

Supplemental Appendix for:
Patient Attitudes Regarding the Cost of Illness in Cancer Care
Barry Meisenberg et al.

Survey on the Financial Impact of Cancer

Thank you for taking the time to help Anne Arundel Medical Center learn about and better address the concerns of our patients, the individual information you provide will not be shared with anyone other than the survey team. You may get help from a trusted family member or friend if you have difficulty understanding or seeing any of the questions.

Directions: Please answer the following questions.

1. How old are you? _____
2. Are you:
 Male
 Female
3. Are you:
 Married
 Partnered, living together but not married
 Partnered, not living together
 Single
 Divorced
 Separated
4. With which type of cancer were you diagnosed (breast, colon, pancreatic, etc.)? _____
5. When were you diagnosed? (month and year) _____
6. What type of treatment have you received/are you receiving? (Check all that apply)
 Surgery
 Chemotherapy under the skin or intravenously
 Oral chemotherapy
 Radiation
 Hormone therapy
 Other (please specify)

7. Do you have:
 Commercial health insurance (Aetna, Cigna, CareFirst, etc.)
 Medicare
 Medicaid
 No health insurance
 Other/Not sure (please specify)

8. Including yourself, how many people are in your household _____
9. What was your total household income last year?
 \$0 - \$20,000
 \$20,001 - \$50,000
 \$50,001 - \$100,000
 \$100,001 - \$150,000
 \$150,001 - \$200,000
 >\$200,000

10. Approximately how much do you spend “out of pocket” for medical expenses each month? (Include all direct and indirect expenses include parking, baby sitters, medical supplies, over the counter medications) _____
11. On a scale of 1-5 with 1 being ***no support***, and 5 being the ***greatest support possible***, how much emotional support would you say you receive from family and friends?
- | | | | | |
|-------------------|---|---|---|----------------------------------|
| 1 | 2 | 3 | 4 | 5 |
| No Support | | | | Greatest support Possible |
12. On a scale of 1-5, with 1 being ***strongly disagree*** and 5 being ***strongly agree***, how much do you agree with the statement: “I believe being sick will hurt me/has hurt me financially.”
- | | | | | |
|--------------------------|---|---|---|-----------------------|
| 1 | 2 | 3 | 4 | 5 |
| Strongly Disagree | | | | Strongly Agree |
13. On a scale of 1-5, with 1 being ***rarely*** and 5 being ***very frequently*** to what extent have you talked with your primary oncologist about the cost of care?
- | | | | | |
|---------------|---|---|---|------------------------|
| 1 | 2 | 3 | 4 | 5 |
| Rarely | | | | Very frequently |
14. If you chose 1, 2, or 3 in the previous question, please rank the following reasons in order of importance (with “1” being the ***most important***) for why you have not discussed the cost of care with your doctor
- ___ I don’t think that’s his/her job
 - ___ There’s not enough time during clinic visits
 - ___ I don’t want him/her to think less of me
 - ___ Don’t want my doctor to change therapies because of cost issues
 - ___ I don’t think the doctor is concerned about this aspect of care
 - ___ Other (please specify) _____
-
15. With whom are you most comfortable discussing financial concerns: (Please rank in order with “1” being the ***most comfortable***)
- ___ Family
 - ___ Friends
 - ___ Oncologist
 - ___ Nurse
 - ___ Social Worker
 - ___ Financial Counselor
 - ___ Other (please specify) _____
16. As a result of the cost or lost income of cancer treatments have you: (Choose all that apply)
- ___ Changed your spending habits (reduced going out to eat, or reduced leisure activities etc.)
 - ___ Tried to make medications last longer by taking less
 - ___ Not filled prescriptions
 - ___ Gotten behind on bills (electric, gas, rent/mortgage)
 - ___ Increased your debt (credit cards or taken out loans)
 - ___ Declared bankruptcy
 - ___ Other (please specify) _____
17. On a scale of 1-5, with 1 being ***not well informed*** and 5 being ***extremely well informed***, at the start of your cancer treatment, how well were you informed about the cost of cancer care?
- | | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

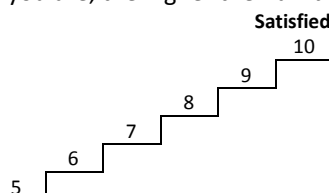
- | | | | | |
|--|------------------------------|--|------------------------------------|--|
| | Not
well informed | | Extremely
well informed | |
|--|------------------------------|--|------------------------------------|--|
18. On a scale of 1-5 with 1 being ***strongly disagree*** and 5 being ***strongly agree***, how much do you agree with the statement, "Information on personal financial costs of cancer should come from my oncologist."
- | | | | | |
|------------------------------|---|---|---|---------------------------|
| 1 | 2 | 3 | 4 | 5 |
| Strongly
Disagree | | | | Strongly
Agree |
19. On a scale of 1-5 with 1 being ***strongly disagree*** and 5 being ***strongly agree***, how much do you agree with the statement, "My personal financial situation should be a major factor in deciding among treatment options."
- | | | | | |
|------------------------------|---|---|---|---------------------------|
| 1 | 2 | 3 | 4 | 5 |
| Strongly
Disagree | | | | Strongly
Agree |
20. On a scale of 1-5 with 1 being ***strongly disagree*** and 5 being ***strongly agree***, how much do you agree with the statement, "If there were more than one treatment plan that were roughly the same in terms of effectiveness, I would want my doctor to prescribe the less costly one for me."
- | | | | | |
|------------------------------|---|---|---|---------------------------|
| 1 | 2 | 3 | 4 | 5 |
| Strongly
Disagree | | | | Strongly
Agree |
21. On a scale of 1-5 with 1 being ***strongly disagree*** and 5 being ***strongly agree***, how much do you agree with the statement, "Overall costs to society should be a major factor in deciding among treatment options."
- | | | | | |
|------------------------------|---|---|---|---------------------------|
| 1 | 2 | 3 | 4 | 5 |
| Strongly
Disagree | | | | Strongly
Agree |

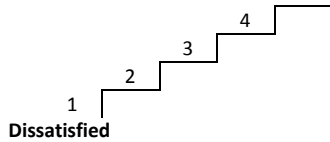
Personal Financial Wellness Scale©

Directions: Circle or check the responses that are ***most appropriate*** for your situation.

22. What do you feel is the ***level*** of your ***financial stress today?***
- | | | | | | | | | | |
|---------------------|---|---|-------------|---|------------|---|---|------------------|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Overwhelming Stress | | | High Stress | | Low Stress | | | No Stress at All | |

23. On the stair steps below, mark (with a circle) how ***satisfied*** you are with your ***present financial situation.*** The "1" at the bottom of the steps represents complete dissatisfaction. The "10" at the top of the stair steps represents complete satisfaction. The more dissatisfied you are, the lower the number you should circle. The more satisfied you are, the higher the number you should circle.





24. How do you feel about your ***current financial situation?***

1	2	3	4	5	6	7	8	9	10
Feel Overwhelmed		Sometimes Feel Worried				Not Worried		Feel Comfortable	

25. How often do you worry about being ***able to meet*** normal monthly living expenses?

1	2	3	4	5	6	7	8	9	10
Worry All the Time		Sometimes Worry				Rarely Worry		Never Worry	

26. How confident are you that you could find the money to pay for a ***financial emergency*** that costs about ***\$1,000?***

1	2	3	4	5	6	7	8	9	10
No Confidence		Little Confidence				Some Confidence		High Confidence	

27. How often does this happen to you? You want to go out to eat, go to a movie or do something else and ***don't go because you can't afford to?***

1	2	3	4	5	6	7	8	9	10
All the time		Sometimes				Rarely		Never	

28. How frequently do you find yourself just getting by financially and living ***paycheck to paycheck?***

1	2	3	4	5	6	7	8	9	10
All the time		Sometimes				Rarely		Never	

29. How ***stressed*** do you feel about your personal finances ***in general?***

1	2	3	4	5	6	7	8	9	10
Overwhelming Stress		High Stress				Low Stress		No Stress at All	

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