

# Breast Cancer Survivor Focus Groups

*Leading to Understanding and Change*



WISCONSIN  
Women's Health  
FOUNDATION, INC.

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## **Introduction**

The Wisconsin Women's Health Foundation (WWHF) routinely receives calls from patients and their families frustrated and dissatisfied with the diagnosis and treatment processes for breast cancer patients in Dane County. Because of the involvement of high profile breast cancer survivor Sue Ann Thompson, the WWHF has become a first stop for many breast cancer patients and their families in their quest to fill knowledge gaps.

According to the Wisconsin Well Woman Program, there are 312 cases of breast cancer diagnosed and/or treated each year in Dane county. The WWHF believes that the best way to assist these breast cancer patients and their loved ones in the navigation of the processes is to fully understand the processes from the patient perspective.

Between August 2001 and August 2002, the WWHF conducted five focus groups to establish barriers encountered by women in Dane County during diagnosis and treatment of breast cancer. Four of these focus groups included women who had received diagnosis of and/or treatment for breast cancer from healthcare providers in Dane County. The remaining focus group was composed of men serving as caregivers for women receiving breast cancer care in Dane County.□ Focus group participants were stratified by insurance status to assess the presence of insurance-based differences in treatment. Results in this report are provided specific to each insurance status focus group but aggregate results representing common themes elicited from all groups will be reported when appropriate. The objectives of this summary are to report common barriers to care encountered by women in the four focus groups and to establish their collective voice regarding the improvement of breast cancer care in Dane County.

## **Methods**

### Participants

The Breast Cancer Recovery Foundation (Madison, Wisconsin) supplied the WWHF with a list of potential focus group participants in Dane County. All potential participants were invited to participate in the WWHF focus groups by a mass mailing. Thirty-one women initially indicated desire to participate in the focus groups. In addition to the list

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□ Data from this focus groups was not available to the preparer of this report due to technical difficulties encountered during the taping and transcription processes. Therefore, no information from that focus group is presented in this report.

generated by the Breast Cancer Recovery Foundation, additional recruitment efforts through advertisements at healthcare facilities and through representatives of the Wisconsin Well Woman Program were made in order to invite a diverse participant pool. All participants were paid fifty dollars for two hours of their time. The women were stratified by insurance group as self-reported in the initial survey (See Appendix A for the initial survey). Participants were invited by mail to attend a focus group at the Wisconsin Health and Hospital Association in Madison, Wisconsin. Ultimately, twenty-eight (28) of 31 women participated in four focus groups.

### Survey

Upon review of the responses to the request for participation, a mailing containing general information and the initial survey was sent to 45 women. Thirty-one (31) sent back the initial survey and were contacted by phone to establish their participation in the focus groups. A sample survey can be found in Appendix A.

### Focus Groups

Focus groups were conducted by the WWHF and employed a third-party moderator to direct the discussion during each 2-hour session. Each group consisted of five (5) to eleven (11) women of the same insurance status. The groups were constructed as follows: groups 1 and 4: women participating in HMO-based healthcare, group 2: women who purchased private insurance coverage, and group 3: women receiving care-provision through the Medicaid or Medicare systems. These groups served as a modality for critically examining the care women receive in Dane County and identifying gaps within the system of treatment. The focus groups also served as sounding boards for women to express opinions regarding their experience navigating the complex web of breast cancer diagnosis and treatment while sharing knowledge and experience with women in similar circumstances.

### Data Analysis and Coding

Focus groups were tape recorded and transcribed by a third party. Transcripts from only the first three focus groups were available, making the participant total twenty-one (21) women. Transcripts were then analyzed using a qualitative data coding scheme. The

purpose of this coding was to quantify responses pertaining to four broad categories of barriers to care encountered by focus group participants. These categories include barriers with 1) support, 2) insurance coverage, 3) after-care and 4) communication with healthcare professionals. Participant responses were categorized and counted and the results of these tallies will be shared throughout the body of this report.

## **Results**

Table 1 shows the descriptive data for the women across the four focus groups based on answers to questions on the initial survey. The average age for all groups was  $55.7 \pm 11.9$  years. The average age for all groups at first breast cancer diagnosis was  $52.3 \pm 10.9$  years and the average age for all groups at first mammogram was  $40.6 \pm 8.2$  years. Group 3 participants representing the Medicare population had a higher age at first mammogram than the other two groups. While national age at first mammogram data for women currently eligible for Medicare was not able to be determined, it can be inferred that the average age at first mammogram would be higher for this group. The level of knowledge and screening guidelines for breast cancer were not at the current level of sophistication a minimum of twenty-five years ago when the current Medicare-eligible population reached 40 years of age, the current suggested age for first mammogram. Of the sample, 18.5% (5/27) reported familial incidence of breast cancer. Of note, except for average participant age and age at first mammogram, there were no significant differences between the groups in the other variable categories reported in Table 1.

## Survey Findings

After tallying responses to questions 9 and 10 from the initial survey, aggregate data show that physician recommendation is the most important factor in a woman's choice of mammography facility. The staff at the site and a woman's prior experience at that site were second and third most important, respectively (Table 2). Additionally, the aggregate data reflect that the physician's recommendation is also most important in a woman's choice of surgeon with the surgeon's reputation and hospital affiliation second and third, respectively (Table 3). An important observation is that the physician's recommendation was the most highly cited response to both questions regardless of insurance group.

Internet utilization and perceived usefulness was also assessed through the survey and the data show that on a scale from 1 to 5 (1 = internet was unimportant in decision making, 5 = internet was very important), participants reported importance as 2.2 on average. Not surprisingly, participants in the Medicare group reported the lowest level of internet influence in decision making (1.43)<sup>1</sup>.

Responses to survey questions 13 and 14 revealed that while spouses and friends were relied on most for emotional support and other care throughout the diagnosis and treatment process, there was wide variety in choice of support network amongst group participants, with women accessing avenues such as their children, healthcare workers and hired help.

Finally, question 12 on the preadmission survey asked women what was the biggest hurdle they faced in the decision making process. Barriers that arose repeatedly as answers to this question included:

- Overwhelming fear upon diagnosis
- Lack of adequate time to make important treatment decisions
- Confusion or concern over treatment options
- Being inundated with too much information
- Lack of prior knowledge/experience with breast cancer, its course and treatments.

Responses to this question identified key issues for focus group discussions.

### ***Focus Group Findings***

Four key issues requiring improvement were identified as a result of the focus groups: 1) the presence/facilitation of a patient support network, 2) difficulties dealing with insurance issues, 3) sufficient follow-up care and 4) patient communication with medical professionals. The wide range of experiences within each of the four focus groups lent itself to the identification of gaps within the established course of patient treatment and recovery.

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<sup>1</sup> Data from the 2000 US Census reports 13% of those Americans >65 use the Internet at home, the lowest reported rate of any age group.

### **1) Presence of a support network**

Women access many avenues for support during the processes of breast cancer diagnosis, treatment and recovery. Half (32 of 64) of all focus group responses regarding support sought indicate that women attended a variety of established support groups. Family and friends were reported as support systems second most frequently (25% of all responses.) Only 8.6% (6/70) of the responses indicated no support was sought by respondents (Table 4).

### **2) Difficulties with insurance**

Focus group participants able to purchase private or third-party health insurance experienced similar problems to those women eligible for care-reimbursement under Medicare/Medicaid. They included 1) difficulty having medical services paid for, 2) difficulty paying high premium costs or deductibles, and 3) difficulty obtaining access to a certain healthcare provider, diagnostic test, or treatment.

Table 5 displays focus group participants' view of their insurance system experience. Of the twenty-one participants, eleven (11) commented on their experiences with the insurance system (11/21 =52.38%). Of these eleven women, three reported an overall positive experience with the insurance system (27.3%) while eight reported encountering one or more difficulties within the insurance process (72.7%). The prevalence of experiences reported was nearly identical across insurance status groups.

Table 6 reflects the difficulties women reported with their insurance. Of the difficulties reported, the most prevalent across insurance groups were encountered in having services paid for (54.5%). Furthermore, 18.2% (4/22) reported difficulties paying premium costs while 27.3% (6/22) reported obstacles in access to medical care.

### **3) Follow-up Guidance and Support**

Women described the time after breast cancer treatment as both fearful and stressful. Appropriate aftercare, including physical therapy, mental wellness, education in preventive practices, exercise and nutrition are components of post-treatment care which

women would appreciate understanding with the help of medical professionals. A general feeling of abandonment by healthcare professionals was repeatedly referred to as a barrier encountered after the initial treatment process was complete.

Of the fourteen (14) women who commented on the appropriateness of their after-care, 42.9% (6/14) reported positive experiences after the treatment process while the remaining 57.1% reported receiving inadequate follow-up care (Table 7).

#### **4) Communication with Medical Professionals**

Focus group participants commented extensively on the sufficiency of communication they experienced with medical professionals (doctors, surgeons, nurses and physician's assistants) during their treatment and diagnosis. Communication issues were referenced sixty-eight (68) times by the twenty-one participants in the three focus groups, indicating the importance of this issue to participants. Data displaying the scope of this issue are displayed in Table 8.

Each of the twenty-one (21) women in the focus groups gave at least one comment as to her level of contentment with communication with a medical professional. Women often reported instances of contentment and discontentment, leading to more than twenty-one responses. Of the sixty-eight (68) responses, thirty of them (44.1%) made reference to positive levels of communication and thirty-eight (55.8%) made reference to dissatisfactory communication with medical professionals.

A final analysis of the transcripts revealed the specific barriers to care and suggestions for improvement as noted by focus group participants (Table 9). Barriers in communication with medical professionals and lack of a support network were the two most often cited responses, both as barriers and suggestions given for improvement. This indicates both the importance as well as the need for improvement of these two areas of the care process.

#### **Discussion**

The mean age at first mammogram for the 21 focus group participants was  $40.6 \pm 8.2$  years of age. This indicates that women receiving care in Dane County are meeting the

recommendations of the American Cancer Society that women be screened for breast cancer starting at age 40<sup>2</sup>.

#### Discussion of qualitative, focus group-derived data

In conducting focus groups that divided women based on insurance status, the Wisconsin Women's Health Foundation hoped to discern critical gaps in the breast cancer diagnosis and treatment process between women insured through various systems. A major finding of these focus groups is that women receiving care in Dane County experience similar issues and barriers to care regardless of insurer. The fact that a substantial gap in care is *not* evident between the privately insured and the Medicare/Medicaid recipients is indicative of relatively consistent breast cancer care in Dane County (Tables 4-9). This result suggests that county-wide improvements can be recommended to and addressed by all healthcare providers.

Based on qualitative assessment of the survey data as well as the focus group transcripts, it becomes clear that breast cancer survivors in these focus groups have had a myriad of experiences, both positive and negative, within the healthcare system throughout the processes of breast cancer diagnosis and treatment. In addressing this data, it is important to not only look for barriers that can be overcome, but to also highlight the efforts of the medical professionals in Dane County. To this end, it is important to note that there were many positive aspects stated by focus group participants. Ample print information distributed after diagnosis and easy access to support groups in Dane County, efforts made on the part of health professionals to care for participants' unique needs and concerns, and also the presence of quality health insurance coverage were stated repeatedly as positive aspects. As stated previously, the women in these focus groups reflect that primary screening patterns in Dane County are conforming to national standards set by the American Cancer Society. Also, upon comparing qualitative data between insurance status groups, it appears there are no differences in treatment satisfaction based on insurance group, reflecting the continuity in care in Dane County Healthcare centers

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<sup>2</sup> The American Cancer Society Board of Directors voted on March 23, 1997 to change the Society's breast cancer detection guidelines to include a yearly screening mammogram for all women 40 years of age and older. Retrieved for <http://www.cancer.org> on April 29, 2003.

A key area of concern among women receiving breast cancer care is communication with medical professionals. More women cited discontentment (0.56) than contentment (0.44) after interactions with various clinicians (Table 8). Due to the incomplete nature of focus group data, it is impossible to know how many interactions participants had with medical professionals and how each woman assessed the level of communication after each encounter. However, a greater number of references were made to negative than positive interactions. Furthermore, Table 9 displays that communication with medical professionals was cited most often as a barrier to care (40% of all responses) and was also the area most frequently suggested for specific improvement (53% of all responses). This should signal the relevance of these encounters to women being treated in Dane County.

Common themes regarding the nature of the interaction with healthcare providers arose across the three groups. Women frequently stated feeling like they were “treated as a disease and not a person,” moreover that their unique needs were not considered in the treatment and diagnosis process. This feeling was echoed many times in all three focus groups and should be a sign to medical professionals of the importance of patient-centered, personalized care. Women had many suggestions for improvement in this area. Suggestions that might be implemented readily into practice are include:

- Taking time to make sure that the patient understands her diagnosis, including scheduling a patient consultation appointment a short time after the initial visit, guaranteeing patient time to process the diagnosis and establish a supportive network.
- Making sure that the patient has information regarding her disease state as well as an explanation of her current medical condition and prognosis.
- Allowing time for patients to review information regarding treatment options along with a medical professional in a less fearful, counseling-type atmosphere.
- Discussion of breast cancer treatment options appropriate within the context of the patient’s life and desired quality of life.

Implementing these suggestions would help to overcome many barriers identified by focus group participants.

Secondly, support is a necessary component of the diagnosis and treatment process, whether from an established group, family and friends, an internet source, or a breast-cancer survivor. Women stated reasons such as “needing to connect with other people who’ve had similar experiences,” wanting to “develop skills and different perspectives,” and needing basic information as reasons for wanting to develop a support network.

As half of the responses of support seekers made reference to experience with an established support group, care should be taken within the medical community to provide information in regards to these support groups upon breast cancer diagnosis. In addition to advertising these groups adequately, quality assurance measures need to be established for these groups as women specifically cited groups as having too many participants to be effective, lacking structure, being too depressing or too unstructured to be effective. A potential ways to assure the quality and consistency between these groups would be to conduct a county-wide breast cancer support group needs assessment followed by existing support group review. Qualified hospital employees or representatives from various managed care facilities where women are receiving breast cancer care could attend and review the support groups on a regular basis. This would allow for personalized knowledge of the services provided by each group so that patients could have the most realistic expectations possible when choosing a group to best fit their needs.

Additionally, evidence from this focus group data is consistent with national data showing that the internet is becoming a growing source of information and support for women with breast cancer<sup>3</sup>. One respondent said this of one particular internet based support program:

“...[the program] was excellent because not only was it networking with other women who had breast cancer through the computer, it also had this question and answer thing so it would help you think of question you never even thought of. ...It was excellent.”

It is therefore critical that healthcare providers alert women to the realities of internet

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<sup>3</sup> *Effectiveness of Electronic Support Groups for Breast Cancer*. Morton Lieberman, PhD. University of California, San Francisco, Langley Porter Psychiatric Institute. Retrieved for [www.ucop.edu/srphome/bcrp/progressreport/abstracts/socio/5JB-0102.html](http://www.ucop.edu/srphome/bcrp/progressreport/abstracts/socio/5JB-0102.html) on April 2, 2003.

information- while often very reliable and accurate, the wealth of information available dictates that guidance be given as to assessment of an internet site for authority. Healthcare providers could be instrumental in suggesting specific, reliable internet resources and should also warn patients to be aware of the sites they are using for information.

Thirdly, while disparities in breast cancer treatment based on insurance status in Dane County were not evident from this focus group data, insurance issues were cited as a major barrier in the treatment and diagnosis process. Participants repeatedly cited difficulties knowing which services were partially or totally paid for by their insurer. Despite the prevalence of this particular barrier, focus group participants gave no specific suggestions to eliminate this hurdle.

Women diagnosed with breast cancer have the right to understand their insurance policies and coverage of clinician visits, specialist consultations, procedures and diagnostic exams. While probably out of the scope of the diagnosing and treating clinicians, having personnel available at hospitals and clinics who are able to aid patients in understanding their insurance coverage might help to ease the fear and tension regarding this issue.

Additionally, several participants stated willingness to pay out of pocket for “peace of mind” tests not specifically covered under their insurance policy. The women specifically referred to MRIs or genetic testing, not recommended within the clinic or HMO treatment protocol for breast cancer, but diagnostics which could be performed to alleviate fear and apprehension. Many women stated that, given the option to have such elective procedures, they would willingly pay out of pocket just to know the results. Women expressed frustration that certain diagnostics or exams were not even an option for them because of the restrictions placed on clinicians by managed care or hospital administration.

Finally, appropriate after-care is critical in assuring the mental and continued physical well-being of breast cancer patients. It became clear upon analysis of the transcripts that before and during treatment, women felt a sense of importance to health care providers and that after treatment, there was a sense of abandonment. During the post-treatment

period, women lose consistent contact and support of medical professionals. Oftentimes, they are left with lingering questions and fears of reoccurrence that remain unanswered. Post-treatment after-care appointments could provide patients with mental and emotional support at this critical time as well as information regarding supportive environments, alternative therapy options, exercise and physical activity and nutrition. Finally, upon the completion of treatment, some women voiced a desire to understand more about their own particular cancer and treatment. It might very well be an important step to some women's total recovery to understand this devastating disease in her body and should be considered as an essential component to cancer care.

## **Conclusion**

Through focus groups lead by the Wisconsin Women's Health Foundation, breast cancer survivors in Dane County were able to join together to voice concerns as to the present state of the breast cancer diagnosis and treatment process. Prominent themes arose as women relayed their experiences and acting on these themes will be instrumental in the continued progression of improved care for those with breast cancer. Central to the theme of this report is the basic fact that improvements in the healthcare system are needed in order to achieve the best results clinically as well as throughout the process of complete mental physical recovery. Again, these suggestions included:

- Taking time to make sure that the patient understands her diagnosis, including scheduling a patient consultation appointment a short time after the initial visit, guaranteeing patient time to process the diagnosis and establish a supportive network.
- Making sure that the patient has information regarding her disease state as well as an explanation of her current medical condition and prognosis.
- Allowing time for patients to review information regarding all treatment options along with a medical professional in a less fearful, counseling-type atmosphere.
- Discussion of all breast cancer treatment options appropriate within the context of the patient's life and desired quality of life.
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The Wisconsin Women's Health Foundation would like to thank the Susan G. Komen Foundation for funding these focus groups. The WWHF has realized the relevance and

sees further potential for continuing focus groups in order to give more women the opportunity to share their experiences for the purpose of improving breast cancer care in Dane County.

## Appendix A

**Table 1. Demographic Data\***

Variable	Total (28 participants)
Age	Mean: 55.7 ± 11.9 years
Age at Diagnosis	Mean: 52.32± 10.9 years
Age at First Mammogram	Mean: 40.6± 8.2 years
Familial Incidence of breast cancer	.185 (5/27)
Elapsed time to mammogram results	4.37 ± 6.4 days
Elapsed time to first doctor appointment post positive mammogram	7.7 ± 7.5 days
Elapsed time to biopsy	10.65 ± 7.4 days
Elapsed time to surgery	11.04 ± 7.6 days
Elapsed time to chemotherapy	44.8 ± 30.1days
Elapsed time to radiation therapy	107. 9± 83.9 days

\* Data compiled from initial survey of 28 focus group participants

**Table 2. Factors Influencing Choice of Mammography Facility**

Physician Recommendation	1 (.938)
Staff	2 (.792)
Prior experience at site	3 (.785)
Location	4 (.760)
Appointment time availability	5 (.736)
Physical environment	6 (.683)
HMO required site	7 (.584)
MSQA accreditation	8 (.555)
Friend recommendation	9 (.475)
Equipment manufacturer	10 (.432)

\* Results based on scoring responses to # 9 of 31 intake surveys

**Table 3. Two most Important Factors in Choice of Surgeon**

	Cumulative Rank*
Physician recommendation	1 (0.73)
Surgeon's reputation	2 (0.62)
Hospital affiliation	3 (0.23)
HMO required doctor	4 (0.12)
Appointment availability	4 (0.12)
Friend recommendation	4 (0.12)
Location	5 (0.08)

\*Results based on scoring responses to #10 of 31 intake surveys

**Table 4. Number of References to Specific Type of Support Network\***

Insurance Type	Support Group	BRCA Survivor	Interne t	Family/Friend s	No Support

HMO	13	6	3	3	2
Private	11	1	4	6	3
Medicare/Medicaid	8	0	2	7	1
<b>Total References</b>	32	7	9	16	6

**Table 5. Number of Women Reporting on Insurance Experiences (n=11)\***

<b>Insurance Group</b>	<i>Positive Comment</i>	<i>Negative Comment</i>	<i>Total Responses</i>
	1 (.25)	3 (.75)	4
	1 (.33)	2 (.67)	3
Medicare/Medicaid	1 (.25)	3 (.75)	4
<b>Total Responses</b>	3 (.27)	8 (.73)	11

**Table 6. Number of Responses Regarding Problems Encountered with Insurance, By Type of Problem \***

<b>Problem</b>	Having Services Paid For	High Premium Costs	Obstacle in Access
<b>Insurance Group</b>			
HMO	6 (.6)	1 (.1)	3 (.3)
Private	2 (.5)	1 (.25)	1 (.25)
Medicare/Medicaid	4 (.5)	2 (.25)	2 (.25)
<b>Total Responses</b>	12 (.545)	4 (.182)	6 (.273)

**Table 7. Number of Women Reporting on Appropriateness of Follow-Up Guidance and Support (n=14)\***

<b>Insurance Group</b>	<i>Adequate Support</i>	<i>Inadequate Support</i>
HMO	4 (.67)	2 (.33)
Private	0 (0)	2 (1.0)
Medicare/Medicaid	2 (.33)	4 (.67)
<b>Total</b>	6 (.429)	8 (.571)

**Table 8. Patient's Contentment with Communication with Medical Professionals\***

<b>Insurance Group</b>	<i>Indicated Contentment</i>	<i>Indicated Discontentment</i>
HMO	10 (.416)	14 (.583)
Private	8 (.50)	8 (.50)
Medicare/Medicaid	12 (.428)	16 (.571)
<b>Total Responses</b>	30 (.441)	38 (.559)

**Table 9. Responses Citing Specific Barriers To Care and Suggestions for Future Care\***

<b>Barrier/Suggestion Category</b>	<i>Responses indicating barrier</i>	<i>Responses suggesting improvement</i>
Communication	20 (.40)	21 (.525)
Support Network	18 (.16)	15 (.375)
Insurance Coverage	10 (.20)	2 (.05)
Follow-Up Care	2 (.04)	2 (.05)

**\*Tables 4-9 reflect responses elicited using coding schemes to evaluate focus group transcripts.**

# Breast Cancer Survivor Focus Group Survey

Funded by a Grant from the Susan G. Komen Race for the Cure Foundation

Please complete and mail back in the enclosed envelope prior to your scheduled focus group.

NAME: \_\_\_\_\_

1. What is the name of your insurance?
2. Has your mother, daughter, sister grandmother been diagnosed with breast cancer?

YES \_\_\_\_\_ NO \_\_\_\_\_

3. At what age did you begin getting mammograms?
4. Where did you have your mammogram done?
5. After your mammogram, how long did it take to get the results?
6. How long after the mammogram report was you first doctor's appointment scheduled?
7. How long after the mammogram report was a biopsy scheduled?
8. How long after the biopsy did you have

Surgery?

Chemotherapy?

Radiation Therapy?

9. Please rank the importance of each of these factors in the choice of your mammography facility:

1= not important

5= very important

- |                                  |   |   |   |   |   |
|----------------------------------|---|---|---|---|---|
| a) Manufacturer of equipment     | 1 | 2 | 3 | 4 | 5 |
| b) Physician recommendation      | 1 | 2 | 3 | 4 | 5 |
| c) Location                      | 1 | 2 | 3 | 4 | 5 |
| d) MSQA accreditation            | 1 | 2 | 3 | 4 | 5 |
| e) HMO required site             | 1 | 2 | 3 | 4 | 5 |
| f) Appointment availability      | 1 | 2 | 3 | 4 | 5 |
| g) Friend recommendation         | 1 | 2 | 3 | 4 | 5 |
| h) Prior experience at this site | 1 | 2 | 3 | 4 | 5 |
| i) Staff                         | 1 | 2 | 3 | 4 | 5 |
| j) Physical environment          | 1 | 2 | 3 | 4 | 5 |

10. Please check the two (only) most important factors in your choice of a surgeon:

- a) Hospital affiliation
- b) Physician recommendation
- c) Location
- d) Surgeon's reputation
- e) HMO required doctor
- f) Appointment availability
- g) Friend recommendation
- h) Prior experience at this site
- i) Staff
- j) Physical environment

11. How important was the Internet in your decision making process?

1= not important                      5=very important

1        2        3        4        5

12. What was the biggest hurdle you faced in the decision making process?

13. Who did you primarily rely on for emotional support during your diagnosis and treatment (Check one)

\_\_\_\_\_Spouse        \_\_\_\_\_Daughter        \_\_\_\_\_Friend        \_\_\_\_\_Mother

\_\_\_\_\_Other relative        \_\_\_\_\_Healthcare worker (nurse, therapist, etc.)

14. Who did you primarily rely on for other care (rides to appointments, help at home, etc.) during your diagnosis and treatment? (check one)

\_\_\_\_\_Spouse        \_\_\_\_\_Daughter        \_\_\_\_\_Friend        \_\_\_\_\_Mother  
\_\_\_\_\_Son

\_\_\_\_\_Other relative        \_\_\_\_\_Hired help

*Thank you very much for taking the time to complete this survey.*