
Supplemental Items for the CAHPS® Cancer Care Survey

Population: Adult

Language: English

Users of the CAHPS® Cancer Survey are free to incorporate supplemental items in order to meet the needs of their organizations, local markets, and/or audiences. These supplemental items can be inserted into any of the three versions of the Cancer Care Survey. To make the wording of the items consistent with the core items, please replace the bracketed references to [CANCER TREATMENT MODALITY] with the appropriate term: radiation therapy, drug therapy, or cancer surgery.

Please note: Some items cover events that occur with low frequency in the general population. You should include them only if your sample design is likely to yield a sufficient number of responses to those questions for statistical analysis and reporting.

Topic: Access

| Questions | Placement and Other Instructions |
|--|----------------------------------|
| <p>AC1. In the last 6 months, did you contact this cancer center with a medical question after regular office hours?</p> <p>¹ <input type="checkbox"/> Yes</p> <p>² <input type="checkbox"/> No → If No, go to #AC3</p> | <p>After core question 18</p> |
| <p>AC2. In the last 6 months, when you contacted this cancer center after regular office hours, how often did you get an answer to your medical question as soon as you needed?</p> <p>¹ <input type="checkbox"/> Never</p> <p>² <input type="checkbox"/> Sometimes</p> <p>³ <input type="checkbox"/> Usually</p> <p>⁴ <input type="checkbox"/> Always</p> | <p>After AC1</p> |
| <p>AC3. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?</p> <p>¹ <input type="checkbox"/> Never</p> <p>² <input type="checkbox"/> Sometimes</p> <p>³ <input type="checkbox"/> Usually</p> <p>⁴ <input type="checkbox"/> Always</p> | <p>After AC2</p> |

Topic: Information from Providers

| Questions | Placement and Other Instructions |
|--|----------------------------------|
| <p>INF1. Since it was decided that you would have [CANCER TREATMENT MODALITY], did your [CANCER TREATMENT MODALITY] team clearly explain how your cancer and [CANCER TREATMENT MODALITY] could affect your normal daily activities?</p> <p>¹ <input type="checkbox"/> Yes, definitely ² <input type="checkbox"/> Yes, somewhat ³ <input type="checkbox"/> No</p> | <p>After core question 9</p> |
| <p>INF2. In the last 6 months, did your [CANCER TREATMENT MODALITY] team tell you what the next steps in your [CANCER TREATMENT MODALITY] would be?</p> <p>¹ <input type="checkbox"/> Yes, definitely ² <input type="checkbox"/> Yes, somewhat ³ <input type="checkbox"/> No</p> | <p>After core question 23</p> |
| <p>INF3. In the last 6 months, how often did your [CANCER TREATMENT MODALITY] team explain those results in a way that was easy to understand?</p> <p>¹ <input type="checkbox"/> Never ² <input type="checkbox"/> Sometimes ³ <input type="checkbox"/> Usually ⁴ <input type="checkbox"/> Always</p> | <p>After core question 25</p> |
| <p>INF4. In the last 6 months, did your [CANCER TREATMENT MODALITY] team prescribe medicine that you had not taken before?</p> <p>¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No → If No, go to #28 in core survey</p> | <p>After core question 27</p> |
| <p>INF5. In the last 6 months, did your [CANCER TREATMENT MODALITY] team explain what that medicine was for in a way that was easy to understand?</p> <p>¹ <input type="checkbox"/> Yes, definitely ² <input type="checkbox"/> Yes, somewhat ³ <input type="checkbox"/> No</p> | <p>After INF4</p> |

Topic: Shared Decision Making

| Questions | Placement and Other Instructions |
|---|----------------------------------|
| <p>SDM1. Since your cancer was diagnosed, did a doctor or other health care professional at this cancer center talk with you about more than one way to treat your cancer?</p> <p>¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No → If No, go to SDM5</p> | <p>After core question 6</p> |
| <p>SDM2. Since your cancer was diagnosed, did a doctor or other health care professional at this cancer center clearly explain the advantages of each choice for cancer treatment, including the treatments you did not get?</p> <p>¹ <input type="checkbox"/> Yes, definitely ² <input type="checkbox"/> Yes, somewhat ³ <input type="checkbox"/> No</p> | <p>After SDM1</p> |
| <p>SDM3. Since your cancer was diagnosed, did a doctor or other health care professional at this cancer center clearly explain the disadvantages of each choice for cancer treatment, including the treatments you did not get?</p> <p>¹ <input type="checkbox"/> Yes, definitely ² <input type="checkbox"/> Yes, somewhat ³ <input type="checkbox"/> No</p> | <p>After SDM2</p> |
| <p>SDM4. Since your cancer was diagnosed, did a doctor or other health care professional at this cancer center ask for your opinion about each choice of cancer treatment, including the treatments you did not get?</p> <p>¹ <input type="checkbox"/> Yes, definitely ² <input type="checkbox"/> Yes, somewhat ³ <input type="checkbox"/> No</p> | <p>After SDM3</p> |
| <p>SDM5. Since your cancer was diagnosed, did a doctor or other health care professional at this cancer center talk with you about the reasons you might want to have [CANCER TREATMENT MODALITY]?</p> <p>¹ <input type="checkbox"/> Yes, definitely ² <input type="checkbox"/> Yes, somewhat ³ <input type="checkbox"/> No</p> | <p>After SDM4</p> |

| Questions | Placement and Other Instructions |
|--|----------------------------------|
| <p>SDM6. Since your cancer was diagnosed, did a doctor or other health care professional at this cancer center talk with you about the reasons you might not want to have [CANCER TREATMENT MODALITY]?</p> <p>¹ <input type="checkbox"/> Yes, definitely ² <input type="checkbox"/> Yes, somewhat ³ <input type="checkbox"/> No</p> | <p>After SDM5</p> |
| <p>SDM7. Since your cancer was diagnosed, when you talked about having [CANCER TREATMENT MODALITY], did a doctor or other health care professional at this cancer center ask you what you thought was best for you?</p> <p>¹ <input type="checkbox"/> Yes, definitely ² <input type="checkbox"/> Yes, somewhat ³ <input type="checkbox"/> No</p> | <p>After SDM6</p> |
| <p>SDM8. Since your cancer was diagnosed, did a doctor or other health professional at this cancer center involve you in decisions about your cancer treatment as much as you wanted?</p> <p>¹ <input type="checkbox"/> Yes, definitely ² <input type="checkbox"/> Yes, somewhat ³ <input type="checkbox"/> No</p> | <p>After SDM7</p> |