## All.Can Patient Survey 2018 – final questions and answer options – United States

Q	Question	Response options
1	In which state or US territory do you live?	
-	Are you filling in this questionnaire for yourself, or on behalf on somebody else? osing your cancer	<ul> <li>For myself</li> <li>On behalf of somebody else</li> </ul>
3	Was your cancer diagnosed, and Was your cancer diagnosed as part of a routine screening programme, or as part of a screening programme for an unrelated health problem?	<ul> <li>Yes, as part of a routine screening programme</li> <li>Yes, as part of a screening programme for an unrelated health problem</li> <li>No, it was not diagnosed as part of any screening programme</li> </ul>
4	After first seeing a doctor about the health problem, how long did it take to be diagnosed with cancer?	<ul> <li>Less than a month</li> <li>1 to 3 months</li> <li>3 to 6 months</li> <li>6 months to a year</li> <li>More than a year</li> <li>Don't know / can't remember</li> <li>Not applicable</li> </ul>
5	Was the diagnosis correct at every point during this time?	<ul> <li>Yes, the diagnosis was correct from the start</li> <li>No, my cancer was initially diagnosed as something different</li> <li>No, my cancer was diagnosed as something different a number of times</li> <li>Don't know / can't remember</li> </ul>
6	Please think about your cancer diagnosis. Do you have any examples of how this could have been improved? In particular, were there things that you felt were wasting time, money or other resources?	

7	Following your first diagnosis for cancer, did you start some form of cancer treatment (e.g. medicines, surgery, chemotherapy or radiotherapy)?	<ul><li>Yes</li><li>No</li></ul>
8	Were you involved as much as you wanted to be in deciding which treatment options were best for you?	<ul> <li>Yes, definitely</li> <li>Yes, to some extent</li> <li>No, I would have liked to be more involved</li> <li>There were no different treatment options</li> <li>Don't know / can't remember</li> </ul>
9	Have you always been given enough information about your cancer care and treatment, in a way that you could understand?	<ul> <li>Yes</li> <li>No. I was given information, but could not understand it all</li> <li>No. I was not given enough information</li> <li>Don't know / can't remember</li> </ul>
10	Have you always been given enough information, in a way that you could understand, about signs and symptoms to look out for that your cancer might be returning/getting worse?	<ul> <li>Yes</li> <li>No. I was given information, but could not understand it all</li> <li>No. I was not given enough information</li> <li>Don't know / can't remember</li> </ul>
11	There may be many groups of people involved in your care (e.g. surgeons, oncologists, radiologists, nurses, other specialists). Have you always felt well supported by these people to know when you should seek further care?	<ul> <li>Yes, definitely</li> <li>Yes, to some extent</li> <li>No, not at all</li> <li>Don't know/can't remember</li> <li>Not applicable</li> </ul>

12	If you have needed other support (e.g. from dietitians, physiotherapists, or mental health services), is this always available to you when you need it?	<ul> <li>Yes, always</li> <li>Yes, sometimes</li> <li>No, not at all</li> <li>Don't know / can't remember</li> <li>Not applicable</li> </ul>
13	Do you have any ideas of where time or resources could have been more efficiently used by the healthcare system during your cancer care and treatment (e.g. around receiving more/better information)?	
14	Many cancer patients say that they need ongoing psychological support throughout their care, and maybe even afterwards. If you have needed this, has it always been available to you?	<ul> <li>Yes, always</li> <li>Yes, sometimes</li> <li>No, not at all</li> <li>Don't know / can't remember</li> <li>Not applicable</li> </ul>
15	How helpful has this psychological support been?	<ul> <li>Very helpful</li> <li>Quite helpful</li> <li>Neither helpful nor unhelpful</li> <li>Quite unhelpful</li> <li>Very unhelpful</li> <li>Don't know / can't remember</li> </ul>
16	Do you feel you have always been given enough support to deal with any ongoing symptoms and side effects, even beyond the phase of 'active' treatment (if applicable)?	<ul> <li>Yes, I was offered and found it to be helpful</li> <li>Yes, but I didn't not think it had any beneficial effects</li> <li>Yes, but I was not interested in taking complementary therapies</li> <li>No, but I would have liked to have been offered</li> <li>No, I'm not interested in complementary therapies</li> <li>Don't know/can't remember</li> </ul>

Ongoin	g support and returning to everyday life		
After th	neir initial cancer care, some patients need ongoing suppo	rt and treatment to return to everyday life. In this section, we ask about your	
experie	nce of this.		
17	Looking specifically at pain, do you feel that you have always been given sufficient information and care to	<ul> <li>Yes, always</li> <li>Yes, most of the time</li> </ul>	
	deal with the pain you may have experienced?	Yes, some of the time	
		<ul> <li>No, never</li> </ul>	
		<ul> <li>Don't know / can't remember</li> </ul>	
		<ul> <li>Not applicable</li> </ul>	
18	Do you have examples of where things could have been done more efficiently, and more focused on your needs, in your ongoing suppor		
	and help in returning to everyday life?		
Financial implications of your cancer			
	section, we ask about some of the financial implications of		
19	If you paid for any of your cancer care and treatment	I already had private health insurance	
	yourself, why was this?	The care and treatment I wanted wasn't available in my country's	
		healthcare system	
		I wanted to avoid delays	
		Not applicable	
		Other	
	If other, please specify below.		
20	Were there any other financial implications of your	Please tick all that apply	
	cancer care and treatment?	Loss of employment	
		Travel costs	
		Childcare costs	
		Loss of insurance	
		• Other	
		Not applicable	
	If other, please specify below.		

	<b>t support groups</b> section, we ask about patient support groups that you may	y have been in contact with.
21	<ul> <li>Were you given information about patient groups, charities and other organisations that might be able to support you through your diagnosis and care?</li> <li>How did you find out about these groups?</li> </ul>	<ul> <li>Yes</li> <li>No</li> <li>Don't know / can't remember</li> <li>Please tick all that apply</li> <li>From my healthcare professional(s)</li> <li>Through family and friends</li> <li>Searching on the internet or through social media</li> <li>Other</li> <li>Don't know / can't remember</li> </ul>
	If other, please specify below.	
23	To what extent did you use these groups?	<ul> <li>A lot of the time</li> <li>Some of the time</li> <li>Not at all</li> </ul>
-	<b>part in clinical trials</b> section, we ask about clinical trials.	
24	Have you been involved in clinical trials related to your cancer?	<ul> <li>Yes</li> <li>No. I was asked to participate, but didn't want to</li> <li>No. I wasn't asked</li> <li>There were no clinical trials available</li> <li>Don't know / can't remember</li> </ul>
25	Would you like to have been asked?	<ul> <li>Yes</li> <li>No</li> <li>Not sure</li> </ul>

Your o	verall experience	
In this	section, we ask some general questions about your overall	cancer care.
26	During the whole of your care and treatment for cancer, did you have to miss or cancel appointments at short notice? If so, for what reasons?	<ul> <li>Not at all</li> <li>Once or twice</li> <li>Three or more times</li> <li>Don't know / can't remember</li> </ul>
27	During the whole of your care and treatment for cancer, how often were appointments cancelled by the hospital or clinic you were due to attend?	<ul> <li>Not at all</li> <li>Once or twice, with clear explanations given about why</li> <li>Once or twice, with no clear explanations given about why</li> <li>Three or more times</li> <li>Don't know / can't remember</li> </ul>
28	At the end of your cancer treatment, were you left with any excess medications that you didn't need?	<ul> <li>Yes, because I was given too much</li> <li>Yes, because I didn't take the medications I was supposed to</li> <li>No</li> <li>Don't know / can't remember</li> <li>Not applicable</li> </ul>
29	During the whole of your cancer care and treatment, where do you feel there was most inefficiency?	<ul> <li>My initial cancer diagnosis</li> <li>Getting the right treatment for my cancer</li> <li>Dealing with ongoing side effects</li> <li>Dealing with the financial implications</li> <li>Dealing with the psychological impacts</li> <li>Access to patient support groups</li> <li>The opportunity to take part in clinical trials</li> <li>Other</li> <li>Don't know / can't remember</li> </ul>
	If other, please specify below.	

30	Many cancer patients talk about the emotional burden on them and their families, as they go through cancer care. Have you come across any examples of how the healthcare system could have worked differently, or did work, to reduce this?	
About	your condition	
In this	section, we ask some details about your cancer, so we can	understand the views of different groups of patients.
31	With what type of cancer were you first diagnosed?	Brain/central nervous system
		Breast
		Colorectal/bowel
		Gynaecological
		Haematological
		Head and neck
		• Lung
		Prostate
		Sarcoma
		• Skin
		Oesophageal, stomach, pancreatic, liver, or gall bladder
		Urological
		Other
	If other, please specify below.	
32	How long is it since you were first treated for this	Less than 1 year
ł	cancer?	• 1 to 5 years
		More than 5 years
		Don't know / can't remember
33	Had your cancer spread to other organs or parts of	• Yes
	your body at the time you were first told you had	• No
	cancer?	Don't know
		Does not apply to my type of cancer

34	Which of the following applies?	<ul> <li>My cancer has been removed/treated, without any sign of further problem</li> <li>My cancer was removed/treated without any sign of further problem, but has since come back / spread to other parts of my body</li> <li>None of the above options apply to my type of cancer</li> <li>I would prefer not to say</li> <li>I don't know</li> </ul>
About In this 35	•	an we can understand the views of different groups of patients.
36	What is your gender?	<ul> <li>Male</li> <li>Female</li> <li>Other</li> </ul>
	Many thanks for your assistance. Please click the 'Complete' button below to save your responses and exit the survey.	