

Study ID: \_\_\_\_\_

Date: \_\_\_\_\_  
Day/Month/Year

## Patient Preferences Questionnaire

### Part A:

1. What is your Age? Age: \_\_\_\_\_ years old
2. What is your Gender? Male ☐ Female ☐
3. What is your Ethnicity?
- White/Caucasian ☐
- Black/African Canadian ☐
- Caribbean ☐
- South Asian (East Indian, Pakistani, Sri Lankan) ☐
- Hispanic/Latino (Central & South America) ☐
- Arab/Middle Eastern ☐
- First Nations/Aboriginal/Inuit ☐
- East Asian/SE Asian (Chinese, Japanese, Filipino, Vietnamese, Malaysian etc.) ☐
- Other \_\_\_\_\_
4. Were you born in Canada? Yes ☐ No ☐
- If no, what year did you arrive in Canada? \_\_\_\_\_
5. What language do you speak at home? \_\_\_\_\_
6. What is the highest level of education you have completed:
- Professional degree/Masters/Ph.D. ☐
- University or College degree ☐
- Vocational/Technical/Diploma/Certificate ☐
- High School/Graduate ☐
- Some High School ☐
- Elementary School ☐
- Other \_\_\_\_\_ ☐
7. What is your current employment status:
- Employed ☐
- Self-Employed ☐
- Retired ☐
- Never Employed ☐
- Unemployed ☐
- On leave ☐
- Full Time Student ☐
- Other \_\_\_\_\_ ☐

8. If you are not working, did you stop working due to illness? Yes, permanently ☐  
Yes, temporarily ☐  
No ☐
9. What is your Marital Status: Single ☐  
Married/Living with Partner ☐  
Widowed ☐  
Separated/Divorced ☐
10. Do you have any children? Yes ☐: How many? \_\_\_\_\_ No ☐
11. How many family members do you currently live with? (excluding yourself)
12. What is your annual Household Income? < \$20,000 ☐  
\$20,000 - \$39,999 ☐  
\$40,000 - \$59,999 ☐  
\$60,000 - \$79,999 ☐  
\$80,000 - \$99,999 ☐  
≥ \$100,000 ☐  
Prefer not to answer ☐

**Part B:**

13. When were you first diagnosed with cancer? Month \_\_\_\_\_ Year \_\_\_\_\_
14. What type of cancer were you diagnosed with? \_\_\_\_\_
15. When did you last receive chemotherapy? Never received ☐ < 1 month ☐ 1-6 months ☐ 6-12 months ☐ > 1 year ☐
16. Has your cancer ever been treated with... Yes, at some point since diagnosis Never
- |                      |                          |                          |
|----------------------|--------------------------|--------------------------|
| Surgery              | <input type="checkbox"/> | <input type="checkbox"/> |
| Radiation therapy    | <input type="checkbox"/> | <input type="checkbox"/> |
| Chemotherapy         | <input type="checkbox"/> | <input type="checkbox"/> |
| Immunotherapy        | <input type="checkbox"/> | <input type="checkbox"/> |
| Hormone therapy      | <input type="checkbox"/> | <input type="checkbox"/> |
| Stem cell transplant | <input type="checkbox"/> | <input type="checkbox"/> |
| Organ transplant     | <input type="checkbox"/> | <input type="checkbox"/> |
17. What was the purpose of your standard cancer therapy? To slow/control the growth of the cancer only ☐  
To eradicate the cancer completely ☐  
To reduce or eliminate symptoms of the cancer (such as pain, cough, etc.) ☐

**18. Over the past month how would you describe your health?**

☐ Poor
 ☐ Fair
 ☐ Good
 ☐ Very Good
 ☐ Excellent

**19. Which of the following statements best describes your mobility in the past week?**

- ☐ I have no symptoms, am fully active, and able to work.  
☐ I have some symptoms, but I am not spending extra time in bed. I am able to do at least light work.  
☐ I am in bed less than 50% of the day. I am unable to work, but I can take care of myself.  
☐ I am spending more than 50% of the day in bed, and I am limited in my ability to look after myself.  
☐ I have been completely bedridden.

**20. To help people say how good or bad a health state is, we will use a scale on which the **best state you can imagine is marked 10** and the **worse state you can imagine is marked 0**. We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by checking the point on the scale that indicates how good or bad your health state is **today**.**

Worst Imaginable Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Best Imaginable Health
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	

**21.** Under each heading, please tick the ONE box that best describes your health TODAY

**Mobility**

- I have no problems in walking about ☐
- I have slight problems in walking about ☐
- I have moderate problems in walking about ☐
- I have severe problems in walking about ☐
- I am unable to walk about ☐

**Self-Care**

- I have no problems washing or dressing myself ☐
- I have slight problems washing or dressing myself ☐
- I have moderate problems washing or dressing myself ☐
- I have severe problems washing or dressing myself ☐
- I am unable to wash or dress myself ☐

**Usual Activities** (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities ☐
- I have slight problems doing my usual activities ☐
- I have moderate problems doing my usual activities ☐
- I have severe problems doing my usual activities ☐
- I am unable to do my usual activities ☐

**Pain/Discomfort**

- I have no pain or discomfort ☐
- I have slight pain or discomfort ☐
- I have moderate pain or discomfort ☐
- I have severe pain or discomfort ☐
- I have extreme pain or discomfort ☐

**Anxiety/Depression**

- I am not anxious or depressed ☐
- I am slightly anxious or depressed ☐
- I am moderately anxious or depressed ☐
- I am severely anxious or depressed ☐
- I am extremely anxious or depressed ☐

• We would like to know how good or bad your health is TODAY

• This scale is numbered from 0 to 100.

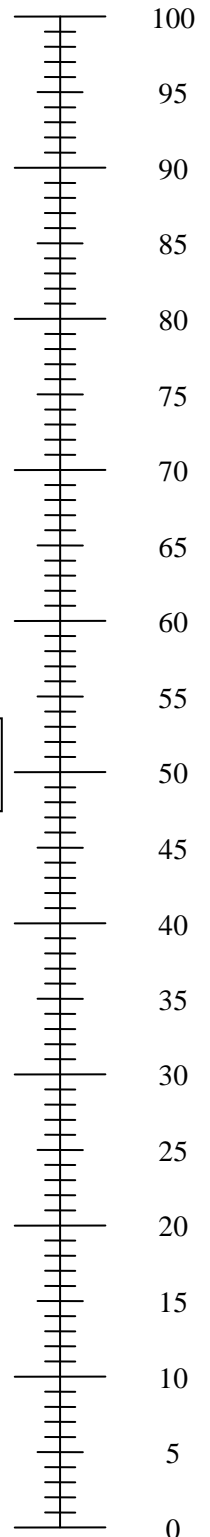
• 100 means the best health you can imagine.

0 means the worst health you can imagine

• Mark an X on the scale to indicate how your health is TODAY

• Now, please write the number you marked on the scale in the box below

The best health you can imagine



YOUR HEALTH TODAY =

The worst health you can imagine

**Part C:****Definition of a Biomarker:**

A **biomarker** is something that is measureable in my body that will help determine how I am managed as a patient. Examples of biomarkers include something measured in the blood or tissue, but can also mean other things such as how much you weigh or other characteristics of you or your cancer. Please answer the following questions or provide your opinion below, as it relates to **your** type of cancer (e.g. breast cancer, prostate cancer, sarcoma, ect.)

Doctors can find biomarkers that can help manage my cancer in:	Strongly Disagree	Somewhat Disagree	Don't Know	Somewhat Agree	Strongly Agree	Name the biomarker, if you know it
the DNA of my cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
the DNA from a blood sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
proteins in my cancer specimen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
proteins from a blood sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a sputum (saliva/spit) sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a stool (feces) sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a urine sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
my age and gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
my behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Something else - please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please answer based on what you know or believe about **YOUR TYPE OF CANCER:**

**FOR MY TYPE OF CANCER:**

...people can be <b>diagnosed early</b> with a biomarker.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
...doctors can use a biomarker to help determine <b>the best treatment.</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
... doctors can use a biomarker to determine if <b>my cancer is responding to treatment.</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
... doctors can use a biomarker to <b>monitor side effects</b> of my current treatment.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
... doctors can use a biomarker to determine <b>new mutations</b> in my cancer.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
... there are no useful biomarkers that my doctors can use at this time.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>

Now we are interested in what you think about biomarkers found **IN THE BLOOD** and **YOUR CANCER TYPE**:

A biomarker found in my blood helps doctors:	Strongly Disagree	Somewhat Disagree	Don't Know	Somewhat Agree	Strongly Agree	Name the blood biomarker, if you know it
...determine how to treat <u><b>my</b></u> cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
...detect <u><b>my</b></u> cancer early	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... predict how well <u><b>my</b></u> cancer will be controlled by the treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
...predict how severe the side effects will be for <u><b>my</b></u> treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
...monitor treatment compliance (how regularly and appropriately I am taking <u><b>my</b></u> treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... determine which drug to use to treat for <u><b>my</b></u> cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
...determine if <u><b>my</b></u> cancer has come back or not responded to treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
...predict whether I have an aggressive (fast-growing) or benign (slow-growing) cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
...diagnose a new mutation or change in <u><b>my</b></u> cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

From whom did you hear about biomarkers that can be found <u><b>in blood</b></u> ?	Yes	No	I don't know	
	Physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Self-Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Others (please specify):			

Are your doctors currently using any biomarker(s) in your treatment?	Yes	<input type="checkbox"/> Specify which one(s):
	No	<input type="checkbox"/>
	Unsure	<input type="checkbox"/>

**Part D:**

<b>In my opinion, developing specialized blood tests for cancer would be <u>most</u> important for these different situations:</b>	Very important	Somewhat important	Neutral	Somewhat not important	Not important	Don't Know
To detect <b><u>my</u></b> cancer early	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To predict how well <b><u>my</u></b> cancer will be controlled by the treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To predict how severe the side effects will be for a specific treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To monitor treatment compliance (how regularly and appropriately I take <b><u>my</u></b> treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To determine whether <b><u>my</u></b> cancer has returned or not responded to treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please circle ***all*** the terms that best describes ***your*** cancer. If you do not know, please check "Don't Know". If there are other terms you feel are important but aren't listed, please describe in the line below the box.

☐ Don't Know (none of these words describe my cancer)

Stage 1		Stage 2		Stage 3		Stage 4	
Curable	Metastatic	Incurable	Early-Stage	Cured	Localized		
Human Papillomavirus (HPV) related				Hepatitis-related	Auto-immune-related		
Estrogen receptor (ER) positive				Estrogen receptor (ER) negative			
Treatable with a targeted drug				Treatable with an immunotherapy drug			
HER-2/Neu positive		HER-2/Neu negative		KRAS Wildtype		KRAS Mutant	
Progesterone Receptor (PR) positive				Progesterone Receptor (PR) negative			
Triple Negative							
Hormone Receptor Positive				Hormone Receptor Negative			
EGFR Wild-Type/Mutation Negative				EGFR Mutation Positive			
ALK Mutation Negative				ALK Mutation Positive			

What other words would you use to describe your cancer:

**Thank you for taking your valuable time to complete this survey.  
Please return the questionnaire to the coordinator.**