

GENERAL INFORMATION

1. Title of Dataset

COVID-19 Concerns among Physicians who treat cancer survey in the United States, Cross-sectional study March/April 2020

2. Principal Investigator Contact Information

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3. Date of data collection

March 27, 2020 – April 10, 2020

4. Geographic location of data collection

United States, nation-wide

5. Information about funding sources that supported the collection of the data

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SHARING/ACCESS INFORMATION

1. Licenses/restrictions placed on the data

[CC0 1.0 Universal](#)

2. Recommended citation for the data

Vogel, Rachel I.; Thomaier, Lauren; Lou, Emil; Teoh, Deanna; Jewett, Patricia; Beckwith, Heather; Parsons, Helen; Yuan, Jianling; Blaes, Anne H; Hui, Jane YC. (2020). COVID-19 Concerns among Physicians who treat cancer survey in the United States, Cross-sectional study March/April 2020. Retrieved from the Data Repository for the University of Minnesota, <http://hdl.handle.net/11299/216451>.

3. Related publications

Hui JYC, Yuan J, Teoh D, Thomaier L, Jewett P, Beckwith H, Parsons H, Lou E, Blaes AH, Vogel RI. "Cancer Management During the COVID-19 Pandemic in the United States: Results from a National Physician Cross-sectional Survey." Am J Clin Oncol. 2020 Aug 25. doi: 10.1097/COC.0000000000000757. PMID: 32852291.

Thomaier L, Teoh D, Jewett P, Beckwith H, Parsons H, Yuan J, Blaes AH, Lou E, Hui JYC, Vogel RI. "Emotional health concerns of oncology physicians in the United States: fallout during the COVID-19 pandemic." Under review with PLOS One, 2020.

DATA & FILE OVERVIEW

1. File List

A. Filename: COVID19_us_oncologist_survey_data3.csv

Short description: data set

B. Filename: COVID19AndOncologistsSurvey_REDCapSurvey.pdf

Short Description: PDF of survey as presented to participants in REDCap online

C. Filename: covid19_oncologist_analysis_emot_health_final_UPLOAD.sas

Short Description: SAS code (9.4) to generate variables and statistical analysis for Thomaier et al., 2020.

2. Are there multiple versions of the dataset?

No

METHODOLOGICAL INFORMATION

1. Description of methods used for collection/generation of data:

Cross-sectional anonymous online survey among physicians treating individuals with cancer in the United States during the initial phase of the COVID-19 pandemic (March 27, 2020 – April 10, 2020).

Recruitment: Snowball convenience sampling through social media (Twitter, Facebook, LinkedIn).

Eligibility criteria: ≥18 years, able to read/write in English, and being a physician (MD or DO) currently residing and providing cancer treatment in the United States.

Data collected and stored in REDCap.

Empty cells in the CSV are missing data.

2. Methods for processing the data:

We have provided the survey instrument, data, and the SAS program(s) which generate the calculated variables and statistical analyses as described in the manuscript(s).

NOTE: Variables dem_1, dem_3, dem_4, dem_5, and dem_17 have been removed from this public version of the dataset to protect participant privacy. These correspond to age, transgender status, race, ethnicity, and state of residence/practice. To obtain a complete raw dataset, please contact the lead investigator to be vetted for access to that data.

| Variable / Field Name | Description | Value | Meaning |
|-----------------------|---|-------|---------------------------|
| record_id | Record ID | text | |
| inclusions_crit1 | You are a physician who offers cancer treatments to patients as a surgeon, medical oncologist, or radiation oncologist | 1 | Yes |
| | | 0 | No |
| inclusions_crit2 | You live in and are currently practicing in the United States | 1 | Yes |
| | | 0 | No |
| inclusions_crit4 | You can read and write in English | 1 | Yes |
| | | 0 | No |
| dem_2 | What is your biologic sex (sex/gender assigned at birth)? | 0 | Male |
| | | 1 | Female |
| | | 2 | Intersex |
| | | 3 | Prefer not to answer |
| dem_3 | Do you identify as transgender, gender-queer, gender-fluid, or another non-binary gender? | 1 | Yes |
| | | 0 | No |
| | | 2 | I don't know |
| | | 3 | Prefer not to answer |
| dem_17 | There are regional differences in the burden of COVID-19, and these differences are likely to change with time. Therefore, in order to understand your context better, we would like to know what state/territory you are currently residing/practicing in? | 1 | Alabama (AL) |
| | | 2 | Alaska (AK) |
| | | 3 | Arizona (AZ) |
| | | 4 | Arkansas (AR) |
| | | 5 | California (CA) |
| | | 6 | Colorado (CO) |
| | | 7 | Connecticut (CT) |
| | | 8 | Delaware (DE) |
| | | 9 | District of Columbia (DC) |
| | | 10 | Florida (FL) |
| | | 11 | Georgia (GA) |
| | | 12 | Hawaii (HI) |
| | | 13 | Idaho (ID) |
| | | 14 | Illinois (IL) |
| | | 15 | Indiana (IN) |
| | | 16 | Iowa (IA) |
| | | 17 | Kansas (KS) |
| | | 18 | Kentucky (KY) |
| | | 19 | Louisiana (LA) |
| | | 20 | Maine (ME) |
| | | 21 | Maryland (MD) |
| | | 22 | Massachusetts (MA) |
| | | 23 | Michigan (MI) |
| | | 24 | Minnesota (MN) |
| | | 25 | Mississippi (MS) |
| | | 26 | Missouri (MO) |
| | | 27 | Montana (MT) |
| | | 28 | Nebraska (NE) |
| | | 29 | Nevada (NV) |
| | | 30 | New Hampshire (NH) |
| | | 31 | New Jersey (NJ) |
| | | 32 | New Mexico (NM) |
| | | 33 | New York (NY) |
| | | 34 | North Carolina (NC) |
| | | 35 | North Dakota (ND) |
| | | 36 | Ohio (OH) |
| | | 37 | Oklahoma (OK) |
| | | 38 | Oregon (OR) |
| | | 39 | Pennsylvania (PA) |
| | | 40 | Rhode Island (RI) |
| | | 41 | South Carolina (SC) |
| | | 42 | South Dakota (SD) |
| | | 43 | Tennessee (TN) |

| | | | |
|--------------|---|-------|---|
| | | | 44 Texas (TX) |
| | | | 45 Utah (UT) |
| | | | 46 Vermont (VT) |
| | | | 47 Virginia (VA) |
| | | | 48 Washington (WA) |
| | | | 49 West Virginia (WV) |
| | | | 50 Wisconsin (WI) |
| | | | 51 Wyoming (WY) |
| | | | 52 American Samoa (AS) |
| | | | 53 Guam (GU) |
| | | | 54 Northern Mariana Islands (MP) |
| | | | 55 Puerto Rico (PR) |
| | | | 56 Virgin Islands (VI) |
| dem_clinset | Do you currently work in a clinical setting? | | 1 Yes - Full Time |
| | | | 2 Yes - Part Time |
| | | | 0 No |
| | | | 3 Retired |
| covid_1 | Are you concerned that some people do not understand the seriousness of COVID-19? | 0-100 | Not at all concerned [0] - A great deal concerned [100] |
| dem_hospsize | In what size hospital or clinic do you currently practice? | | 0 Small hospital (fewer than 100 beds) |
| | | | 1 Medium hospital (100-499 beds) |
| | | | 2 Large hospital (500 or more beds) |
| | | | 3 Ambulatory clinic only (no inpatients) |
| dem_acadinst | Do you practice at an academic institution? | | 1 Yes |
| | | | 0 No |
| covid_2 | How much of your routine practice has been reduced as a result of COVID-19? | | 0 None |
| | | | 1 < 25% reduction |
| | | | 2 26-50% reduction |
| | | | 3 51-75% reduction |
| | | | 4 >75% reduction |
| | | | 5 Not applicable |
| covid_3 | How much personal financial burden will you incur as a result of COVID-19 and subsequent reduction in your "routine" patient volume? | 0-100 | None at all [0] - A great deal [100] |
| covid_4 | Do you consider yourself to be at "high risk" for severe illness from COVID-19? | | 1 Yes |
| | | | 0 No |
| | | | 2 Unsure |
| covid_8<X> | Indicate why you consider yourself to be at "high risk" for severe illness from COVID-19. Check all that apply. | | 0 No |
| | | | 1 Yes |
| covid_8_0 | Older adult (>60 years old) | | 0 No |
| | | | 1 Yes |
| covid_8_1 | History of cancer (completed active cancer treatment prior to January 2020) | | 0 No |
| | | | 1 Yes |
| covid_8_2 | Immune-compromised (ex. HIV, bone marrow transplant, organ transplant, chemotherapy, taking immune-suppressing drugs for Crohn's disease or rheumatoid arthritis) | | 0 No |
| | | | 1 Yes |
| covid_8_3 | Heart disease | | 0 No |
| | | | 1 Yes |
| covid_8_4 | Diabetes | | 0 No |
| | | | 1 Yes |
| covid_8_5 | Lung disease (e.g. asthma, emphysema/COPD) | | 0 No |
| | | | 1 Yes |
| covid_8_6 | Pregnant | | 0 No |
| | | | 1 Yes |

| | | | |
|---------------|--|-----------|--|
| covid_8_7 | Active cancer treatment other than chemotherapy (recent surgery, recent/ongoing radiation therapy, recent/ongoing endocrine therapy) | | 0 No |
| | | | 1 Yes |
| covid_8_8 | Obesity | | 0 No |
| | | | 1 Yes |
| covid_8_9 | Active smoker | | 0 No |
| | | | 1 Yes |
| covid_8_10 | Previous/Former smoker | | 0 No |
| | | | 1 Yes |
| covid_8_11 | Other reason | | 0 No |
| | | | 1 Yes |
| covid_7_other | Please specify other reason | free text | |
| covid_6 | Have you been directly exposed to someone with COVID-19? | | 1 Yes - at work |
| | | | 2 Yes - outside of work (travel, community exposure, etc) |
| | | | 0 No |
| | | | 3 Unsure |
| covid_7 | How were you exposed to someone with COVID-19? | | 0 COVID-19 positive patient |
| | | | 1 COVID-19 positive healthcare worker |
| | | | 2 COVID-19 positive staff who does not work face-to-face with patients |
| | | | 3 Unsure |
| covid_9 | How were you exposed to someone with COVID-19? | | 0 International travel |
| | | | 1 Domestic travel (air, land) |
| | | | 2 Community exposure |
| | | | 3 Unsure |
| covid_ppe | Do you have adequate PPE (Personal Protective Equipment) in your clinical practice? | | 1 Yes |
| | | | 0 No |
| covid_dx | Have you been diagnosed with COVID-19? | | 0 Yes - confirmed with a positive test |
| | | | 1 Yes - presumed |
| | | | 2 No |
| | | | 3 Unsure |
| covid_10 | How concerned are you about getting COVID-19? | | 1 Not at all concerned |
| | | | 2 Slightly concerned |
| | | | 3 Somewhat concerned |
| | | | 4 Moderately concerned |
| | | | 5 Extremely concerned |
| covid_15 | How concerned are you about one of your family members getting COVID-19 from you? | | 1 Not at all concerned |
| | | | 2 Slightly concerned |
| | | | 3 Somewhat concerned |
| | | | 4 Moderately concerned |
| | | | 5 Extremely concerned |
| | | | 6 Already happened |
| | | | 7 Not applicable |
| covid_16 | How concerned are you about your patients getting COVID-19 from you? | | 1 Not at all concerned |
| | | | 2 Slightly concerned |
| | | | 3 Somewhat concerned |
| | | | 4 Moderately concerned |
| | | | 5 Extremely concerned |
| | | | 6 Not applicable |
| covid_11 | To what degree has COVID-19 interfered with your ability to provide treatment to active cancer patients? | 0-100 | No problem [0] - Severe problem [100] |
| covid_17 | How concerned are you about your patients getting the level of healthcare they need if they become extremely ill from something other than COVID-19? | | 1 Not at all concerned |
| | | | 2 Slightly concerned |
| | | | 3 Somewhat concerned |
| | | | 4 Moderately concerned |

| | | | |
|------------------|--|------|---|
| | | | 5 Extremely concerned |
| | | | 6 Not applicable |
| med_spec_<x> | What is your medical specialty? Check all that apply. | | |
| med_spec_1 | Surgeon | | 0 No |
| | | | 1 Yes |
| med_spec_2 | Medical Oncology | | 0 No |
| | | | 1 Yes |
| med_spec_3 | Radiation Oncology | | 0 No |
| | | | 1 Yes |
| med_spec_5 | Gynecologic Oncology | | 0 No |
| | | | 1 Yes |
| med_spec_4 | Other | | 0 No |
| | | | 1 Yes |
| med_spec_other | Please specify. | text | |
| spec_surg | Have you had to cancel/postpone your patients' cancer surgery? | | 1 Yes |
| | | | 2 No, but plan to continue to reassess this |
| | | | 0 No |
| canc_surg | Are you referring patients for alternative treatment (chemotherapy, endocrine therapy, etc) in the meantime? | | 1 Yes |
| | | | 2 Sometimes |
| | | | 0 No |
| canc_surg_2_<x> | What prompted you to cancel/postpone surgeries? Check all that apply | | |
| canc_surg_2_1 | Personal concern about my patients' exposure risk | | 0 No |
| | | | 1 Yes |
| canc_surg_2_2 | Personal concern about exposure risks to other hospitalized patients | | 0 No |
| | | | 1 Yes |
| canc_surg_2_3 | Personal concern about hospital staff and healthcare worker exposure risk | | 0 No |
| | | | 1 Yes |
| canc_surg_2_4 | Personal concern about blood bank shortages | | 0 No |
| | | | 1 Yes |
| canc_surg_2_5 | Desire to conserve PPE at my institution | | 0 No |
| | | | 1 Yes |
| canc_surg_2_6 | Divisional or departmental mandate due to COVID-19 | | 0 No |
| | | | 1 Yes |
| canc_surg_2_7 | Institutional mandate due to COVID-19 | | 0 No |
| | | | 1 Yes |
| canc_surg_2_8 | Surgeon general or professional medical organization recommendation (e.g. American College of Surgeons, etc) | | 0 No |
| | | | 1 Yes |
| canc_surg_2_9 | Closure of patient and family accommodations (such as American Cancer Society Hope Lodge) | | 0 No |
| | | | 1 Yes |
| canc_surg_2_10 | Strict visitor policy resulting in lack of family support for certain procedures | | 0 No |
| | | | 1 Yes |
| canc_surg_2_11 | Other | | 0 No |
| | | | 1 Yes |
| canc_surg_2_5 | Please specify. | text | |
| spec_medonc | Have you had to alter your patients' chemotherapy plans? | | 1 Yes |
| | | | 2 No, but plan to continue to reassess this |
| | | | 0 No |
| medonc_chemo_<x> | What prompted you to alter chemotherapy plans? Check all that apply. | | |
| medonc_chemo_1 | Personal concern about my patients' exposure risk | | 0 No |
| | | | 1 Yes |
| medonc_chemo_2 | Personal concern about exposure risks to other patients | | 0 No |
| | | | 1 Yes |
| medonc_chemo_3 | Personal concern about hospital/clinic staff and healthcare worker exposure risk | | 0 No |

| | | | |
|--------------------|--|------|---|
| | | | 1 Yes |
| medonc_chemo_4 | Desire to conserve PPE at my institution | | 0 No |
| | | | 1 Yes |
| medonc_chemo_5 | Divisional or departmental mandate due to COVID-19 | | 0 No |
| | | | 1 Yes |
| medonc_chemo_6 | Institutional mandate due to COVID-19 | | 0 No |
| | | | 1 Yes |
| medonc_chemo_7 | Professional medical organization recommendation | | 0 No |
| | | | 1 Yes |
| medonc_chemo_8 | Closure of patient and family accommodations (such as American Cancer Society Hope Lodge) | | 0 No |
| | | | 1 Yes |
| medonc_chemo_9 | Strict visitor policy resulting in lack of family support for certain procedures | | 0 No |
| | | | 1 Yes |
| medonc_chemo_10 | Transportation concerns due to suspension of medical transportation services | | 0 No |
| | | | 1 Yes |
| medonc_chemo_11 | Other | | 0 No |
| | | | 1 Yes |
| medonc_chemo_5 | Please specify. | text | |
| spec_radonc | Have you had to alter your patients' radiation plans? | | 1 Yes |
| | | | 2 No, but plan to continue to reassess this |
| | | | 0 No |
| radonc_chemo_<x> | What prompted you to alter radiation plans? Check all that apply. | | |
| radonc_chemo_1 | Personal concern about my patients' exposure risk | | 0 No |
| | | | 1 Yes |
| radonc_chemo_2 | Personal concern about exposure risks to other patients | | 0 No |
| | | | 1 Yes |
| radonc_chemo_3 | Personal concern about hospital/clinic staff and healthcare worker exposure risk | | 0 No |
| | | | 1 Yes |
| radonc_chemo_4 | Desire to conserve PPE at my institution | | 0 No |
| | | | 1 Yes |
| radonc_chemo_5 | Divisional or departmental mandate due to COVID-19 | | 0 No |
| | | | 1 Yes |
| radonc_chemo_6 | Institutional mandate due to COVID-19 | | 0 No |
| | | | 1 Yes |
| radonc_chemo_7 | Professional medical organization recommendation | | 0 No |
| | | | 1 Yes |
| radonc_chemo_8 | Closure of patient and family accommodations (such as American Cancer Society Hope Lodge) | | 0 No |
| | | | 1 Yes |
| radonc_chemo_9 | Strict visitor policy resulting in lack of family support for certain procedures | | 0 No |
| | | | 1 Yes |
| radonc_chemo_10 | Transportation concerns due to suspension of medical transportation services | | 0 No |
| | | | 1 Yes |
| radonc_chemo_11 | Other | | 0 No |
| | | | 1 Yes |
| radonc_chemo_5 | Please specify. | text | |
| pt_alt_plan_choice | How do you decide which patients should receive an alternate treatment plan? | | 0 Group consensus |
| | | | 1 Physician choice |
| | | | 2 Mutual decision of patient and physician |
| | | | 3 Patient choice |
| change_rank_1 | What factors do you consider when deciding to change the treatment plan? Use of clinic/hospital resources | 0* | Most Important * Values are increased by 1 in code to match the language of the question |

| | | | |
|---------------|--|----|--|
| | | 1* | |
| | | 2* | |
| | | 3* | |
| | | 4* | |
| | | 5* | |
| | | 6* | |
| | | 7* | |
| | | 8* | Least Important |
| change_rank_2 | <p>What factors do you consider when deciding to change the treatment plan?</p> <p>Risk of patient exposure to coronavirus</p> | 0* | <p>Most Important</p> <p>* Values are increased by 1 in code to match the language of the question</p> |
| | | 1* | |
| | | 2* | |
| | | 3* | |
| | | 4* | |
| | | 5* | |
| | | 6* | |
| | | 7* | |
| | | 8* | Least Important |
| change_rank_3 | <p>What factors do you consider when deciding to change the treatment plan?</p> <p>Risk of severe manifestation of COVID-19</p> | 0* | <p>Most Important</p> <p>* Values are increased by 1 in code to match the language of the question</p> |
| | | 1* | |
| | | 2* | |
| | | 3* | |
| | | 4* | |
| | | 5* | |
| | | 6* | |
| | | 7* | |
| | | 8* | Least Important |
| change_rank_4 | <p>What factors do you consider when deciding to change the treatment plan?</p> <p>Presence of alternative treatment options</p> | 0* | <p>Most Important</p> <p>* Values are increased by 1 in code to match the language of the question</p> |
| | | 1* | |
| | | 2* | |
| | | 3* | |
| | | 4* | |
| | | 5* | |
| | | 6* | |
| | | 7* | |
| | | 8* | Least Important |
| change_rank_5 | <p>What factors do you consider when deciding to change the treatment plan?</p> <p>Overall cancer prognosis/anticipated benefit of the treatment</p> | 0* | <p>Most Important</p> <p>* Values are increased by 1 in code to match the language of the question</p> |
| | | 1* | |
| | | 2* | |
| | | 3* | |
| | | 4* | |
| | | 5* | |
| | | 6* | |
| | | 7* | |
| | | 8* | Least Important |
| change_rank_6 | <p>What factors do you consider when deciding to change the treatment plan?</p> <p>Anticipated rate of cancer growth/spread</p> | 0* | <p>Most Important</p> <p>* Values are increased by 1 in code to match the language of the question</p> |

| | | | |
|------------------|---|---|--|
| | | 1* | |
| | | 2* | |
| | | 3* | |
| | | 4* | |
| | | 5* | |
| | | 6* | |
| | | 7* | |
| | | 8* | Least Important |
| change_rank_7 | <p>What factors do you consider when deciding to change the treatment plan?</p> <p>Patient proximity to the health system / patient and family accommodations</p> | <p>0*</p> <p>1*</p> <p>2*</p> <p>3*</p> <p>4*</p> <p>5*</p> <p>6*</p> <p>7*</p> <p>8*</p> | <p>Most Important</p> <p>* Values are increased by 1 in code to match the language of the question</p> |
| change_rank_8 | <p>What factors do you consider when deciding to change the treatment plan?</p> <p>Age of the patient</p> | <p>0*</p> <p>1*</p> <p>2*</p> <p>3*</p> <p>4*</p> <p>5*</p> <p>6*</p> <p>7*</p> <p>8*</p> | <p>Most Important</p> <p>* Values are increased by 1 in code to match the language of the question</p> |
| change_rank_9 | <p>What factors do you consider when deciding to change the treatment plan?</p> <p>Other patient comorbidities</p> | <p>0*</p> <p>1*</p> <p>2*</p> <p>3*</p> <p>4*</p> <p>5*</p> <p>6*</p> <p>7*</p> <p>8*</p> | <p>Most Important</p> <p>* Values are increased by 1 in code to match the language of the question</p> |
| hardest_part2 | What has been the hardest part of your care of cancer patients during the COVID-19 pandemic? | text | |
| covid_info_1_<x> | Which of the following sources do you use for information about COVID-19? Check all that apply. | | |
| covid_info_1_1 | Physician grand rounds/talks | | 0 No 1 Yes |
| covid_info_1_2 | Hospital/Institution communications/emails | | 0 No 1 Yes |
| covid_info_1_3 | Social media | | 0 No 1 Yes |
| covid_info_1_4 | Social media - physician-only groups | | 0 No 1 Yes |
| covid_info_1_5 | Literature search | | 0 No 1 Yes |
| covid_info_1_6 | News/media reports | | 0 No 1 Yes |
| covid_info_1_7 | Professional society recommendations/guidelines (e.g. ASCO, ASTRO, ACS, SSO, etc) | | 0 No |

| | | | |
|-----------------|--|------|--------------|
| | | | 1 Yes |
| covid_info_1_8 | CDC (Centers for Disease Control and Prevention) reports | | 0 No |
| | | | 1 Yes |
| covid_info_1_9 | World Health Organization reports | | 0 No |
| | | | 1 Yes |
| covid_info_1_10 | Other | | 0 No |
| | | | 1 Yes |
| covid_info_1_11 | I have not looked for information about COVID-19 | | 0 No |
| | | | 1 Yes |
| covid_info_1_5 | Please specify. | text | |
| covid_info_2 | In general, how much would you trust information about health or medical topics from... Physician grand rounds/talks | | 0 Not at all |
| | | | 1 A little |
| | | | 2 Some |
| | | | 3 A lot |
| covid_info_3 | In general, how much would you trust information about health or medical topics from... Hospital/Institution communications/emails | | 0 Not at all |
| | | | 1 A little |
| | | | 2 Some |
| | | | 3 A lot |
| covid_info_4 | In general, how much would you trust information about health or medical topics from... Social media | | 0 Not at all |
| | | | 1 A little |
| | | | 2 Some |
| | | | 3 A lot |
| covid_info_5 | In general, how much would you trust information about health or medical topics from... Social media - physician-only groups | | 0 Not at all |
| | | | 1 A little |
| | | | 2 Some |
| | | | 3 A lot |
| covid_info_6 | In general, how much would you trust information about health or medical topics from... Literature search | | 0 Not at all |
| | | | 1 A little |
| | | | 2 Some |
| | | | 3 A lot |
| covid_info_7 | In general, how much would you trust information about health or medical topics from... News/media reports | | 0 Not at all |
| | | | 1 A little |
| | | | 2 Some |
| | | | 3 A lot |
| covid_info_8 | In general, how much would you trust information about health or medical topics from... Professional society recommendations/guidelines (e.g. ASCO, ASTRO, ACS, SSO, etc) | | 0 Not at all |
| | | | 1 A little |
| | | | 2 Some |
| | | | 3 A lot |
| covid_info_9 | In general, how much would you trust information about health or medical topics from... CDC (Centers for Disease Control and Prevention) reports | | 0 Not at all |
| | | | 1 A little |
| | | | 2 Some |

| | | |
|---------------|--|----------------------|
| | | 3 A lot |
| covid_info_10 | In general, how much would you trust information about health or medical topics from... World Health Organization reports | 0 Not at all |
| | | 1 A little |
| | | 2 Some |
| | | 3 A lot |
| covid_info_11 | Based on the results of your most recent search for information about COVID-19, how much do you agree or disagree with the following statements? It took a lot of effort to get the information I needed. | 0 Strongly disagree |
| | | 1 Somewhat disagree |
| | | 2 Somewhat agree |
| | | 3 Strongly agree |
| covid_info_12 | Based on the results of your most recent search for information about COVID-19, how much do you agree or disagree with the following statements? I felt frustrated during my search for the information. | 0 Strongly disagree |
| | | 1 Somewhat disagree |
| | | 2 Somewhat agree |
| | | 3 Strongly agree |
| covid_info_13 | Based on the results of your most recent search for information about COVID-19, how much do you agree or disagree with the following statements? I was concerned about the quality of the information. | 0 Strongly disagree |
| | | 1 Somewhat disagree |
| | | 2 Somewhat agree |
| | | 3 Strongly agree |
| covid_info_14 | The information I found was hard to understand. | 0 Strongly disagree |
| | | 1 Somewhat disagree |
| | | 2 Somewhat agree |
| | | 3 Strongly agree |
| gad_1 | Over the last 2 weeks, how often have you been bothered by the following problems? Feeling nervous, anxious or on edge | 0 Not at all |
| | | 1 Several days |
| | | 2 Over half the days |
| | | 3 Nearly every day |
| gad_2 | Over the last 2 weeks, how often have you been bothered by the following problems? Not being able to sleep or control worrying | 0 Not at all |
| | | 1 Several days |
| | | 2 Over half the days |
| | | 3 Nearly every day |
| phq_03 | Over the last 2 weeks, how often have you been bothered by the following problems? Feeling down, depressed or hopeless | 0 Not at all |
| | | 1 Several days |
| | | 2 Over half the days |
| | | 3 Nearly every day |
| phq_04 | Over the last 2 weeks, how often have you been bothered by the following problems? Little interest or pleasure in doing things | 0 Not at all |
| | | 1 Several days |
| | | 2 Over half the days |
| | | 3 Nearly every day |
| dem_1 | What is your current age? | number |
| dem_4_<x> | What is your race? Select all that apply? | age in years |

| | | | |
|-----------------|--|--------|--------------------------|
| dem_4_0 | White | | 0 No |
| | | | 1 Yes |
| dem_4_1 | Black or African American | | 0 No |
| | | | 1 Yes |
| dem_4_2 | American Indian or Alaska Native | | 0 No |
| | | | 1 Yes |
| dem_4_3 | Asian Indian | | 0 No |
| | | | 1 Yes |
| dem_4_4 | Chinese | | 0 No |
| | | | 1 Yes |
| dem_4_5 | Filipino | | 0 No |
| | | | 1 Yes |
| dem_4_6 | Japanese | | 0 No |
| | | | 1 Yes |
| dem_4_7 | Korean | | 0 No |
| | | | 1 Yes |
| dem_4_8 | Vietnamese | | 0 No |
| | | | 1 Yes |
| dem_4_9 | Other Asian | | 0 No |
| | | | 1 Yes |
| dem_4_10 | Native Hawaiian | | 0 No |
| | | | 1 Yes |
| dem_4_11 | Guamanian or Chamorro | | 0 No |
| | | | 1 Yes |
| dem_4_12 | Samoan | | 0 No |
| | | | 1 Yes |
| dem_4_13 | Other Pacific Islander | | 0 No |
| | | | 1 Yes |
| dem_5_<x> | Are you Hispanic, Latino/a, or of Spanish origin? Select all that apply. | | |
| dem_5_0 | No, not of Hispanic, Lation/a, Spanish origin | | 0 No |
| | | | 1 Yes |
| dem_5_1 | Yes, Mexican, Mexican American, Chicano/a | | 0 No |
| | | | 1 Yes |
| dem_5_2 | Yes, Puerto Rican | | 0 No |
| | | | 1 Yes |
| dem_5_3 | Yes, Cuban origin | | 0 No |
| | | | 1 Yes |
| dem_5_update | Are you Hispanic, Latino/a, or of Spanish origin? | | 1 Yes |
| | | | 0 No |
| dem_practiceyrs | How many years have you been in practice? | number | number of practice years |
| med_hist_4 | What type(s) of cancer do you treat? Check all that apply. | | |
| med_hist_4_0 | Bladder cancer | | 0 No |
| | | | 1 Yes |
| med_hist_4_1 | Bone cancer | | 0 No |
| | | | 1 Yes |
| med_hist_4_2 | Breast cancer | | 0 No |
| | | | 1 Yes |
| med_hist_4_3 | Cervical cancer | | 0 No |
| | | | 1 Yes |
| med_hist_4_4 | Colon cancer | | 0 No |
| | | | 1 Yes |
| med_hist_4_5 | Endometrial/Uterine cancer | | 0 No |
| | | | 1 Yes |
| med_hist_4_6 | Head/Neck cancer | | 0 No |
| | | | 1 Yes |
| med_hist_4_7 | Hodgkins | | 0 No |
| | | | 1 Yes |
| med_hist_4_8 | Renal cancer | | 0 No |
| | | | 1 Yes |
| med_hist_4_9 | Leukemia | | 0 No |
| | | | 1 Yes |
| med_hist_4_10 | Liver cancer | | 0 No |
| | | | 1 Yes |

| | | | |
|-----------------|---|--------|----------------------------|
| med_hist_4_11 | Lung cancer | | 0 No |
| | | | 1 Yes |
| med_hist_4_12 | Melanoma | | 0 No |
| | | | 1 Yes |
| med_hist_4_13 | Non-Hodgkins | | 0 No |
| | | | 1 Yes |
| med_hist_4_14 | Oral cancer | | 0 No |
| | | | 1 Yes |
| med_hist_4_15 | Ovarian cancer | | 0 No |
| | | | 1 Yes |
| med_hist_4_16 | Pancreatic cancer | | 0 No |
| | | | 1 Yes |
| med_hist_4_17 | Pharyngeal cancer | | 0 No |
| | | | 1 Yes |
| med_hist_4_18 | Prostate cancer | | 0 No |
| | | | 1 Yes |
| med_hist_4_19 | Rectal cancer | | 0 No |
| | | | 1 Yes |
| med_hist_4_20 | Sarcoma | | 0 No |
| | | | 1 Yes |
| med_hist_4_21 | Skin cancer (not melanoma) | | 0 No |
| | | | 1 Yes |
| med_hist_4_22 | Other | | 0 No |
| | | | 1 Yes |
| dx_cancer_other | Please specify | text | |
| dem_13 | Do you have children under the age of 18 living with you and/or under your care? | | 1 Yes |
| | | | 0 No |
| dem_18 | What type of community do you practice in? | | 1 Rural area |
| | | | 2 Small city or town |
| | | | 3 Suburb near a large city |
| | | | 4 Large city |
| survey_complete | REDCap survey complete | | 0 Incomplete |
| | | | 1 Unverified |
| | | | 2 Complete |
| cases | Number of diagnosed COVID-19 cases in practicing state as of April 3, 2020, Centers for Disease Control | number | |
| pop | Estimated population in practicing state, United States Census Bureau 2019 population estimates | number | |
| age_cat | Age at survey, years | | 1 30-39 |
| | | | 2 40-49 |
| | | | 3 50-59 |
| | | | 4 60+ |