

BRFSS Cancer Survivorship Module

NM asked questions 1-4 in 2009 and 2010

NM asked questions 5-14 in 2010 only

Now I am going to ask you about cancer.

1. Have you EVER been told by a doctor, nurse, or other health professional that you had cancer?

Read only if necessary: By “other health professional” we mean a nurse practitioner, a physician’s assistant, social worker, or some other licensed professional.

- | | | |
|---|-----------------------|---------------------|
| 1 | Yes | |
| 2 | No | [Go to next module] |
| 7 | Don’t know / Not sure | [Go to next module] |
| 9 | Refused | [Go to next module] |

2. How many different types of cancer have you had?

- | | | |
|---|-----------------------|---------------------|
| 1 | Only one | |
| 2 | Two | |
| 3 | Three or more | |
| 7 | Don’t know / Not sure | [Go to next module] |
| 9 | Refused | [Go to next module] |

3. At what age were you told that you had cancer?

- | | | |
|-----|-----------------------|---------------------|
| – – | Code age in years | [97 = 97 and older] |
| 9 8 | Don’t know / Not sure | |
| 9 9 | Refused | |

CATI note: If Q2 = 2 (Two) or 3 (Three or more), ask: “At what age were you first diagnosed with cancer?”

INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.

4. What type of cancer was it?

If Q2 = 2 (Two) or 3 (Three or more), ask: “With your most recent diagnosis of cancer, what type of cancer was it?”

INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-28]:

Breast

0 1 Breast cancer

Female reproductive (Gynecologic)

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

Head/Neck

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

Gastrointestinal

0 9 Colon (intestine) cancer

1 0 Esophageal (esophagus)

1 1 Liver cancer

1 2 Pancreatic (pancreas) cancer

1 3 Rectal (rectum) cancer

1 4 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

1 5 Hodgkin's Lymphoma (Hodgkin's disease)

1 6 Leukemia (blood) cancer

1 7 Non-Hodgkin's Lymphoma

Male reproductive

1 8 Prostate cancer

1 9 Testicular cancer

Skin

2 0 Melanoma

2 1 Other skin cancer

Thoracic

2 2 Heart

2 3 Lung

Urinary cancer:

2 4 Bladder cancer

2 5 Renal (kidney) cancer

Others

2 6 Bone

2 7 Brain

2 8 Neuroblastoma

2 9 Other

Do not read:

7 7 Don't know / Not sure

9 9 Refused

5. Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

1	Yes	[Go to next module]
2	No	
7	Don't know / Not sure	[Go to next module]
9	Refused	[Go to next module]

6. What type of doctor provides the majority of your health care?

INTERVIEWER NOTE: If the respondent requests clarification of this question, say: "We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.)."

Please read [1-10]:

0 1	Cancer Surgeon
0 2	Family Practitioner
0 3	General Surgeon
0 4	Gynecologic Oncologist
0 5	Internist
0 6	Plastic Surgeon, Reconstructive Surgeon
0 7	Medical Oncologist
0 8	Radiation Oncologist
0 9	Urologist
1 0	Other

Do not read:

7 7	Don't know / Not sure
9 9	Refused

7. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?

Read only if necessary: "By 'other healthcare professional' we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional."

1	Yes
2	No
7	Don't know / Not sure
9	Refused

8. Have you EVER received instructions from a doctor, nurse, or other health professional about *WHERE* you should return or *who* you should see for routine cancer check-ups after completing your treatment for cancer?

1	Yes	
2	No	[Go to Q10]
7	Don't know / Not sure	[Go to Q10]
9	Refused	[Go to Q10]

9. Were these instructions written down or printed on paper for you?
1 Yes
2 No
7 Don't know / Not sure
9 Refused

10. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?
1 Yes
2 No
7 Don't know / Not sure
9 Refused

INTERVIEWER NOTE: "Health insurance" also includes Medicare, Medicaid, or other types of state health programs.

11. Were you EVER denied health insurance or life insurance coverage because of your cancer?
1 Yes
2 No
7 Don't know / Not sure
9 Refused

12. Did you participate in a clinical trial as part of your cancer treatment?
1 Yes
2 No
7 Don't know / Not sure
9 Refused

13. Do you currently have physical pain caused by your cancer or cancer treatment?
1 Yes
2 No **[Go to next module]**
7 Don't know / Not sure **[Go to next module]**
9 Refused **[Go to next module]**

14. Is your pain currently under control?
1 Yes
2 No
7 Don't know / Not sure
9 Refused