

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

PATIENT Information Survey

1. What year were you born? _____
2. Which gender are you?
 Female Male
3. Are you a cancer patient who is taking oral chemotherapy medication? (please check only one)
If the answer is no, please return the survey and thank you for your time
 Yes No
4. Which oral chemotherapy medication are you taking? (please check all that apply)
 Xeloda (capecitabine) (Colorectal cancer)
 Stivarga (regorafenib) (Colorectal cancer)
 Other (please specify) _____
5. What is your racial background? (please check all that apply)
 Non-Hispanic White/Caucasian/Anglo
 Native American or Alaska Native
 African-American
 Asian-American or Pacific Islander
 Mixed (please specify) _____
 Other (please specify) _____
6. Are you of Hispanic origin?
 Yes
 No
7. How would you describe your Hispanic or Latino heritage? (please check all that apply)
 Hispanic New Mexican
 Mexican-American or Mexican/Chicana
 South American
 Central American
 Puerto Rican
 Cuban
 Spanish descent
 Other (please specify) _____
8. Are you currently? (please check only one)
 Married
 Divorced
 Widowed
 Separated
 Never Married
 A member of an unmarried couple (living as married)
 Other (please specify) _____

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9. What is the highest grade or year of school you've completed? (please check only one)

- Never attended school or only attended kindergarten
- Grades 1 through 8 (elementary/middle school)
- Grades 9 through 11 (some high school)
- Grade 12 or GED (high school graduate)
- College 1 to 3 years (some college or technical school)
- College 4 years or more (college graduate)

10. What type of medical insurance do you have? (please check all that apply)

- Uninsured (none)
- Medicaid (Centennial Care)
- Medicare
- Medicare and Medicaid
- Medicare and private insurance
- Private insurance
- UNM Cares
- Workers Compensation

11. What is your annual household income? (please check only one)

- Less than \$10,000 a year
- \$10,001 to \$15,000
- \$15,001 to \$20,000
- \$20,001 to \$25,000
- \$25,001 to \$35,000
- \$35,001 to \$50,000
- \$50,001 to \$75,000
- \$75,001 or more

ORAL CHEMOTHERAPY

12. How often do you remember to take your oral chemotherapy medication as scheduled? (please check only one)

- Never
- Rarely
- Sometimes
- Often
- Always

13. Do you believe it is important to take your oral chemotherapy medication as scheduled? (please check only one)

- Not at all important
- Low importance
- Neutral
- Very important
- Extremely important

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14. How difficult is it to take your oral chemotherapy medication as scheduled? (please check only one)

- Very difficult
- Difficult
- Neutral
- Easy
- Very easy

15. If you forget to take your oral chemotherapy medication as scheduled, how often do you forget? (please check only one)

- Once a day
- Twice a day
- I don't forget

16. If you do not take your oral chemotherapy medications as scheduled, what is the reason? (please check all that apply)

- I just forget to take the oral chemotherapy medication as scheduled
- I am afraid of handling oral chemotherapy medications
- I am afraid of the side effects of oral chemotherapy medication
- I can't afford the oral chemotherapy medication
- I don't understand the directions of oral chemotherapy medication administration
- It doesn't matter if I miss a scheduled dose of my oral chemotherapy medication
- Other (please specify) _____

REMINDER SUPPORT STRATEGIES

17. How often does your doctor/oncologist/nurse remind you to take your oral chemotherapy medication? (please check only one)

- Never
- Rarely
- Sometimes
- Often
- Always

18. Would any of the following help remind you to take your oral chemotherapy medication as scheduled? (please check all that apply)

- A reminder from your doctor/nurse at your clinic visit
- Live phone call from the clinic between your clinic visits
- Automated phone call from your clinic between your clinic visits
- Text message from your clinic between your clinic visits

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19. We are interested in learning more about whether text messaging would be helpful. Do you think a text message would help you remember to take your oral chemotherapy medication as scheduled? (please check only one)

Yes; please tell us why?

No; please tell us why?

TEXT MESSAGES

20. How often do you text with friends and family members? (please check only one)

- Never
- Rarely
- Sometimes
- Often
- Always

21. How often do you text with family to communicate instead of calling? (please check only one)

- Never
- Rarely
- Sometimes
- Often
- Always

22. Do you have unlimited messaging? (please check only one)

- Yes
- No
- Don't know

23. Are you the only user for your mobile/cell phone? (please check only one)

- Yes
- No
- Don't know

24. Do you share your mobile/cell phone? (please check only one)

- Yes
- No
- Don't know

25. If text messaging was used to remind you to take oral chemotherapy medication as scheduled, how often would you want to receive the text messages? (please check only one)

- Daily
- Weekly
- Twice monthly
- Monthly

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26. Do you use abbreviations when you text? (please check only one)
- Yes
 No
 Don't know
27. What time is the best time to receive a text message? (please check all that apply)
- Morning before my oral chemotherapy medication is due
 Day before I take my oral chemotherapy medication
 Evening before I take my oral chemotherapy medication
 Anytime
28. We would like your help to create a text message that would be acceptable to patients. Please check any of the following options that you like or give us an example
- "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:

29. For privacy reasons, should the first few words of the text message be identified as being about your oral chemotherapy medication? (please check only one)
- Yes
 No
 Don't know
30. For privacy reasons, would you prefer a word other than "chemotherapy" be used in the text message? (please check only one)
- Yes
 No
 If yes, please tell us what word you would prefer? _____
31. 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 |
32. Do you have any sacred/Holy days when you prefer not to receive a text message? (please check only one)
- Yes
 No
 Which day? _____

Thank you very much for answering this survey!