



MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

**DEPARTMENTS OF RADIATION ONCOLOGY AND
OTOLARYNGOLOGY**

Survey on Surveillance for Head and Neck Cancer

Background

- You are invited to participate in a survey to help us understand your feelings toward the surveillance, or follow-up, of your cancer after treatment.
- This information will help us determine the best way to follow patients after completion of treatment for head and neck cancer
- This survey is for patients with HPV-related head and neck cancer, which is also sometimes called viral-associated or p16 positive cancer

Survey Information

- This survey should take approximately 15 minutes to complete
 - Your participation is completely voluntary
 - By completing and returning this survey, you are giving your consent to participate in this survey study
-

Please fill out today's date: _____

First, we're going to ask you some questions about your cancer type and your concerns related to cancer. Please check the boxes to answer each question.

1. When did you finish treatment for cancer?

Less than 2 months ago

2 to 5 months ago

6 months ago or more

2. Rate your agreement with the following statement: The HPV virus caused my cancer.

Disagree

Agree

3. Rate your agreement with the following statement: Most people with cancer like me will not have their cancer come back.

Disagree

Agree

4. After receiving all of the planned treatments, do you consider the chance of your cancer coming back IN THE HEAD AND NECK AREA to be (*please select one*):

Very low

Low

Moderate

High

Very high

5. After receiving all of the planned treatments, do you consider the chance of your cancer spreading TO OTHER PARTS OF YOUR BODY to be:

Very low

Low

Moderate

High

Very high

13. There are some things that can be done to monitor cancer remotely even if they are not being seen by their providers. Which of these would make you feel most comfortable about coming in to see your provider in six to twelve months instead of every three months?

Please pick the option you are MOST INTERESTED IN DOING.

- Blood samples
- Urine samples
- Surveys about your symptoms and how you're feeling by email or online (that will be reviewed by your healthcare provider)
- Expedited appointment with a specialist for side effects of treatment (e.g. swallow specialist)

14. There are some things that can be done to monitor cancer remotely even if they are not being seen by their providers. Which of these would make you feel most comfortable about coming in to see your provider in six to twelve months instead of every three months?

Please pick ANY of the options you would be WILLING TO DO. You can check as many as you could like.

- Blood samples
- Urine samples
- Surveys about your symptoms and how you're feeling by email or online (that will be reviewed by your healthcare provider)
- Expedited appointment with a specialist for side effects of treatment (e.g. swallow specialist)

15. In general, how would you rate your physical health?

- Excellent
- Very Good
- Good
- Fair
- Poor

16. During your last appointment, did you have confidence and trust in the healthcare provider you saw or spoke to?

- Yes, definitely
- Yes, to some extent
- No, not at all
- Don't know / can't say

17. The role you play in the treatment option you choose is important. The next question will tell us how you could like the treatment decision to be made.

Please choose one of the following statements that best describes how you could like the decision to be made.

- I prefer to make the final treatment decision
- I prefer to make the final treatment decision after seriously considering my doctor's opinion
- I prefer that my doctor and I share responsibility for deciding which treatment is best.
- I prefer that my doctor makes the final treatment decision, but seriously considers my opinion.
- I prefer to leave all treatment decisions to my doctor.

18. Next, we'd like to understand what you prefer to do in situations where the treatment choice is less clear.

Sometimes, medical action is clearly necessary, and sometimes it is clearly NOT necessary. Other times, reasonable people differ in their beliefs about whether medical action is needed. In situations where it's not clear, do you tend to lean towards taking action or do you lean towards waiting and seeing if action is needed? Importantly, there is no "right" way to be.

1	2	3	4	5	6
I lean toward waiting and seeing					I lean toward taking action

Next, we're going to ask you some questions about yourself. Please check the boxes to answer each question.

1. Did your treatment for cancer include surgery?

Yes

No

2. Did your treatment for cancer include radiation?

Yes

No

3. Did your treatment from cancer include chemotherapy?

Yes

No

4. Age: _____

5. Gender:

Male

Female

Other

6. Race/Ethnicity:

Non-Hispanic White / Caucasian

Black or African American

Native American or American Indian

Asian / Pacific Islander

Hispanic

Other _____

I prefer not to answer

7. Education: What is the highest degree or level of school you have completed?
- Less than a high school diploma
 - High school degree or equivalent (e.g. GED)
 - Some college, no degree
 - Trade school or Associate degree (e.g. AA, AS)
 - Bachelor's degree (e.g. BA, BS)
 - Master's degree (e.g. MA, MS, MEd)
 - Professional degree (e.g. MD, DDS, DVM)
 - Doctorate (e.g. PhD, EdD)
 - I prefer not to answer
8. Are you in a long-term relationship?
- Yes
 - No
9. Employment status: Are you currently...?
- Working full time
 - Working part time
 - Not working
 - I prefer not to answer
10. If you take time off of work to come to your appointments, how do you get time off?
- FMLA
 - Vacation days
 - Sick days
 - Unpaid time off
 - Other _____
 - Not applicable—do not take time off work
11. How much time do you allot to come to each follow up visit?
- Less than half a day
 - Half day
 - Full day
 - More than a full day
12. Do you have health insurance?

- Yes
- No
- Unsure

13. How much of a co-pay or out of pocket expense do you pay for each doctor follow up visit?

- I pay a co-pay of approximately this amount each time: \$_____
- I do NOT pay a co-pay
- I don't know

14. How much money do you spend out of pocket for travel expenses (food, lodging, gas, transportation) to come to each doctor follow-up visit?

\$_____

15. How do you travel to follow-up appointments?

- I provide my own transportation (Travel in your own automobile)
- Ask a friend or family for a ride
- Transportation provided by volunteer
- Bus or public transportation (including Uber or Lyft)
- Other _____
- I prefer not to answer

16. How easy or difficult is it for you to travel to your follow-up appointments?

- Very easy
- Somewhat easy
- Somewhat difficult
- Very difficult

17. How many people live at home with you?

- 0
- 1
- 2-3
- 4 or more
- I prefer not to answer

18. How many financial dependents do you have?

- 0
- 1
- 2-3
- 4 or more
- I prefer not to answer

19. How confident are you filling out forms by yourself?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

20. Household Income:

- Less than \$20,000
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 or more
- I prefer not to answer

Thank you kindly for participating in this survey!