

Patient Demographics

Patient ID (Auto assigned for all screened patients)

DYAD ID [dyadid]

Patient ID [record_id]

Patient First Name [pt_name_prefer]

Who is entering this information (research personnel name)?

- Virginia LeBaron
- Penny Amos
- Other

If Other, please write your name:

Date patient information collected:

Patient's Date of Birth

Patient's Age

What is the patient's preferred gender?

- Male
- Female
- Nonbinary
- Transgender
- Other
- Prefers not to answer

If Other, please enter the patient's preferred gender

What is patient's preferred racial identity?

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Other
- Multi-racial
- Prefers not to answer

If Other, please enter the patient's preferred racial identity:

If Multi-racial, please enter the patient's preferred racial identity:

What is patient's preferred ethnic identity?

- Hispanic
- Non-Hispanic
- Other
- Prefers not to answer

If Other, please enter the patient's preferred ethnic identity: _____

What is patient's current occupational status?

- Employed, full time
- Employed, part time
- Unemployed, looking for work
- Unemployed, not looking for work
- Retired
- Student
- Disabled
- Other
- Prefers not to answer

If Other, please enter patient's current occupational status: _____

What is patient's current occupation?
(Please select 1 category that best describes the person's occupation.)

- Education
- Healthcare
- Business/Finance
- Arts/Culture
- Service/Sales
- Social/Community Services
- Agriculture/Farming
- Construction/Building
- Technology/Science
- Other (write in)

If Other, please enter patient's current occupation: _____

What was patient's prior/former primary occupation?

(Please select 1 category that best describes the person's occupation.)

- Education
- Healthcare
- Business/Finance
- Arts/Culture
- Service/Sales
- Social/Community Services
- Agriculture/Farming
- Construction/Building
- Technology/Science
- Other (write in)

If Other, please enter patient's prior/former primary occupation: _____

What is patient's highest level of completed education?

- Less than high school
- High school graduate
- Some college
- 2-year degree
- 4-year degree
- Graduate/Doctorate
- Prefers not to answer

What is patient's primary cancer diagnosis (as listed in electronic health record)?

- Bone / soft tissue
- Breast
- Central Nervous System (includes brain)
- Colorectal
- Gastro-intestinal (other, non-pancreatic)
- Gastro-intestinal (pancreatic)
- Genital-urinary (e.g. bladder, kidney)
- Gynecological (e.g., ovarian, uterine)
- Head and neck (e.g., mouth/throat/tongue)
- Lung
- Liquid (e.g., lymphoma / leukemia / other hematological)
- Prostate
- Skin (melanoma)
- Skin (other than melanoma)
- Other
- Multiple
- Cancer of unknown primary site
- Unsure / Don't know

If Other or Multiple, what is patient's primary cancer diagnosis (as listed in electronic health record)?

Stage of cancer [for which patient is now seeking care]

- Advanced, localized
- Advanced, metastatic

Date of primary cancer diagnosis [for which patient is now seeking care]

- < 1 year ago
- 1 - 5 years ago
- More than 5 years ago
- Unknown

What is the patient's primary insurance coverage/carrier?

- Medicaid
- Private / Commercial
- Medicare
- Other
- Unsure / cannot locate in Epic

If Other, what is the patient's primary insurance coverage/carrier?

Patient Medications

Is patient currently taking a long-acting / sustained release opioid for cancer-related pain?

- No
- Yes, (check all that apply in the list below, but generally is only one)

	Yes	No
Long-acting opioid, morphine	<input type="radio"/>	<input type="radio"/>
Long-acting opioid, oxycodone	<input type="radio"/>	<input type="radio"/>
Long-acting opioid, hydromorphone	<input type="radio"/>	<input type="radio"/>
Long-acting opioid, fentanyl patch	<input type="radio"/>	<input type="radio"/>
Long-acting opioid, methadone	<input type="radio"/>	<input type="radio"/>

Long-acting opioid, other
[specify/write in]

If "Yes" for "Long-acting opioid, other", then enter:

Which short-acting opioid is patient currently taking
PRN for cancer-related pain?

- Not taking
- Taking- Check all that apply, but generally is only one:

STOP: This patient is ineligible to participate in the study. Please complete the withdrawal form.

Short-acting morphine (or combination with morphine)

- Yes
- No

If "Yes" for "Short-acting morphine (or combination
with morphine)", enter the type:

- Oral
- Intravenous
- Subcutaneous
- Intrathecal
- Rectal
- Other

If "Other" for "Short-acting morphine (or combination
with morphine)", enter the type:

Short-acting oxycodone (or combination with oxycodone)

- Yes
- No

If "Yes" for "Short-acting oxycodone (or combination
with oxycodone)", enter the type:

- Oral
- Intravenous
- Subcutaneous
- Intrathecal
- Rectal
- Other

If "Other" for "Short-acting oxycodone (or
combination with oxycodone)", enter the type:

Short-acting hydromorphone (or combination with
hydromorphone)

- Yes
- No

If "Yes" for "Short-acting hydromorphone (or
combination with hydromorphone)", enter the type:

- Oral
- Intravenous
- Subcutaneous
- Intrathecal
- Rectal
- Other

If "Other" for "Short-acting hydromorphone (or
combination with hydromorphone)", enter the type:

Short-acting fentanyl

- Yes
- No

If "Yes" for "Short-acting fentanyl", enter the type:

- Oral
- Intravenous
- Subcutaneous
- Intrathecal
- Rectal
- Other

If "Other" for "Short-acting fentanyl", enter the type: _____

Short-acting opioid, other [specify/write in] Yes No

If "Yes" for "Short-acting opioid, other", then enter: _____

If "Yes" for "Short-acting opioid, other", enter the type:

- Oral
- Intravenous
- Subcutaneous
- Intrathecal
- Rectal
- Other

If "Other" for "Short-acting opioid, other", enter the type: _____

Is patient currently (within approximately the past 3 months) taking other medication(s) for cancer-related pain?

	Yes	No
NSAIDS (e.g., aspirin, ibuprofen/Motrin)	<input type="radio"/>	<input type="radio"/>
Acetaminophen (Tylenol)	<input type="radio"/>	<input type="radio"/>
Antidepressants (e.g., amitriptyline, nortriptyline, duloxetine)	<input type="radio"/>	<input type="radio"/>
Anticonvulsants (e.g., gabapentin)	<input type="radio"/>	<input type="radio"/>
Other 'weaker' opioids (e.g., tramadol; codeine)	<input type="radio"/>	<input type="radio"/>
Steroids	<input type="radio"/>	<input type="radio"/>
Topical anesthetics	<input type="radio"/>	<input type="radio"/>
Sedative/anti-anxiety medications (e.g. valium, diazepam)	<input type="radio"/>	<input type="radio"/>
Other (specify/write-in)	<input type="radio"/>	<input type="radio"/>

If "Yes" for "other medication(s) for cancer-related pain?", then enter: _____