due to answering questions about the novel Coronavirus (COVID-19) pandemic. We cannot and do not guarantee or promise that you will receive any direct benefits from this study, though your responses may be used to improve the community response to the COVID-19 pandemic.

PARTICIPANT'S RIGHTS: If you have read this form and have decided to participate in this project, please understand your participation is voluntary and you have the right to withdraw your consent or discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled. The results of this research study may be presented at scientific or professional meetings or published in scientific journals. However, your identity will not be disclosed. Identifiers might be removed from identifiable private information and, after such removal, the information could be used for future research studies or distributed to

another investigator for future research studies without additional informed consent from you. You have the right to refuse to answer particular questions. A description of this clinical trial will be available on <http://www.ClinicalTrials.gov>, as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time.

PAYMENTS/REIMBURSEMENTS: You will receive no compensation for participation.

CONTACT INFORMATION: Questions, Concerns, or Complaints: If you have any questions, concerns or complaints about this research study, its procedures, risks and benefits, or alternative courses of treatment, or if you feel you have been hurt by being a part of this study, please contact the Protocol Director, (Manali I. Patel, MD MPH MPS). You may contact her now or later at (650-736-2768). **Independent Contact:** If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a participant, please contact the Stanford Institutional Review Board (IRB) to speak to someone independent of the research team at (650)-723-5244 or toll free at 1-866-680-2906. You can also write to the Stanford IRB, Stanford University, 1705 El Camino Real, Palo Alto, CA 94306.

Please print or save a copy of this page for your records.

If you agree to participate in this research, please click the arrow to the right to continue to the survey.

If you need assistance filing out this survey please contact Dr. Manali Patel, Protocol Director, at 650-736-2768 or by email at manalip@stanford.edu.

Default Question Block

Overall Cancer Care

Have you ever been diagnosed with cancer?

- Yes
- No
- I do not know

How concerned are you about the novel Coronavirus (COVID-19) pandemic affecting your cancer care?

- Not at all concerned
- A little concerned
- Moderately concerned
- Very concerned
- Extremely concerned

Have you avoided going to your doctor's office, urgent care, emergency department or hospital because of fear of getting the novel Coronavirus (COVID-19)?

- Yes
- No

Are you currently receiving any of the following treatments for your most recent cancer? (Check all that apply)

- A treatment for my cancer that I receive in my vein (chemotherapy and/or immunotherapy)
- A treatment for my cancer that I take by mouth (oral chemotherapy or hormonal therapy)
- Radiation Therapy
- Surgery
- I am currently not being treated for my cancer
- My cancer is in remission
- I don't know
- Other:

How often do you receive this treatment by vein?

- Once
- Everyday
- Every week
- Every two weeks
- Every three weeks
- Every month
- Other:

How often do you receive this treatment that you take by mouth?

- Once
- Everyday
- Every week
- Every two weeks
- Every three weeks
- Every month
- Other:

How often do you receive radiation?

- I have only received radiation once
- I receive radiation five times a week
- Other

What are your concerns about receiving your cancer treatment during the novel Coronavirus (COVID-19) pandemic?

- I feel more at risk of getting the Coronavirus (COVID-19) virus if I continue my cancer treatments during the novel Coronavirus (COVID-19) pandemic
- I am not concerned about receiving cancer treatments during the novel Coronavirus (COVID-19) pandemic
- Other:

Are you participating in a cancer clinical trial?

- Yes
- No
- I was planning to enroll in a trial but it was delayed due to the novel Coronavirus (COVID-19) pandemic
- I do not know

Care Delays or Interruptions

Have you experienced any of the following due to the novel Coronavirus (COVID-19) pandemic? (Check all that apply)

- My cancer treatment or cancer care (clinic, chemotherapy, radiation, surgery, blood tests, imaging (CT scan, MRI, chest x-ray), clinical trial, or other care) was delayed or interrupted
- My cancer treatment was switched to another cancer treatment (for example taking a treatment by mouth instead of receiving it by IV in my vein or switching treatments that I receive by IV in my vein?)
- The location of my cancer care was switched (for example receiving cancer care closer to my home or in my home instead of in the clinic or hospital)?
- I am now taking a new growth factor support drug to protect myself from infection (for example neupogen, onpro, neulasta)
- I am now taking an antibiotic to protect myself from infection (for example clindamycin, penicillin)
- I am now taking a new drug to protect myself from blood clots (for example lovenox, enoxaparin, coumadin, heparin, argatroban)
- I have experienced no changes in my care due to the novel Coronavirus (COVID-19) pandemic
- Other

Why did you experience this change in your cancer care?

- My doctor requested it due to the novel Coronavirus (COVID-19) pandemic
- I requested it due to the novel Coronavirus (COVID-19) pandemic
- I do not know why I experienced this change in my care
- Other

What specific cancer care has been delayed due to the novel Coronavirus (COVID-19) pandemic (Check all that apply).

- Routine clinic visit
- Cancer treatment that requires an infusion given with an IV (Chemotherapy or immunotherapy)
- Cancer treatment that I take by mouth (chemotherapy or hormonal therapy)
- Clinical trial enrollment or other related clinical trial activities
- Radiation
- Surgery or biopsy
- Lab testing (blood work)
- Imaging (for example, CT scans, x-rays, mammogram, MRI)
- I do not know
- Other:

How much of a delay or interruption have you had in your cancer treatment that you take by vein or by mouth due to the novel Coronavirus (COVID-19) pandemic?

- No delay
- Less than 1 week
- 1 week
- 2 weeks
- 3 weeks
- 4 weeks
- More than 4 weeks
- My treatment has been interrupted indefinitely
- I don't know
- Other:

How much of a delay or interruption have you had in your routine clinic visit due to the novel Coronavirus (COVID-19) pandemic?

- No delay
- Less than 1 week
- 1 week
- 2 weeks
- 3 weeks
- 4 weeks
- More than 4 weeks
- Indefinitely
- I do not know
- Other:

How much of a delay or interruption have you had in your Radiation due to the novel Coronavirus (COVID-19) pandemic?

- No delay
- Less than 1 week
- 1 week
- 2 weeks
- 3 weeks
- 4 weeks
- More than 4 weeks
- My treatment has been interrupted indefinitely
- I do not know
- Other:

How much of a delay or interruption have you had in your surgery or biopsy due to the novel Coronavirus (COVID-19) pandemic?

- No delay
- Less than 1 week
- 1 week
- 2 weeks
- 3 weeks
- 4 weeks
- More than 4 weeks
- Indefinitely
- I do not know
- Other:

How much of a delay or interruption have you had in your lab testing (blood work) due to the novel Coronavirus (COVID-19) pandemic?

- No delay
- Less than 1 week
- 1 week
- 2 weeks
- 3 weeks
- 4 weeks
- More than 4 weeks
- Indefinitely
- I do not know
- Other:

How much of a delay or interruption have you had in your imaging exams (CT scans, MRI, chest x-ray, bone scan, etc) due to the novel Coronavirus (COVID-19) pandemic?

- No delay
- Less than 1 week
- 1 week
- 2 weeks
- 3 weeks
- 4 weeks
- More than 4 weeks
- Indefinitely
- I do not know
- Other:

How much of a delay or interruption have you had in a clinical trial due to the novel Coronavirus (COVID-19) pandemic?

- No delay
- Less than 1 week
- 1 week
- 2 weeks
- 3 weeks
- 4 weeks
- More than 4 weeks
- Indefinitely
- I do not know
- Other:

Are you worried that this change in your cancer care due to the novel Coronavirus (COVID-19) could affect your cancer?

- Yes
- No
- I do not know

Which of the following occurred when your cancer care was delayed or interrupted?

- My cancer doctor called me by phone at my scheduled appointment time
- My cancer doctor conducted a video visit with me
- My appointment, lab and/or imaging tests were rescheduled to a later date
- My appointment was cancelled indefinitely
- None of these occurred
- Other:

On a scale of 0-10 with 0 being not satisfied at all and 10 being the most satisfied, how satisfied were you with your phone call?

Not at all Satisfied Extremely Satisfied

0○ 1○ 2○ 3○ 4○ 5○ 6○ 7○ 8○ 9○ 10○

On a scale of 0-10 with 0 being not satisfied at all and 10 being the most satisfied, how satisfied were you with your video visit?

Not at all Satisfied Extremely Satisfied

0○ 1○ 2○ 3○ 4○ 5○ 6○ 7○ 8○ 9○ 10○

Could you tell us more about your experience with the phone call or video visit? (For example, what could be improved?)

In the future, if your scheduled routine cancer care appointment was delayed due to the novel Coronavirus (COVID-19) pandemic, which of the following would you choose? (Please select one)

- Wait until my cancer doctor is available and reschedule an in-person visit.
- Reschedule an in-person visit with another cancer doctor on the same day
- Talk to my cancer doctor by phone at the time of my original appointment
- Set up a video visit at the time of my original appointment
- Cancel my appointment until when safe to return to clinic

It is always important to discuss your health care wishes with your family and doctor and to have these wishes in writing in case you are too sick to make decisions for yourself.

Have you discussed your health care wishes with your doctor in the past?

- Yes
- No
- I do not know

Has the novel Coronavirus (COVID-19) pandemic changed your views or your wishes about health care if you could not breathe?

- Yes
- No
- I do not know

Would you like to discuss your health care wishes again with your doctors in the setting of the novel Coronavirus (COVID-19) pandemic?

- Yes
- No
- I do not know

Please explain what barriers may have contributed to this discussion with your doctor?

- The discussion was not brought up by my doctors
- I did not wish to discuss my health care wishes with my doctors at the time
- I do not know why we did not discuss this together
- Other:

Challenges due to the novel Coronavirus (COVID-19) Pandemic

Have you experienced any difficulties due to the novel Coronavirus (COVID-19)? (Check all that apply)

- I have experienced reduced job wages or work hours
- I have experienced job loss
- I have experienced difficulties getting food
- I have experienced difficulties getting childcare
- I have experienced difficulties getting transportation
- I have experienced difficulties accessing cancer care or other health care services
- I have experienced difficulties getting routine or essential medications
- Other:

How concerned do you feel about the Coronavirus (COVID-19) pandemic? (Please select one)

- Not at all concerned
- A little concerned
- Moderately concerned
- Very concerned
- Extremely concerned

Please rank how concerned you are about the following due to the novel Coronavirus (COVID-19) pandemic on a scale of 0-10 (0 being not concerned at all and 10 being extremely concerned).

Not Concerned

Extremely Concerned

0 1 2 3 4 5 6 7 8 9 10

I will not be able to get food

I will not be able to work

I will lose housing

I will not have childcare

I will not be able to pay for cancer treatment or healthcare

I will have other financial concerns

My cancer will worsen

My other health conditions will worsen

I will get the virus

Someone in my family will get the virus

Other:

How often do you feel overwhelmed by concerns related to the novel Coronavirus (COVID-19)?

- Never
- Rarely
- Sometimes
- Often
- Always

Have you spoken with your cancer doctor about any of these concerns due to the novel Coronavirus (COVID-19)?

- Yes
- No

Please explain what barriers may have contributed to discussing these concerns with your doctor? (Check all that apply)

- I could not reach my cancer doctor
- I did not want to bother my cancer doctor
- I did not think about discussing these concerns with my cancer doctor
- I discussed these concerns with other health care professionals (such as my primary care, nurse, social worker)
- I do not know
- Other

What sources do you trust regarding the novel Coronavirus (COVID-19) pandemic? (Check all that apply)

- Government (local or federal)
- News (for example newspaper, TV)
- Friends or family members
- Church/pastor
- Local community agencies
- Social media (for example Twitter, Facebook, Instagram)
- Doctors
- Cancer advocacy or support groups (for example American Cancer Society Cancer Action Network, Susan G Komen, American Society of Clinical Oncology)
- Other:

What information from your cancer doctor would be most useful about the novel Coronavirus (COVID-19)? (Check all that apply)

- I feel well informed about the novel Coronavirus (COVID-19)
- I would like my doctor to provide me with information about Coronavirus (COVID19) symptoms to look out for
- I would like my doctor to provide me with information about how to prevent exposure to the novel Coronavirus (COVID-19)
- I would like my doctor to provide me with information about my risk of getting the novel Coronavirus (COVID-19)
- Other:

How interested would you be in participating in a free online mindfulness-based stress reduction training program?

- Not at all interested
- Somewhat interested
- Very interested
- Extremely interested

Novel Coronavirus (COVID-19) Testing

Have you been tested for the novel Coronavirus (COVID-19)?

- Yes, I was tested, and the test was positive for the novel Coronavirus (COVID-19)
- Yes, I was tested, and the test was negative for the novel Coronavirus (COVID-19)
- No, I tried to get tested but could not get a test for the novel Coronavirus (COVID-19)
- No, I have not tried to get tested for the novel Coronavirus (COVID-19)

Did you have to go to the Emergency Room for symptoms due to the novel Coronavirus (COVID-19)?

- Yes
- No
- I do not know

Did you have to go to the be hospitalized for symptoms due to the novel Coronavirus (COVID-19)?

- Yes
- No
- I do not know

Did you have to stay in an intensive care unit for symptoms due to the novel Coronavirus (COVID-19)?

- Yes
- No
- I do not know

Has anyone in your household been tested for the novel Coronavirus (COVID-19)?

- Yes, they were tested, and the test was positive for the novel Coronavirus (COVID-19)
- Yes, they were tested, and the test was negative for the novel Coronavirus (COVID-19)
- No, they tried to get tested, but could not get a test for the novel Coronavirus (COVID-19)
- No, they did not try to get tested for the novel Coronavirus (COVID-19)

Demographic Information

What month and year were you diagnosed with cancer?

Month

Year

What was the diagnosis of your most recent cancer?

What was the stage of your cancer at diagnosis?

- Stage 0 (in situ cancer)
- Stage 1
- Stage 2
- Stage 3
- Stage 4
- I don't know

Is your most recent cancer considered curable?

- Yes
- No
- I don't know

Please enter the zip code of your residence.

Zip Code

What is the highest level of school you have completed or the highest degree you have received?

- Less than high school degree
- High school graduate (high school diploma or equivalent including GED)
- Some college but no degree
- Associate degree in college (2-year)
- Bachelor's degree in college (4-year)
- Master's degree
- Doctoral degree
- Professional degree (JD, MD)

What is your employment status?

- Employed full time
- Employed part time
- Self-employed
- Unemployed looking for work
- Unemployed not looking for work
- Retired
- Student
- Disabled

Are you unemployed due to the novel Coronavirus (COVID-19) pandemic?

- Yes
- No
- I don't know
- Other:

Have you applied for disability?

- Yes
- No
- I don't know

Have you had any delays getting disability due to the novel Coronavirus (COVID-19) pandemic?

- Yes
- No
- I don't know

Do you have access to any of the following at home? (Check all that apply)

- Smartphone
- Desktop or laptop computer
- Tablet
- Internet access at home
- Home telephone (landline)

Do you have health insurance?

- Yes
- No
- I no longer have health insurance due to the novel Coronavirus (COVID-19) pandemic
- I do not know

What is your health insurance? (Check all that apply)

- Private insurance that I get from my job
- Private insurance that is not provided through my job
- Public insurance that I get from the county or the government such as Medicaid
- Medicare
- Uninsured
- Cash
- I do not know
- Other

What gender do you currently identify as?

- Male
- Female
- Non-binary
- Prefer to not answer
- Other

What is your annual household income?**What year were you born?**

Year

What is your marital status?

- Married
- Divorced
- Widowed
- Separated
- Never Married
- A member of an unmarried couple

How many people are living in your household (other than yourself)?

- I live alone
- 1
- 2
- 3
- 4
- 5
- 6
- > 6

How many adults age 65 years or older live in your household (other than yourself if you are 65 years or older)?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- > 6

How many people age 18 years or younger live in your household?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- > 6

Which of the following would you say is your race?

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Prefer to not answer
- Race not listed above:

Are you Spanish, Hispanic, or Latino?

- Yes
- No

What is the primary language you speak at home?

- English
- Spanish
- Other:

Since you speak another language other than English at home, we are interested in your own opinion of how well you speak English. Would you say you speak English:

- Very well
- Well
- Not Well
- Not at all

If you are willing to complete a future survey or interview, please enter your email address and/or your phone number.

Email Address:

Phone Number:

Important Note: If you are concerned that you or a family member may be infected with COVID-19 (novel coronavirus), please contact your primary care physician or local healthcare provider.

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