We understand that being diagnosed with breast cancer can be overwhelming.
This survey will help us better understand what kind of information you need, so we can support you more effectively. Your responses are confidential and will help us improve patient education and care.

## Section 1: About You

1. What is your age?

☐ Under 30
☐ 30–39
☐ 40–49
☐ 50–59
☐ 60–69
☐ 70 or older

2. What is your gender?

☐ Female
☐ Male
☐ Non-binary / Other
☐ Prefer not to say

3. When were you diagnosed with breast cancer?

☐ Less than 1 month ago
☐ 1–3 months ago
☐ 3–6 months ago
☐ 6-12 months ago
☐ Over 1 year ago

4. What stage of breast cancer were you diagnosed with?

☐ Stage I
☐ Stage II
☐ Stage III
☐ Stage IV
☐ Not sure

## Section 2: Information Needs

5. What type of information do you feel you need most right now? (Select all that apply)

☐ Understanding my diagnosis
☐ Treatment options (surgery, chemotherapy, radiation, etc.)
☐ Side effects and how to manage them
☐ Emotional and mental health support
☐ Talking to family and friends about my diagnosis
☐ Financial support and insurance information
☐ Nutrition and lifestyle changes
☐ Support groups and community resources
☐ Fertility and sexual health
☐ Other (please specify): _____

6. How would you prefer to receive information? (Select all that apply)

☐ Via Email
☐ Online articles or websites
☐ Support group discussions
☐ Mobile app or patient portal
☐ Other (please specify): _____

7. What concerns or questions do you have about your treatment or condition right now?

_____
_____
_____

## Section 3: Looking Ahead

8. What information do you think you will need in the coming weeks or months? (Select all that apply)

☐ Long-term treatment planning
☐ Reconstruction or cosmetic options
☐ Returning to work or daily life
☐ Managing fatigue and other lasting side effects
☐ Follow-up care and monitoring
☐ Preventing recurrence
☐ Talking about survivorship
☐ Palliative care options (if applicable)
☐ Other (please specify): _____

9. How confident do you feel about making decisions related to your care?

☐ Very confident
☐ Somewhat confident
☐ Neutral
☐ Somewhat unconfident
☐ Not confident at all

10. Is there anything else you'd like us to know about your informational needs or how we can help you in selecting the support you are seeking? Help that is relative to you?

_____
_____
_____

Thank you for taking the time to complete this survey. Your feedback helps us provide better care and resources.

Please Print, Complete and email this survey to Trade@genesisny.net

Thank you,

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