

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

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.

Questions are from the original survey, "Impact of the Novel Coronavirus (COVID-19) on Patients with Cancer"; Demographic Section