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SOURCES AND CONTENT OF INFORMATION *(continued)*

57. How important were the following types of health information **during** treatment?

	Very Important	Important	Somewhat Important	Of Little Importance	Unimportant	Don't Know / Not Applicable
a. Possible symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Possible side-effects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Pain related to disease or treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Information specific to your cancer diagnosis or treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Prognosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Cancer reoccurrence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Survival rate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

58. Rank in order the following resources, with 1 being the most important source of health information and 8 being the least important source of information:

- _____ Family
- _____ Friends
- _____ Health care team
- _____ Online resources
- _____ Other health care teams
- _____ Other patients
- _____ Social networks
- _____ Other resources *(please specify)*: _____

DEMOGRAPHICS

59. Indicate your cancer site (*select only one*):

- Brain
- Breast
- Colon
- Head and Neck
- Lung
- Melanoma
- Prostate
- Ovary
- Sarcoma
- Other *(please specify)*: _____

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DEMOGRAPHICS (continued)

60. How long have you been a patient at MD Anderson?

- Less Than 1 year
- 1 – 2 Years
- 3 – 5 Years
- 6 – 10 Years
- Over 10 Years

61. Indicate your gender:

- Female
- Male

62. Are you Hispanic or Latino?

- Yes
- No

63. Select **one or more** of the following races:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other (*please specify*): _____

64. Indicate your age range:

- Less Than 18 Years of Age
- 18 – 30 Years of Age
- 31 – 45 Years of Age
- 46 – 60 Years of Age
- Over 60 Years of Age

65. Indicate your 5-digit zip code:

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66. Where did you receive the majority of your care?

- Main Campus
- Regional Care Centers