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) ____________________________
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
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
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
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)  
\begin{itemize}  
\item AM (Earliest)  
\item PM (Latest)  
\end{itemize}  
☐ 6:00 AM  
☐ 9:00 PM  
☐ 7:00 AM  
☐ 10:00 PM  
☐ 8:00 AM  
☐ 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!