

**Text Messaging as a Tool for Adherence to Oral Chemotherapy
in Hispanic Colorectal Cancer Patients**

PROVIDER Information Survey

1. What is your profession? (please check all that apply)
 - Oncology Nurse
 - Oncology Advance Practice Nurse
 - Medical Oncologist
 - Surgical Oncologist
 - Pharmacist
 - Social Worker
 - Other (please specify) _____

2. In what type of setting do you practice? (please check all that apply)
 - Hospital
 - Outpatient Setting
 - Nonprofit Organization
 - Governmental Organization
 - Other (please specify) _____

3. How many years have you worked in the field of oncology since you completed all of your training? (please check only one)
 - 0-5 years
 - 6-10 years
 - 11-15 years
 - 16-20 years
 - 21+ years

4. What year were you born? _____

5. What is your ethnic/racial background? (please check all that apply)
 - Hispanic/Latino
 - Non-Hispanic White/Caucasian/Anglo
 - Native American
 - African-American
 - Asian-American
 - Mixed (please specify) _____
 - Other (please specify) _____

FACTORS INFLUENCING ADHERENCE

6. In your professional role, do you provide care for or interact with patients taking oral chemotherapy medication?
 - Yes
 - No

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7. How often do patients who are prescribed oral chemotherapy medication forget to take their medication as scheduled? (please check only one)
- Never
 - Rarely
 - Sometimes
 - Often
 - Always
8. Which of the following things affect your patients' ability to take their oral chemotherapy medication as scheduled? (please check all that apply)
- They forget to take the oral chemotherapy medication as scheduled
 - They are afraid of handling medications
 - They are unable to manage negative side effects of oral chemo therapy medication
 - They can't afford the oral chemotherapy medication
 - They don't understand the directions of medication administration
 - They don't understand the importance to their medical diagnosis of taking the full dose of oral chemotherapy as scheduled
 - They don't understand the importance of chemotherapy medication to their therapy
9. Do you measure medication adherence for your patients?
- Yes
 - No
10. If you do measure medication adherence, how often do you measure it? (please check only one)
- Each cycle
 - Weekly
 - Once during course of treatment
 - Other (please specify) _____
11. If you do measure medication adherence, how do you measure it? (please fill in the blank with a brief description)
- _____
- _____
12. Which of the following do you believe are the best ways to remind patients to take oral medications as scheduled? (please check all that apply)
- A reminder from the physician/nurse at the clinic visit
 - Live phone call from the clinic between clinic visits
 - Automated call from the clinic between clinic visits
 - Text message from the clinic between clinic visits
 - Referral to support group

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We would like to understand more about the potential role of text messaging in reminding patients to take their medications.

13. Do you believe your patients use text messaging on their cell phones? (please check only one)

- Never use
- Almost never
- Occasionally
- Frequently use
- Always use

14. Do you use text messaging to communicate with your patients? (please check only one)

- Never use
- Almost never
- Occasionally
- Frequently use
- Always use

15. Does your organization provide resources (cell phones) that would make text messaging with your patient possible?

- Yes
- No

16. If your organization does not currently provide resources for text messaging, what is the likelihood they would? (please check only one)

- Extremely unlikely
- Unlikely
- Neutral
- Likely
- Extremely likely

17. Do you agree that text messaging reminders to your patients would improve oral chemotherapy medication adherence? (please check only one)

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

Comments: _____

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18. 'If you think text messaging to your patients would improve medication adherence, what type of text messaging would you prefer to use? (please check only one)
- 2-way text messaging (messages sent to patients and responses received from patients)
 - 1-way communication (messages only sent to patients)
 - Other: _____
19. When do you think would be the best time for patients to receive a text message? (please check all that apply)
- Morning
 - Afternoon
 - Evening
 - Anytime

OPEN-ENDED QUESTIONS:

20. Please check all options you think would be helpful text messages for patients to receive to help remember to take their oral chemotherapy medication as scheduled. Or you may write a text message that you think they would like to receive:
- "Have you taken your medication yet?"
 - "It's time to take your medication"
 - "Please take your medication as prescribed by your doctor/oncologist/nurse"
 - Write your own message suggestion:

21. What is the earliest time it would be appropriate to send a text message? What is the latest time it would be appropriate to send a text message? (please check one in each column)
- | AM (Earliest) | PM (Latest) |
|----------------------------------|---|
| <input type="checkbox"/> 6:00 AM | <input type="checkbox"/> 9:00 PM |
| <input type="checkbox"/> 7:00 AM | <input type="checkbox"/> 10:00 PM |
| <input type="checkbox"/> 8:00 AM | <input type="checkbox"/> 12:00 midnight |
22. Do you have any concerns or recommendations regarding text messaging with patients regarding their oral chemotherapy medication?

Thank you very much for answering this survey!