

## Lung Cancer Patient Survey

### Registered User

• **Who is filling out the lung cancer questionnaire?**

The patient (person diagnosed with lung cancer)  
Spouse  
Parent  
Legal guardian  
Other relative  
Other non-relative  
Array

• **What is the patient's marital status?**

Currently married/partnered  
Divorced  
Never married  
Separated  
Widowed  
Unsure  
Prefer not to answer  
Array

• **What is the highest level of school the patient has COMPLETED?**

Less than 7th grade  
Junior High School (7th, 8th, & 9th grade)  
Partial High School (10th or 11th grade)  
High School graduate  
Partial college or specialized training  
College or university graduate  
Graduate professional training (graduate degree)  
Unsure  
Prefer not to answer  
Array

• **What is the patient's ethnic group?**

Hispanic/Spanish/Latino  
Non-Hispanic/Spanish/Latino  
Unsure  
Prefer not to answer  
Array

### Symptoms

• **What were the patient's symptoms before diagnosis of lung cancer? (Select all that apply.)**

Cough  
Shortness of Breath  
Fatigue  
Weight Loss  
Wheezing  
Difficulty swallowing  
Hoarseness  
Pain  
Unsure  
Array

• **Who did the patient initially see regarding symptoms?**

Allergy/ENT  
Cardiologist  
Emergency room physician  
Nurse practitioner  
Orthopedics  
Physician's assistant  
Primary care physician  
Pulmonologist  
Urgent care  
Unsure  
Array

• **How long did the patient have symptoms before being diagnosed with lung cancer?**

Less than one month  
1 month  
2 months  
3 months  
4 months  
5 months  
6 months  
7 months  
8 months  
9 months  
10 months  
11 months  
12 months  
13 - 15 months  
16 - 18 months  
19 - 21 months  
22 - 24 months  
25 - 27 months  
28 - 30 months  
31 - 33 months  
34 - 36 months  
More than 3 years  
Unsure  
Array

• **Did the patient receive initial treatment for something other than lung cancer?**

Yes  
No  
Unsure  
Array

**Non Lung Cancer Treatment**

• **What was the patient treated for? (Select all that apply.)**

Allergies  
Asthma  
Bronchitis  
Chronic obstructive pulmonary disease (COPD)  
Pneumonia  
Unsure  
Array

• **How long was the patient treated for something other than lung cancer?**

Allergies  
Asthma  
Bronchitis  
Chronic obstructive pulmonary disease (COPD)  
Pneumonia  
Other  
Array

## Diagnosis

• **What type of lung cancer was the patient diagnosed with?**

Adenocarcinoma  
Squamous Cell Carcinoma  
Neuroendocrine  
Large cell  
Small cell  
Unsure  
Array

• **What was the date of the patient's diagnosis?**

Date  
Array

• **What type of biopsy did the patient have? (Select all that apply.)**

Bone Biopsy  
Bronchoscopy  
Core biopsy  
Electromagnetic Navigational Bronchoscopy  
Endobronchial Ultrasound  
Fine Needle Aspiration  
Liquid biopsy (blood, urine, sputum)  
Surgery  
Thoracentesis  
Unsure  
Array

• **What stage of lung cancer was the patient diagnosed with?**

Stage 0  
Stage I A  
Stage I A 1  
Stage I A 2  
Stage I A 3  
Stage I B  
Stage II A  
Stage II B  
Stage III A  
Stage III B  
Stage III C  
Stage IV  
Stage IV A  
Stage IV B  
Small cell extensive  
Small cell limited  
Unsure  
Array

• **Where was the location of the patient's primary tumor at diagnosis? (Select all that apply.)**

Upper LEFT lobe  
Lower LEFT lobe  
Upper RIGHT lobe  
Middle RIGHT lobe  
Lower RIGHT lobe  
Unsure  
Array

• **Did the patient seek a second opinion after diagnosis?**

Yes  
No  
Unsure  
Array

• **Has the patient been diagnosed with another type of cancer?**

Yes  
No  
Unsure  
Array

## Other Cancer History

• **What other cancer has the patient had? (Select all that apply.)**

Adrenal cancer  
Anal cancer  
Bile duct cancer  
Bladder cancer  
Bone cancer  
Brain cancer (childhood)  
Brain cancer (adult)  
Breast cancer  
Cervical cancer  
Colon/rectal cancer  
Endometrial (uterine) cancer  
Esophagus cancer  
Eye cancer (melanoma)  
Eye cancer (retinoblastoma)  
Gallbladder cancer  
Gastrointestinal carcinoid tumor  
Gastrointestinal stromal tumor (GIST)  
Hodgkin disease  
Kaposi's sarcoma  
Kidney cancer  
Larynx/throat cancer  
Leukemia (unknown type)  
Leukemia (ALL)  
Leukemia (AML)  
Leukemia (CLL)  
Leukemia (CML)  
Leukemia (other type)  
Liver cancer  
Lung cancer (unknown type)  
Lung cancer (non-small cell)  
Lung cancer (small cell)  
Lung carcinoid tumor  
Lymphoma (non-Hodgkin's)  
Malignant mesothelioma  
Multiple myeloma  
Myelodysplastic syndrome  
Nasopharyngeal cancer  
Neuroblastoma  
Oral cavity (mouth or tongue) cancer  
Osteosarcoma  
Ovarian cancer  
Pancreatic cancer  
Pituitary tumor  
Prostate cancer  
Rhabdomyosarcoma  
Salivary gland cancer  
Skin cancer - basal or squamous cell  
Skin cancer - melanoma  
Skin cancer - Merkel cell soft tissue sarcoma  
Stomach cancer  
Testicular cancer  
Thymus cancer  
Thyroid cancer  
Uterine sarcoma  
Vaginal cancer  
Vulvar cancer  
Waldenstrom macroglobulinemia  
Wilm's tumor  
Array

## Testing

• **What diagnostic tests did the patient have to diagnose lung cancer? (Select all that apply.)**

Biopsy  
Bone scan  
Brain MRI  
CT  
PET/CT  
X-ray  
Unsure  
Array

• **Was the patient's case reviewed by a multidisciplinary tumor board?**

Yes  
No  
Unsure  
Array

• **Was molecular, biomarker, or genetic testing done on the patient's biopsy?**

Yes  
No  
Not Applicable  
Unsure  
Array

## Molecular Testing

• **When did the patient FIRST have molecular testing?**

At initial diagnosis  
At progression  
At recurrence  
Unsure  
Array

• **Which type of molecular, biomarker, or genetic testing did the patient have? (Select all that apply.)**

Lung cancer specific mutation panel  
Next Generation Sequencing  
Unsure  
Array

• **Did the patient test positive for any molecular test/biomarker test/genetic mutation?**

Yes  
No  
Unsure  
Array

• **Has the patient tested positive for any of the following? (Select all that apply.)**

Not Applicable - did not test positive for a mutation

ALK  
BRAF  
EGFR  
HER2  
KRAS  
MEK  
MET  
NRAS  
NTRK1  
PDL-1  
PIK3CA  
RET  
ROS1  
T790M  
Unsure  
Array

## Participant Status

• **Is the patient living?**

Yes  
No  
Array

## Deceased Information

• **What is the date of death?**

Date  
Array

## Bereaved Treatment or Therapy

• **Was the patient offered treatment for the lung cancer?**

Yes  
No  
Unsure  
Array

• **If known, what was the patient's line of therapy at the time the patient passed away?**

1  
2  
3  
4  
5  
Other  
Unsure  
Array

• **Had the patient's doctor or member of the care team discussed future treatment options?**

Yes  
No  
Unsure  
Array

• **Did the patient's treatment center offer supportive services? (Select all that apply.)**

Financial support  
Holistic  
Nutrition  
Support Group  
Transportation  
Unsure  
Array

• **Did the patient receive any education materials at diagnosis or during the treatment process?**

Yes  
No  
Unsure  
Array

• **What type of education materials did the patient receive? (Select all that apply.)**

Financial support  
Holistic  
Nutrition  
Support Group  
Transportation  
Unsure  
Array

• **What type of health insurance did the patient have? (Select all that apply.)**

Private health insurance  
Medicare  
Medi-gap  
Medicaid  
SCHIP (Children's Health Insurance Program)  
Military health care (Tricare/VA, Champ-VA)  
Indian health service  
State-sponsored health plan  
Other government program  
Single service plan (e.g. dental, vision, prescription)  
No coverage  
Unsure  
Array

• **Which of the following best describes what the patient's occupation had been?**



Architecture and Engineering  
Arts, Design, Entertainment, Sports  
Building and Grounds Cleaning and Maintenance Occupations  
Business, Management, and Financial Operations  
Community and Social Services  
Computer and Mathematical  
Construction and Extraction Occupations  
Education, Training, and Library Occupations  
Farming, Fishing, and Forestry Occupations  
Food Preparation and Serving Related Occupations  
Healthcare  
Homemaker  
Installation, Maintenance, and Repair Occupations  
Legal Occupations  
Media  
Military-specific Occupations  
Office and Administrative Support Occupations  
Production Occupations  
Protective Service  
Retired  
Sales and Related Occupations  
Transportation and Material Moving Occupations  
Unemployed  
Array

• **Did the patient receive assistance navigating care from a nurse, nurse navigator or care coordinator?**

Yes  
No  
Unsure  
Array

• **Had the patient ever smoked?**

Yes  
No  
Unsure  
Array

## Treatment-Therapy

• **Was the patient offered treatment for the lung cancer?**

Yes  
No  
Unsure  
Array

• **What is the patient's current line of therapy?**

1  
2  
3  
4  
5  
Other  
Unsure  
Array

• **Has the patient's doctor or member of the care team discussed future treatment options?**

Yes  
No  
Unsure  
Array

## Current Treatment or Therapy

- **Is the patient CURRENTLY receiving any of the following treatments? (Select all that apply.)**

Surgery  
Chemotherapy  
Targeted therapy  
Radiation therapy  
Proton therapy  
Immunotherapy  
Clinical Trial  
Holistic therapy  
Unsure  
Array

## Current Surgery

- **What type of surgery did the patient have? (Select all that apply.)**

Lobectomy  
Lymph node dissection or Lymphadenectomy  
Pericardectomy  
Pleurodesis  
Pneumonectomy  
Segmental resection or Segmentectomy  
Wedge resection  
Unsure  
Array

- **What was the date of the patient's surgery?**

Date  
Array

## Current Chemotherapy

- **What is the patient's CURRENT type of chemotherapy treatment? (Select all that apply.)**

Bevacizumab (Avastin®)  
Carboplatin (Paraplat®, Paraplatin®)  
Cisplatin (Platinol®, Platinol A-Q)  
Docetaxel (Taxotere®)  
Ervolimus (Afinitor®)  
Etoposide (Toposar®, VePesid®)  
Gemcitabine Hydrochloride (Gemzar®)  
Ifosfamide (Ifex®&reg)  
Irinotecan (Camptosar®&reg, CPT-11)  
Methotrexate (Abitrexate, Folex®&reg, Folex PFS, Methotrex-ate LPF, Mexate®&reg, Mexate A-Q)  
NAB-Paxlitaxel (Abraxane®&reg)  
Pemetrexed Disodium (Alimta®&reg)  
Ramucirumab (Cyramza®&reg)  
Topotecan Hydrochloride (Hycamtin®&reg)  
Vinblastine (Velban™)  
Vinorelbine (Navelbine®&reg)  
Unsure  
Array

• **How many cycles of chemotherapy has the patient had?**

1  
2  
3  
4  
5  
6  
Unsure  
Array

• **Has the patient been placed on maintenance chemotherapy?**

Yes  
No  
Unsure  
Array

• **If so, what type?**

Not Applicable, the patient was not placed on maintenance chemotherapy.  
Alimta  
Avastin  
Array

## Current Radiation Therapy

• **What is the patient's CURRENT radiation therapy treatment? (Select all that apply.)**

External Beam (linear accelerator)  
3-D Conformal Radiation Therapy  
Intensity Modulated Radiation Therapy (IMRT)  
Image Guidance Radiation Therapy (IGRT)  
Stereotactic Body Radiation Therapy (SBRT)  
Volumetric Arc Therapy (VMAT)  
Unsure  
Array

• **How long has the patient been on the CURRENT radiation therapy?**

- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 1 week
- 2 weeks
- 3 weeks
- 4 weeks
- 5 weeks
- 6 weeks
- 7 weeks
- 8 weeks
- More than 8 weeks
- Array

• **What area(s) are CURRENTLY being treated with radiation therapy? (Select all that apply.)**

- Adrenal Glands
- Bone
- Brain
- Liver
- Lung
- Lymph Node
- Unsure
- Array

## Current Targeted Molecular Therapy

• **What is the patient's CURRENT type of targeted therapy treatment?**

- Afatinib (Gilotrif®)
- Alectinib (Alecensa®)
- Brigatinib (Alunbrig®)
- Certinib (Zykadia®)
- Cetuximab (Erbix®)
- Crizotinib (Xalcori®)
- Erlotinib (Tarceva®)
- Gefitinib (Iressa®)
- Lorlatinib
- Necitumumab (Portrazza®)
- Osimertinib (Tagrisso®)
- Unsure
- Array

• **How long has the patient been on the CURRENT targeted therapy?**

- 0 - 3 months
- 4 - 6 months
- 7 - 12 months
- 12 - 18 months
- 19 - 24 months
- 25 - 36 months
- 37 - 48 months
- More than 4 years
- Unsure
- Array

## Current Immunotherapy

- **What is the patient's CURRENT immunotherapy treatment?**

Atezolizumab (Tecentriq®)  
Avelumab (Bavencio®)  
Durvalumab (Imfinzi®)  
Ipilimumab (Yervoy®)  
Nivolumab (Opdivo®)  
Pembrolizumab (Keytruda®)  
Unsure  
Array

- **How long has the patient been on the CURRENT immunotherapy?**

0 - 3 months  
4 - 6 months  
7 - 12 months  
13 - 18 months  
19 - 24 months  
25 - 36 months  
37 - 48 months  
More than 4 years  
Unsure  
Array

## Prior Treatment

- **Has the patient EVER received any of the following treatments? (Select all that apply.)**

Surgery  
Chemotherapy  
Targeted therapy  
Radiation therapy  
Proton therapy  
Immunotherapy  
Clinical trial  
Holistic therapy  
Unsure  
Array

## Prior Treatment - Surgery

- **What type of surgery has the patient had in the past? (Select all that apply.)**

Lobectomy  
Lymph node dissection or Lymphadenectomy  
Pericardectomy  
Pleurodesis  
Pneumonectomy  
Segmental resection or Segmentectomy  
Wedge resection  
Unsure  
Array

## Prior Treatment - Chemotherapy

- **What types of chemotherapy treatment has the patient had in the past? (Select all that apply.)**

Bevacizumab (Avastin®)  
Carboplatin (Paraplat®, Paraplatin®)  
Cisplatin (Platinol®, Platinol A-Q)  
Docetaxel (Taxotere®)  
Ervolimus (Afinitor®)  
Etoposide (Toposar®, VePesid®)  
Gemcitabine Hydrochloride (Gemzar®)  
Ifosfamide (Ifex®)  
Irinotecan (Camptosar®, CPT-11)  
Methotrexate (Abitrexate, Folex®, Folex PFS, Methotrex-ate LPF, Mexate®, Mexate A-Q)  
NAB-Paclitaxel (Abraxane®)  
Pemetrexed Disodium (Alimta®)  
Ramucirumab (Cyramza®)  
Topotecan Hydrochloride (Hycamtin®)  
Vinblastine (Velban™)  
Vinorelbine (Navelbine®)  
Unsure  
Array

### Prior Treatment - Targeted Molecular Therapy

- **What type of targeted molecular therapy treatment has the patient had in the past? (Select all that apply.)**

Afatinib (Gilotrif®)  
Alectinib (Alecensa®)  
Brigatinib (Alunbrig®)  
Certinib (Zykadia®)  
Cetuximab (Erbix®)  
Crizotinib (Xalcori®)  
Erlotinib (Tarceva®)  
Gefitinib (Iressa®)  
Lorlatinib  
Necitumumab (Portrazza®)  
Osimertinib (Tagrisso®)  
Unsure  
Array

### Prior Treatment - Radiation Therapy

- **What radiation therapy treatment has the patient had in the past? (Select all that apply.)**

External Beam (linear accelerator)  
3-D Conformal Radiation Therapy  
Intensity Modulated Radiation Therapy (IMRT)  
Image Guidance Radiation Therapy (IGRT)  
Stereotactic Body Radiation Therapy (SBRT)  
Volumetric Arc Therapy (VMAT)  
Unsure  
Array

### Prior Treatment - Immunotherapy

- **What immunotherapy treatment has the patient had in the past? (Select all that apply.)**

Atezolizumab (Tecentriq®)  
Avelumab (Bavencio®)  
Durvalumab (Imfinzi®)  
Ipilimumab (Yervoy®)  
Nivolumab (Opdivo®)  
Pembrolizumab (Keytruda®)  
Unsure  
Array

## Physician

• **Where was the patient first treated?**

Hospital/Clinic Name  
City  
State  
Zip  
Array

## Family Member

• **Have any of the patient's family members been diagnosed with cancer?**

Yes  
No  
Unsure  
Array

• **If yes, what type of cancer(s)? (Select all that apply.)**

Adrenal cancer  
Anal cancer  
Bile duct cancer  
Bladder cancer  
Bone cancer  
Brain cancer (childhood)  
Brain cancer (adult)  
Breast cancer  
Cervical cancer  
Colon/rectal cancer  
Endometrial (uterine) cancer  
Esophagus cancer  
Eye cancer (melanoma)  
Eye cancer (retinoblastoma)  
Gallbladder cancer  
Gastrointestinal carcinoid tumor  
Gastrointestinal stromal tumor (GIST)  
Hodgkin disease  
Kaposi's sarcoma  
Kidney cancer  
Larynx/throat cancer  
Leukemia (unknown type)  
Leukemia (ALL)  
Leukemia (AML)  
Leukemia (CLL)  
Leukemia (CML)  
Leukemia (other type)  
Liver cancer  
Lung cancer (unknown type)  
Lung cancer (non-small cell)  
Lung cancer (small cell)  
Lung carcinoid tumor  
Lymphoma (non-Hodgkin's)  
Malignant mesothelioma  
Multiple myeloma  
Myelodysplastic syndrome  
Nasopharyngeal cancer  
Neuroblastoma  
Oral cavity (mouth or tongue) cancer  
Osteosarcoma  
Ovarian cancer  
Pancreatic cancer  
Pituitary tumor  
Prostate cancer  
Rhabdomyosarcoma  
Salivary gland cancer  
Skin cancer - basal or squamous cell  
Skin cancer - melanoma  
Skin cancer - Merkel cell soft tissue sarcoma  
Stomach cancer  
Testicular cancer  
Thymus cancer  
Thyroid cancer  
Uterine sarcoma  
Vaginal cancer  
Vulvar cancer  
Waldenstrom macroglobulinemia  
Wilm's tumor  
Array

## General Questions



• **Did the patient receive any education materials at diagnosis or during the treatment process?**

Yes  
No  
Unsure  
Array

• **What type of education materials did the patient receive? (Select all that apply.)**

Chemotherapy  
General lung cancer  
Immunotherapy  
Molecular testing  
Nutrition  
Radiation  
Side effects  
Support resources  
Surgery  
Unsure  
Array

• **Did the patient's treatment center offer supportive services? (Select all that apply.)**

Financial support  
Holistic  
Nutrition  
Support Group  
Transportation  
Unsure  
Array

• **Did the patient receive assistance navigating care from a nurse, nurse navigator or care coordinator?**

Yes  
No  
Unsure  
Array

• **What type of health insurance does the patient currently have? (Select all that apply.)**

Private health insurance  
Medicare  
Medi-gap  
Medicaid  
SCHIP (Children's Health Insurance Program)  
Military health care (Tricare/VA, Champ-VA)  
Indian health service  
State-sponsored health plan  
Other government program  
Single service plan (e.g. dental, vision, prescription)  
No coverage  
Unsure  
Array

• **Which of the following best describes the patient's occupation?**

Architecture and Engineering  
Arts, Design, Entertainment, Sports  
Building and Grounds Cleaning and Maintenance Occupations  
Business, Management, and Financial Operations  
Community and Social Services  
Computer and Mathematical  
Construction and Extraction Occupations  
Education, Training, and Library Occupations  
Farming, Fishing, and Forestry Occupations  
Food Preparation and Serving Related Occupations  
Healthcare  
Homemaker  
Installation, Maintenance, and Repair Occupations  
Legal Occupations  
Media  
Military-specific Occupations  
Office and Administrative Support Occupations  
Production Occupations  
Protective Service  
Retired  
Sales and Related Occupations  
Transportation and Material Moving Occupations  
Unemployed  
Array

• **Has the patient ever smoked?**

Yes  
No  
Unsure  
Array