

REACT1: COVID-19 & MBC

Opening Screen:

This survey asks you about the challenges with daily activities you faced due to the COVID-19 pandemic. While it appears there are a large number of steps, there are actually 23 questions, with follow-up questions depending on how you answer. You can save your answers and return to finish.

Please note that when we refer to the pandemic, we mean the period from March 2020 until now.

Question	Answer Options
1. Which period(s) of the pandemic did you find most challenging? Please select all that apply.	Winter and spring (January - June 2020) Summer and fall (July - October 2020) Holiday months (November - December 2020) This year (January 2021 - now)
2. Which of these changed for you during the pandemic (question 1 of 2)? Changes can include for better or for worse. Please select all that apply.	Sleep habits Physical activity/exercise Eating and nutrition Shopping/errands Substance use (alcohol, etc.) None of the above
3. Overall, how has the change in [the selected2. response] affected your well-being?	Much improved A little improved About the same A little worse Much worse
4. Which of these changed for you during the pandemic (question 2 of 2)? Changes can include for better or for worse. Please select all that apply.	Social contact (in-person) Social contact (virtual - video/phone/text) Work habits (hours, routines, etc.) Family responsibilities Household responsibilities Screen time (smartphone, tablet, computer, TV) None of the above
5. Overall, how has the change in [4. response] affected your well-being?	Much improved A little improved About the same A little worse Much worse

Question	Answer Options
<p>6. Please select any activities from the list below that you have found helpful during the pandemic. The list below are items that other people with serious illness have found helpful.</p>	<p>Virtual contact with friends/family Virtual contact with groups to which I belong In-person contact with appropriate precautions At home exercise Outside exercise (e.g., walking, pet care) Meditation or prayer Streaming entertainment services (e.g., movies, shows) Having pets at home None of the above</p>
<p>7. Did you use any of these online services during the pandemic? Please select all that apply.</p>	<p>Telemedicine video visits Social video calls Work video calls Online ordering of treatment-related items Online ordering of household provisions Online scheduling of COVID-19 testing Online scheduling of COVID-19 vaccine appointments I haven't participated in any of these online activities</p>
<p>8. Did you find online services for [7. response] difficult to use?</p>	<p>Not at all A little bit Somewhat Quite a bit Very much</p>
<p>9. How much financial stress have you experienced because of the pandemic?</p>	<p>None at all A little bit Some Quite a bit Very much</p>
<p>10. As a result of the pandemic, how much have you had trouble meeting your expenses?</p>	<p>Not once A little bit of the time Some of the time Most of the time All of the time</p>

REACT1: COVID-19 & MBC (cont'd)

Question	Answer Options
<p>11. As a result of the pandemic, have you had trouble working or contributing as much as you would like?</p>	<p>Not at all A little bit Some Quite a bit Very much</p>
<p>12. As a result of the pandemic, how much have you had trouble being able to pay for MBC care?</p>	<p>Not at all A little bit Some Quite a bit Very much</p>
<p>13. As a result of the pandemic, how much did your out-of-pocket medical expenses for MBC care increase?</p>	<p>Not at all A little bit Some Quite a bit Very much</p>
<p>14. Were you employed at the start of the pandemic (around March 2020)?</p>	<p>Yes No</p>
<p>15. Did the pandemic affect your employment?</p>	<p>Yes No</p>
<p>16. How did the pandemic affect your employment? Please select all that apply.</p>	<p>I worked fewer hours I worked more hours I transitioned to working from home I was laid off temporarily (furloughed) I was let go from my job I had to change arrangements for childcare or schooling I cancelled or delayed time off Other</p>
<p>17. Did you become employed during the pandemic?</p>	<p>Yes No</p>
<p>18. What kind of employment did you get? Please select all that apply.</p>	<p>I was hired to a full-time position I was hired to a part-time position I resumed self-employment Other</p>

Question	Answer Options
<p>This section concerns the effects of the pandemic on your MBC monitoring, care, and treatment.</p>	
<p>19. Did you use telemedicine during the pandemic to consult with healthcare providers <i>outside of the geographic location where you normally receive care</i>? Please select all that apply.</p>	<p>I obtained medical consultation/treatment from healthcare providers in a different state I obtained medical consultation/treatment from healthcare providers in my state, but outside of my normal geographic range I enrolled in a trial that was based in a different state I enrolled in a trial that was based in my state, but outside my normal geographic range I did not access healthcare providers outside my normal geographic range</p>
<p>20. Were there changes to your scheduled tests or monitoring appointments during the pandemic (from March 2020 until now)? Examples include imaging and lab tests.</p>	<p>Yes No I did not have scheduled test or monitoring appointments during the pandemic</p>
<p>21. Were any changes to your scheduled tests or monitoring appointments <i>caused by the pandemic</i>?</p>	<p>Yes, one or more changes were caused by the pandemic No, they were all caused by factors other than the pandemic I don't know</p>
<p>22. Which type(s) of scheduled tests or monitoring appointments changed as a result of the pandemic? Please select all that apply.</p>	<p>Surveillance/diagnostic imaging (follow-up scans) Lab tests Other</p>
<p>23. In what way(s) did the pandemic change your [22.response] Please select all that apply.</p>	<p>My healthcare provider delayed my appointment due to my getting the COVID-19 vaccine My healthcare provider delayed my appointment due to my being ill with COVID-19 My healthcare provider delayed my appointment due to other reasons I delayed an appointment because of problems caused by the pandemic My healthcare provider cancelled my appointment I cancelled an appointment because of problems caused by the pandemic The appointment location changed but otherwise happened in person as scheduled Other</p>
<p>24. On average, how did the change(s) to your [22. response] affect your experience?</p>	<p>Much improved A little improved About the same A little worse Much worse</p>
<p>25. Were there changes to your scheduled clinical visits during the pandemic (from March 2020 until now)? Examples include medical checkups, mental health, physical therapy, genetic counseling, and hospital stays. Do not include MBC treatments; you will be asked about them in a later question.</p>	<p>Yes No I had no scheduled clinical visits during the pandemic</p>

Question	Answer Options
<p>26. Were the changes to your scheduled clinical visits <i>caused by the pandemic</i>? For example: changes in location, schedule, in-person vs telemedicine.</p>	<p>Yes, one or more changes were caused by the pandemic No, they were all caused by factors other than the pandemic I don't know</p>
<p>27. Which type(s) of scheduled clinical visits changed as a result of the pandemic? For example: changes in location, schedule, in-person vs telemedicine. Please select all that apply.</p>	<p>Palliative care Mental health services Physical therapy Complementary or holistic therapy (e.g., acupuncture, chiropractor, etc.) Regular clinical checkup Genetic counseling Hospital stays Other type of clinical visit</p>
<p>28. In what way(s) did the pandemic change your [27.response]. Please select all that apply.</p>	<p>My healthcare provider delayed my visit I delayed a visit My healthcare provider cancelled my visit I cancelled a visit The visit location changed and otherwise happened in person as scheduled The in-person visit was replaced by telemedicine (video/phone) The in-person visit was replaced by email/SMS/text Other</p>
<p>29. How helpful were the telemedicine [27. response]? Please select all that apply.</p>	<p>I have had telemedicine interactions that were as helpful as in-person visits I have had telemedicine interactions that were helpful, but not as helpful as in-person visits I have had telemedicine interactions that were not at all helpful</p>
<p>30. How helpful were the SMS messages, texts, or emails as a replacement for your [27. response]? Please select all that apply.</p>	<p>I have had SMS, text, or email interactions that were as helpful as in-person visits I have had SMS, text, or email interactions that were helpful, but not as helpful as in-person visits I have had SMS, text, or email interactions that were not at all helpful</p>
<p>31. On average, how did the change(s) to your [27. response] affect your experience ?</p>	<p>Much improved A little improved About the same A little worse Much worse</p>
<p>32. Did you delay or avoid making urgent care or emergency room visits because of the pandemic?</p>	<p>Yes No I did not need an emergency room or urgent care visit during the pandemic</p>

Question	Answer Options
<p>33. Were there changes in the help or support you received during the pandemic? Changes can include for better or for worse. Examples include someone helping with transportation, assisting with medication, caring for you when you're sick, managing your care, helping with housework, or providing emotional support.</p>	<p>Yes No I did not receive these kinds of support during the pandemic</p>
<p>34. What type(s) of support were changed by the pandemic? Changes can include for better or for worse</p>	<p>Support with transportation Support with daily needs (e.g., preparing meals, bathing, grooming, dressing, maintaining my home, paying bills) Support with errands (e.g., getting groceries, picking up medications) Emotional support Support in coordinating cancer care or managing medical problems Other</p>
<p>35. How did the change(s) in [34. response] affect your well-being?</p>	<p>Much improved A little improved About the same A little worse Much worse</p>
<p>36. Has your MBC disease progressed since the pandemic began in March 2020?</p>	<p>Yes No</p>
<p>37. As a result of your MBC disease progression, did you discuss clinical trials with your healthcare provider?</p>	<p>Yes No</p>
<p>38. As a result of your MBC disease progression, did you encounter any of these situations? Please select all that apply.</p>	<p>I found clinical trials I was interested in I could not enroll in a clinical trial I was interested in because of the pandemic I decided not to participate in a clinical trial because of the pandemic I decided not to participant in a clinical trial, but not because of the pandemic I enrolled in a clinical trial I did not consider clinical trials None of the above</p>
<p>39. Did you have changes to a clinical trial during the pandemic (from March 2020 until now)?</p>	<p>Yes No I was not in a trial during the pandemic</p>
<p>40. Were the changes to your clinical trial <i>caused by the pandemic</i>?</p>	<p>Yes, one or more changes were caused by the pandemic No, they were all caused by factors other than the pandemic I don't know</p>

Question	Answer Options
<p>41. What happened to your clinical trial during the pandemic. Please select all that apply.</p>	<p>The whole trial was paused Some trial activity moved to telemedicine (video/phone) visits The trial changed to a modified protocol/schedule The trial testing (imaging, lab tests) was paused The trial medication was paused The trial treatment (other than medication) was paused The trial was extended or prolonged The whole trial ended Other</p>
<p>42. How helpful were the telemedicine visits for the trial? Please select all that apply.</p>	<p>I have had telemedicine interactions that were as helpful as in-person visits I have had telemedicine interactions that were helpful, but not as helpful as in-person visits I have had telemedicine interactions that were not at all helpful</p>
<p>43. On average, how did the change(s) to your clinical trial affect your experience?</p>	<p>Much improved A little improved About the same A little worse Much worse</p>
<p>44. Did you have changes in how you received MBC treatment during the COVID-19 pandemic (from March 2020 until now)?</p>	<p>Yes No I was not on treatment during the pandemic</p>
<p>45. Were your treatment changes <i>caused by the pandemic</i>?</p>	<p>Yes, one or more changes were caused by the pandemic No, they were all caused by factors other than the pandemic I don't know</p>
<p>46. Please select the MBC treatment(s) you were receiving that were changed as a result of the pandemic. Do not include investigational treatments that were part of a clinical trial. Please select all that apply.</p>	<p>Chemotherapy Hormone therapy Immunotherapy Targeted therapy Radiation therapy for a tumor Radiation therapy for pain Other</p>

Question	Answer Options
<p>47. In what way(s) did the pandemic change your [46. response]? Please select all that apply.</p>	<p>Route of administration changed from IV or injected to oral My medication(s) changed Delayed one or more doses of my treatment Stopped or paused treatment Treatment location changed and otherwise happened as scheduled Other</p>
<p>48. On average, how did the change(s) in your [46. response] affect your experience?</p>	<p>Much improved A little improved About the same A little worse Much worse</p>
<p>49. Did you have changes to your scheduled procedure(s) (surgeries or biopsies) during the COVID-19 pandemic (from March 2020 until now)?</p>	<p>Yes No I had no procedures scheduled during the pandemic</p>
<p>50. Were your procedure changes <i>caused by the pandemic</i>?</p>	<p>Yes, one or more changes were caused by the pandemic No, they were all caused by factors other than the pandemic I don't know</p>
<p>51. Which type(s) of scheduled procedure changed as a result of the pandemic? Please select all that apply.</p>	<p>Biopsy Lumpectomy Mastectomy Reconstructive surgery Palliative surgery Other scheduled surgical procedure changed</p>
<p>52. In what way(s) did the pandemic change your [52. response]. Please select all that apply.</p>	<p>My healthcare provider delayed my [52. response] I delayed a [52. response] My healthcare provider cancelled my [52. response] I cancelled a [52. response] The appointment location changed and otherwise happened as scheduled Other</p>
<p>53. On average, how did the change(s) to your [52. response] affect your experience?</p>	<p>Much improved A little improved About the same A little worse Much worse</p>

Question	Answer Options
<p>54. How would you rate the overall quality of your metastatic breast cancer care during the pandemic?</p>	<p>Very good Good Fair Poor Very poor</p>
<p>55. How did the overall quality of your metastatic breast cancer care during the pandemic compare with the quality of care in pre-pandemic times?</p>	<p>Much improved during the pandemic A little improved during the pandemic About the same during the pandemic A little worse during the pandemic Much worse during the pandemic I did not receive metastatic breast cancer care prior to the pandemic</p>
<p>Please share your treatments Visit the "Treatments" tab and enter your MBC treatments for 2020 and 2021. This is essential for researchers to understand the effects of the pandemic on people with MBC.</p>	

REACT2: You & COVID-19

Opening Screen:

This survey asks you more about who you are and also your experience with COVID-19 testing, treatment, and vaccination.

While it appears there are a large number of steps, there are actually 13 questions, with some follow-up questions depending on how you answer.

You can save your answers and return to finish.

Please note that when we refer to the pandemic we mean the period from March 2020 until now.

Question	Answer Options
1. If you have already completed the Demographics survey on MBC Connect, we can use those answers and skip 4 questions here. Would you like to do that?	Yes, I have completed the Demographics survey, and want to skip some questions here No, I have not completed the Demographics survey I'm not sure if I've completed the Demographics survey; let me answer those questions here
2. What is your gender?	Female Male X (includes trans, non-binary, and other)
3. Are you of Hispanic, Latino, or Spanish origin?	Yes No
4. What is your race? Please select all that apply.	American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White Other
5. What is the postal code/zip code of the primary location where you receive your care and treatment for MBC?	Zip code entry <i>[numeric]</i>
6. If you have already completed the Disease History survey on MBC Connect, we can use those answers and skip 5 questions here. Would you like to do that?	Yes, I have completed the Disease History survey and want to skip some questions here No, I have not completed the Disease History survey I'm not sure if I've completed the Disease History survey; let me answer those questions here

Question	Answer Options
<p>7. What was the stage of your breast cancer when you received your initial diagnosis? An initial diagnosis of Stage IV means the cancer has already spread outside the breast (i.e., de novo).</p>	<p>Stage 0 Stage I Stage II Stage III Stage IV Not sure/I don't remember</p>
<p>8. When were you first diagnosed with <i>primary</i> breast cancer? Please provide your best estimate.</p>	<p>(month/year)</p>
<p>9. What was the estrogen receptor status of your metastatic breast cancer? Please select all that apply</p>	<p>Estrogen Receptor Positive (ER+) Estrogen Receptor Negative (ER-) Not sure/I don't remember</p>
<p>10. What was the progesterone receptor status of your metastatic breast cancer? Please select all that apply.</p>	<p>Progesterone Receptor Positive (PR+) Progesterone Receptor Negative (PR-) Not sure/I don't remember</p>
<p>11. What was the HER2 status of your metastatic breast cancer? Please select all that apply</p>	<p>HER2 Positive (HER2+) HER2 Negative (HER2-) Not sure/I don't remember</p>
<p>12. If you have already completed the Genetics survey on MBC Connect, we can use those answers and skip 3 questions here. Would you like to do that?</p>	<p>Yes, I have completed the Genetics survey and want to skip some questions here No, I have not completed the Genetics survey I'm not sure if I've completed the Genetics survey; let me answer those questions here</p>
<p>13. Have you been tested for inherited genetic mutations associated with hereditary breast cancer such as BRCA1 or BRCA2?</p>	<p>Yes No Not sure/I don't remember</p>
<p>14. Did any gene(s) show a mutation?</p>	<p>Yes I underwent testing, but no mutations were found Not sure/I don't remember</p>
<p>15. What genes showed a mutation? Please select all that apply.</p>	<p>BRCA1 BRCA2 tp53 ATM CHEK PALB2 Other</p>

Question	Answer Options
<p>22. What was your total annual household income before taxes for 2020? Please include money earned by you personally, your spouse/partner, and any other adult in the household. Please give us your best estimate if you're not sure.</p>	<p>Less than \$15,000 \$15,000 to \$24,999 \$25,000 to \$34,999 \$35,000 to \$49,999 \$50,000 to \$74,999 \$75,000 to \$99,999 \$100,000 to \$124,999 \$125,000 to \$149,999 \$150,000 to \$199,999 \$200,000 or over Prefer not to answer</p>
<p>23. Which of the following conditions or health issues do you have? Please select all that apply. The list is long, so please scroll down to see all of the options.</p>	<p>I have congestive heart failure I have heart disease I have lung disease (for example, asthma, COPD, pneumonitis) I have diabetes I have renal (kidney) disease I have liver disease I am immunosuppressed or on immunosuppressive therapy (for example, for conditions like rheumatoid arthritis) I have obesity I smoke I have another health condition not listed here. I do not have any of these health conditions or issues</p>
<p>In this section, we ask about your experience with COVID-19 vaccination, testing, and diagnosis.</p>	
<p>24. Has anyone you know personally been infected by COVID-19?</p>	<p>Yes No</p>
<p>25. Who has been infected by COVID-19? Please select all that apply.</p>	<p>A family member A friend An acquaintance My healthcare provider My in-home healthcare aide Other in-home support person Other</p>

Question	Answer Options
<p>26. Have you received the COVID-19 vaccine? Please select the one answer that best describes you.</p>	<p>Yes (one or two doses) No, but I plan to get it when I can No, and I am not sure I want to get it No, and I don't plan to get it No, I was offered the vaccine and declined</p>
<p>27. Is your hesitancy about getting the COVID-19 vaccine entirely due to the difficulty of finding and arranging a vaccination appointment?</p>	<p>Yes No</p>
<p>28. Is your hesitancy about getting the COVID-19 vaccine due to any of these health concerns? Please select all that apply.</p>	<p>I'm concerned about prior allergic reactions I have had to other treatments I'm concerned that I should wait until immunosuppression caused by my cancer treatment improves, so the vaccine will be more effective I'm concerned about possible interactions between the vaccine and my cancer treatments Other</p>
<p>29. Is your decision to not get the COVID-19 vaccine entirely due to the difficulty of finding and arranging a vaccination appointment?</p>	<p>Yes No</p>
<p>30. Is your decision to not get the COVID-19 vaccine due to any of these health concerns? Please select all that apply.</p>	<p>I'm concerned about prior allergic reactions I have had to other treatments I'm concerned that I should wait until immunosuppression caused by my cancer treatment improves, so the vaccine will be more effective I'm concerned about possible interactions between the vaccine and my cancer treatments Other</p>
<p>If you haven't already done so, please talk with your healthcare provider to develop a plan on how to deal with these concerns. They are helping patients address these and other concerns.</p>	
<p>31. Have you been tested for COVID-19?</p>	<p>Yes No I'm not sure</p>
<p>32. What test did you have for COVID-19? Please select all that apply.</p>	<p>Test for the virus (nasal swab, throat swab, or saliva test) Test for antibodies to the virus (finger stick or blood draw) I'm not sure which COVID-19 test I got</p>
<p>33. Did you ever get a result for a COVID-19 test that indicated you were infected?</p>	<p>Yes No</p>

REACT2: You & COVID-19 (cont'd)

Question	Answer Options
<p>34. Have you been diagnosed with COVID-19 by a healthcare professional?</p>	<p>Yes No</p>
<p>35. When were you diagnosed with COVID-19? Please provide your best estimate.</p>	<p><i>(month/year)</i></p>
<p>36. Did you receive treatment for COVID-19?</p>	<p>Yes No</p>
<p>37. Where were you treated for COVID-19? Please select all that apply.</p>	<p>At home At a physician's office At the emergency room or urgent care center Admitted to the hospital Admitted to the intensive care unit (ICU) Other</p>
<p>38. Did being ill with COVID-19 interfere with your MBC care or clinical trial participation?</p>	<p>Yes No</p>
<p>39. How did your COVID-19 illness interfere with your course of MBC care? Please select all that apply.</p>	<p>My COVID-19 illness caused medicine/treatment procedure(s) to be stopped, changed, or paused My COVID-19 illness caused difficulty with obtaining MBC medications My COVID-19 illness caused my MBC monitoring or clinical visits to be cancelled or delayed I had to come off a clinical trial due to my being ill with COVID-19 I had to miss or delay a clinical trial treatment due to my being ill with COVID-19 I had to miss or delay a clinical trial assessment due to my being ill with COVID-19 Other</p>
<p>You can automatically receive clinical trial matches if you complete the other surveys on MBC Connect. Every survey you complete also enriches the data available to researchers!</p> <p>Clinical trial matching requires completion of the Demographics and Disease History surveys.</p>	
<p>Be sure to complete REACT 1 and share your Treatment Profile to give us the important information we need to drive changes in MBC care.</p> <p>Access your Treatment Profile through the Treatments tab on the app.</p>	