
eTable. Survey Questions on Surgeon and Hospital Selection
eFigure. Surgeon/Hospital Choice Survey

This supplementary material has been provided by the authors to give readers additional information about their work.
### eTable. Survey questions on surgeon and hospital selection

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<th>Assessment</th>
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| Selection of surgeon¹    | **Which of the following statements describe how the surgeon who performed your breast surgery was selected? (select all that apply)**<br>  
[  ] The surgeon was one of the only surgeons available through my health care plan  
[  ] I was referred to the surgeon by another doctor  
[  ] I chose this surgeon because of his/her reputation  
[  ] This surgeon was recommended to me by a relative or friend  
[  ] I chose this surgeon because I wanted to be treated at the medical institution where he/she worked  
[  ] I wanted a surgeon who practiced near my home  
[  ] I chose this surgeon because of some other reason_____________ a |
| Selection of Hospital²,³ | **Which of the following statements describe how the hospital where you had breast cancer surgery was selected? (select all that apply)**<br>  
[  ] I was referred to the hospital by my doctor  
[  ] I chose this hospital because of its reputation  
[  ] This hospital was recommended to me by a relative or friend  
[  ] I chose this hospital because I wanted to be treated at the medical institution where my doctor worked  
[  ] I wanted a hospital near my home  
[  ] Other________________ b |

¹ Additional category was created for ‘received prior treatment from this physician’ because this was the most frequent answer provided for ‘other’

² Additional categories were created for ‘hospital was a part of my health plan’ and ‘past treatment at this hospital’ because these were the most frequent answers provided for ‘other’

### References

I. Cancer Diagnosis

INTERVIEWER: I am first going to ask you a series of questions about how your breast cancer was diagnosed.

1. When were you diagnosed with breast cancer?
   Month_____ Year ____

2. Had you ever been diagnosed with breast cancer before?
   1 [ ] YES
   2 [ ] NO → Go to question 3

   a. If yes, what was the prior date that your doctors told you that you had breast cancer?
      Month_____ Year ____

3. How was the breast cancer initially found? (Note to interviewer: If more than one breast cancer, ask about most recent)
   1 [ ] self-exam
   2 [ ] mammogram
   3 [ ] doctor’s exam
   4 [ ] other → please specify ______________

4. What is the name of the doctor who told you that you had cancer?
   1 [ ] ______________________
   8 [ ] Don’t Know

5. Is this doctor a radiologist, surgeon, primary care doctor, or other type of doctor?
   1 [ ] radiologist
   2 [ ] surgeon
   3 [ ] primary care doctor
   4 [ ] other type of doctor → Please specify______________
   8 [ ] don’t know
6. Which of the following types of surgery did you have to remove your breast cancer? Please include all that apply to you.
   1 [ ] Surgical removal of part of the breast (Lumpectomy)
   2 [ ] Surgical removal of the whole breast (Mastectomy)
   3 [ ] Surgery to lymph glands (nodes) under arm
   4 [ ] Did not have breast surgery
   8 [ ] Don't know/unsure

7. What was the month and year of your final surgery to remove your breast cancer?
   Month______Year______

8. Did you have more than one surgery to remove your breast cancer?
   1 [ ] YES → go to question 8a
   2 [ ] NO → go to section II

   8a. Did the same surgeon perform all of your breast surgeries (other than a needle biopsy)?
   1 [ ] YES
   2 [ ] NO → If NO, interviewer should state the following: The next set of questions (regarding choosing surgeons and hospitals) will refer to the final (or last) surgery you had to remove your breast cancer.

II. Choice of Surgeon

INTERVIEWER: I am now going to ask you a set of questions about how you chose the surgeon who operated on your breast.

9. Which of the following statements describe how the surgeon who performed your breast surgery was selected? As I read each choice to you, let me know if this applies to you. You should select all that apply:
   1 [ ] The surgeon was one of the only surgeons available through my health care plan
   2 [ ] I was referred to the surgeon by another doctor
   3 [ ] I chose this surgeon because of his/her reputation
   4 [ ] This surgeon was recommended to me by a relative or friend
   5 [ ] I chose this surgeon because I wanted to be treated at the medical institution where he/she worked
   6 [ ] I wanted a surgeon who practiced near my home
   7 [ ] I chose this surgeon b/c of some other reason. Specify______________________

10. Did you meet with more than one surgeon before you chose the surgeon who performed your breast cancer surgery?
    1 [ ] YES
    2 [ ] NO
11. How important was your surgeon’s reputation in why you chose him/her? Extremely important, very important, a little important, or not at all important?
   1 [ ] EXTREMELY
   2 [ ] VERY
   3 [ ] A LITTLE
   4 [ ] NOT AT ALL

12. About how many breast cancer surgeries do you think your surgeon does- a lot, some, a little, or very few?
   1 [ ] A LOT
   2 [ ] SOME
   3 [ ] A LITTLE
   4 [ ] VERY FEW
   8 [ ] DON’T KNOW

13. How would you rate the quality of health care you received from your surgeon for your breast cancer surgery- excellent, very good, good, fair, poor?
   1 [ ] EXCELLENT
   2 [ ] VERY GOOD
   3 [ ] GOOD
   4 [ ] FAIR
   5 [ ] POOR

14. How likely would you be to recommend this surgeon to a friend or family member who needed the same operation you had - extremely likely, very likely, a little likely, not at all likely?
   1 [ ] EXTREMELY
   2 [ ] VERY
   3 [ ] A LITTLE
   4 [ ] NOT AT ALL

III. Choice of Hospital

INTERVIEWER: I am now going to ask you a set of questions about how you chose the hospital where you had your final breast surgery.

15. What hospital did you go to for your breast cancer surgery?

______________________________________________________________________________________________

16. Which of the following statements describe how the hospital where you had breast cancer surgery was selected? As I read each choice to you, let me know if this applies to you. **You should select all that apply:**
   1 [ ] I was referred to the hospital by my doctor
   2 [ ] I chose this hospital because of its reputation
   3 [ ] This hospital was recommended to me by a relative or friend
   4 [ ] I chose this hospital because I wanted to be treated at the medical institution where my doctor worked
5 [ ] I wanted a hospital near my home
6 [ ] Other → Please specify ______________________________

17. About how long was it between the time you found out you needed surgery for your breast cancer and when you had the surgery done? Less than one week, 1-4 weeks, more than one month
   1 [ ] LESS THAN A WEEK → go to question 18
   2 [ ] 1-4 WEEKS → go to question 18
   3 [ ] MORE THAN A MONTH → go to question 17a
   8 [ ] I DON’T KNOW → go to question 17a

17a. Did you receive chemotherapy and/or any medications to treat your cancer before you had surgery?
   1 [ ] YES
   2 [ ] NO

18. Overall, how would you say your surgery went – would you say excellent, very good, good, fair, or poor?
   1 [ ] EXCELLENT
   2 [ ] VERY GOOD
   3 [ ] GOOD
   4 [ ] FAIR
   5 [ ] POOR

19. When you had your breast cancer surgery, about how far did you live from the hospital – would you say you were less than 30 minutes away from the hospital, between 30 minutes and 1 hour away, 1 to 4 hours away or did you live more than 4 hours away from the hospital?
   1 [ ] Less than 30 minutes away
   2 [ ] Between 30 minutes and 1 hour away
   3 [ ] 1 to 4 hours away
   4 [ ] More than 4 hours away
   8 [ ] DON’T KNOW

20. Is there more than one hospital in your area?
   1 [ ] YES
   2 [ ] NO
   8 [ ] DON’T KNOW

21. How do you think the hospital where you had surgery compares to the other hospitals in your area? Do you think that it is the best hospital, that it is better than most, that it is about the same, or that it is worse than most other hospitals in the area.
   1 [ ] BEST
   2 [ ] BETTER THAN MOST
   3 [ ] ABOUT SAME
   4 [ ] WORSE THAN MOST
22. Other than the hospital where you had your surgery for breast cancer, were there any other hospitals in your area where you could have had the operation—would you say yes, no, or do you not know?
   1 [ ] YES
   2 [ ] NO
   8 [ ] DON’T KNOW

23. Were any of the other hospitals closer to where you lived than the hospital where you had your breast cancer surgery?
   1 [ ] YES
   2 [ ] NO
   8 [ ] DON’T KNOW

24. Did you seriously consider having your breast cancer surgery done at a hospital other than the one where you had it?
   1 [ ] YES
   2 [ ] NO

25. Who made the decision about going to the hospital where you had your breast cancer surgery: mainly your doctor, mainly you, both you and your doctor equally, or someone else?
   1 [ ] MAINLY DOCTOR
   2 [ ] MAINLY YOU
   3 [ ] BOTH EQUALLY
   4 [ ] SOMEONE ELSE (Specify: ________________________)

Sometimes people have lots of reasons for going to a certain hospital and sometimes there is just one main reason. Now, I’m going to read you a list of different reasons why people might to go to a certain hospital.

26. Was the hospital recommended to you by family or friends?
   1 [ ] YES → go to a.
   2 [ ] NO → go to 27

   a. If yes, how important was that recommendation in why you went there—Extremely, very, a little, or not at all?
      1 [ ] EXTREMELY
      2 [ ] VERY
      3 [ ] A LITTLE
      4 [ ] NOT AT ALL

27. Before your operation, had you ever seen or heard any advertisements for this particular hospital?
   1 [ ] YES → go to a.
   2 [ ] NO → go to 28

   a. How important were those ads in why you went there—extremely important, very important, a little important, or not at all important?
      1 [ ] EXTREMELY IMPORTANT
28. Before your operation, had you ever gone to this hospital for health care?
   1 [ ] YES → go to a.
   2 [ ] NO → go to 29

   a. If yes, how important was having gone to this hospital previously for health care in why you went there for your operation - extremely important, very important, a little important, or not at all important?
   1 [ ] EXTREMELY IMPORTANT
   2 [ ] VERY IMPORTANT
   3 [ ] A LITTLE IMPORTANT
   4 [ ] NOT AT ALL IMPORTANT

29. Before your operation, did you think the hospital had a good reputation?
   1 [ ] YES → go to a.
   2 [ ] NO → go to 30

   a. How important was the hospital’s reputation in why you went there - extremely important, very important, a little important, or not at all important?
   1 [ ] EXTREMELY IMPORTANT
   2 [ ] VERY IMPORTANT
   3 [ ] A LITTLE IMPORTANT
   4 [ ] NOT AT ALL IMPORTANT

30. How important was your surgeon’s reputation in why you went to that hospital - (extremely important, very important, a little important, or not at all important)?
   1 [ ] EXTREMELY IMPORTANT
   2 [ ] VERY IMPORTANT
   3 [ ] A LITTLE IMPORTANT
   4 [ ] NOT AT ALL IMPORTANT

31. How important was the location of the hospital in why you went there- (extremely important, very important, a little important, or not at all important)?
   1 [ ] EXTREMELY IMPORTANT
   2 [ ] VERY IMPORTANT
   3 [ ] A LITTLE IMPORTANT
   4 [ ] NOT AT ALL IMPORTANT

32. Which was more important when choosing the hospital that you went to--the location was more important than the reputation, the reputation was more important than the location, or they were both equally important?
   1 [ ] LOCATION IS MORE IMPORTANT THAN REPUTATION
   2 [ ] REPUTATION IS MORE IMPORTANT THAN LOCATION
   3 [ ] THEY ARE BOTH EQUALLY IMPORTANT
33. About how many breast cancer surgeries do you think are performed at this hospital – a lot, some, a little, or very few?
   1 [ ] A LOT
   2 [ ] SOME
   3 [ ] A LITTLE
   4 [ ] VERY FEW
   8 [ ] DON’T KNOW

34. How would you rate the quality of your overall experience at this hospital – excellent, very good, good, fair, poor?
   1 [ ] EXCELLENT
   2 [ ] VERY GOOD
   3 [ ] GOOD
   4 [ ] FAIR
   5 [ ] POOR

35. How likely would you be to recommend this hospital to a friend or family member who needed the same operation you had – (extremely likely, very likely, a little likely, or not at all likely)?
   1 [ ] EXTREMELY LIKELY
   2 [ ] VERY LIKELY
   3 [ ] A LITTLE LIKELY
   4 [ ] NOT AT ALL LIKELY

IV. Treatment for Breast Cancer

INTERVIEWER: Next, I will ask you a series of questions about your breast cancer type and what treatments you received for your breast cancer.

36. What was the stage of your breast cancer? Was it 0, 1, 2, 3, or 4?:
   0 [ ] 0
   1 [ ] 1
   2 [ ] 2
   3 [ ] 3
   4 [ ] 4
   8 [ ] DON’T KNOW

37. What was the grade of your cancer? Was it…
   1 [ ] LOW GRADE, WELL DIFFERENTIATED, OR GRADE 1
   2 [ ] INTERMEDIATE GRADE, MODERATELY DIFFERENTIATED, OR GRADE 2
   3 [ ] HIGH GRADE, POORLY DIFFERENTIATED, OR GRADE 3
   8 [ ] I DON’T KNOW

38. Was your cancer subtype HER2-positive, also called Human Epidermal Growth Factor Receptor 2-positive?
   1 [ ] YES
   2 [ ] NO
8 [ ] DON’T KNOW

39. Was your breast cancer estrogen receptor-positive?
   1 [ ] YES
   2 [ ] NO
   8 [ ] DON’T KNOW

40. Was your breast cancer progesterone receptor-positive?
   1 [ ] YES → IF YES TO EITHER 39 OR 40, GO TO QUESTION a.
   2 [ ] NO → GO TO QUESTION 41
   8 [ ] DON’T KNOW → GO TO QUESTION a.
   a. Did you receive hormonal treatment or anti-estrogen treatments, often given as pills for 5 years?
      1 [ ] YES → GO TO QUESTION b.
      2 [ ] NO → GO TO QUESTION 41
      8 [ ] DON’T KNOW → GO TO QUESTION 41
   b. How often have you taken your anti-estrogen treatment every day over the last 2 months?
      Always, usually, sometimes, rarely, or never?
      1 [ ] ALWAYS
      2 [ ] USUALLY
      3 [ ] SOMETIMES
      4 [ ] RARELY
      5 [ ] NEVER

41. Did you receive radiation treatment?
   1 [ ] YES
   2 [ ] NO
   8 [ ] DON’T KNOW

42. Did you receive chemotherapy?
   1 [ ] YES
   2 [ ] NO
   8 [ ] DON’T KNOW

V. Comorbid Conditions

INTERVIEWER: I am now going to ask you a set of questions about your physical health.

43. In general, before your recent diagnosis of breast cancer, would you say your health was:
   1 [ ] Excellent
   2 [ ] Very good
   3 [ ] Good
   4 [ ] Fair
   5 [ ] Poor

44. Had you ever been told that you had another type of cancer before?
1 [ ] YES → go to a.
2 [ ] NO → go to 45

a. If yes, what type of cancer did you have?

b. When were you diagnosed with this type of cancer?

45. Do you have diabetes or high blood sugar?
   1 [ ] Yes
   2 [ ] No

46. Have you ever had a heart attack?
   1 [ ] Yes → go to a.
   2 [ ] NO → go to 47

   a. Was your heart attack before or after you were diagnosed with breast cancer?
      1 [ ] Before
      2 [ ] After

47. Have you ever had a stroke, blood clot or bleeding in the brain?
   1 [ ] Yes → go to a.
   2 [ ] NO → go to 48

   a. Was your stroke or bleeding in the brain before or after you were diagnosed with breast cancer?
      1 [ ] Before
      2 [ ] After

48. Do you have emphysema, chronic bronchitis, asthma or other chronic lung disease?
   1 [ ] Yes
   2 [ ] No

49. Have you ever had a kidney problem?
   1 [ ] Yes
   2 [ ] No

50. Have you ever suffered from depression or any other emotional, nervous or psychiatric problem?
   1 [ ] Yes → go to a.
   2 [ ] NO → go to 51

   a. Was your depression before or after you were diagnosed with breast cancer?
      1 [ ] Before
      2 [ ] After

   b. How severe was it?
      1 [ ] Received treatment from a doctor (including taking medication)
      2 [ ] Managed on my own
51. Have you ever smoked cigarettes regularly – that is, at least a few cigarettes every day?
   1 [ ] Yes → go to a.
   2 [ ] No → skip to section VI

   a. Did you smoke cigarettes at the time of your cancer diagnosis?
      1 [ ] Yes
      2 [ ] No

   b. Do you smoke cigarettes regularly now?
      1 [ ] Yes → go to c.
      2 [ ] No → go to d.

   c. How many cigarettes do you smoke in a typical week? (Interviewer: Please record the number of cigarettes; there are 20 cigarettes in a pack).

   d. When did you quit smoking cigarettes?
      1 [ ] Within the last year
      2 [ ] 1 to 2 years ago
      3 [ ] More than 3 years ago

VI. Health Literacy

INTERVIEWER: I am now going to ask you a few questions about your level of comfort with medical information.

52. How confident are you filling out medical forms by yourself?
   1 [ ] Extremely confident
   2 [ ] Quite a bit
   3 [ ] Somewhat
   4 [ ] A little bit
   5 [ ] Not at all confident

53. How often do you have problems learning about your medical condition because of difficulty understanding written information?
   1 [ ] Extremely often
   2 [ ] Quite a bit
   3 [ ] Somewhat
   4 [ ] A little bit
   5 [ ] Not at all

54. How often do you have someone help you read hospital materials?
   1 [ ] Extremely frequently
   2 [ ] Quite a bit
   3 [ ] Somewhat
   4 [ ] A little bit
VII. Demographic Information
INTERVIEWER: The next set of questions are about you.

55. What is your date of birth?
   Month____ Day ____ Year 19____

56. Are you now married or living with a partner, widowed, divorced, separated or never married?
   1 [ ] MARRIED OR LIVING WITH A PARTNER
   2 [ ] WIDOWED
   3 [ ] DIVORCED or SEPARATED
   4 [ ] NEVER MARRIED

57. Are you of Latino or Hispanic Origin?
   1 [ ] YES  go to a.
   2 [ ] NO  go to 58
   a. Which group best describes your Latino or Hispanic origin?
      1 [ ] MEXICAN, MEXICAN-AMERICAN, CHICANO
      2 [ ] PUERTO RICAN
      3 [ ] CUBAN OR CUBAN-AMERICAN
      4 [ ] OTHER (Specify) ________________

58. Which of the following would you use to describe yourself? Please let us know of all that apply.
   1 [ ] WHITE
   2 [ ] AFRICAN AMERICAN OR BLACK
   3 [ ] ASIAN
   4 [ ] AMERICAN INDIAN OR ALASKA NATIVE
   5 [ ] NATIVE HAWAIIAN
   6 [ ] OTHER PACIFIC ISLANDER

VIII. Short Acculturation Scale for Hispanics

INTERVIEWER: The next set of questions will ask you about your preferred language. [FOR HISPANIC INDIVIDUALS ONLY]

59. In general, what language(s) do you read and speak?
   1 [ ] Only Spanish
   2 [ ] More Spanish than English
   3 [ ] Both Equally
   4 [ ] More English than Spanish
5 [ ] Only English

60. What language(s) do you usually speak at home?
   1 [ ] Only Spanish
   2 [ ] More Spanish than English
   3 [ ] Both Equally
   4 [ ] More English than Spanish
   5 [ ] Only English

61. In what language(s) do you usually think?
   1 [ ] Only Spanish
   2 [ ] More Spanish than English
   3 [ ] Both Equally
   4 [ ] More English than Spanish
   5 [ ] Only English

62. What language(s) do you usually speak with your friends?
   1 [ ] Only Spanish
   2 [ ] More Spanish than English
   3 [ ] Both Equally
   4 [ ] More English than Spanish
   5 [ ] Only English

63. In what country where you born? __________________________
   1 [ ] US \(\rightarrow\) go to 64
   2 [ ] Other \(\rightarrow\) go to a.

   a. At what age did you first come to the US to live? _____________

64. What is the highest grade of school you have completed?
   1 [ ] 8th grade or less
   2 [ ] Some high school but did not graduate
   3 [ ] High School Graduate
   4 [ ] GED
   5 [ ] Some college or 2-year degree
   6 [ ] 4-year college degree or more

IX. Health Insurance and Income

INTERVIEWER: The last set of questions will ask you about your health insurance coverage and income.

65. At the time of your breast cancer diagnosis, did you have health insurance?
   1 [ ] YES \(\rightarrow\) go to question a.
   2 [ ] NO \(\rightarrow\) skip to question 66
a. What type of insurance did you have at the time of your breast cancer diagnosis? Did you have…

READ FIRST THREE CHOICES (THOSE NOT IN CAPITAL LETTERS)
CODE ALL THAT APPLY
AFTER PATIENT PROVIDES FIRST ANSWER, PROBE: Any others?
IF MEDICARE, PROBE: Do you have Medicaid coverage also?
IF MEDICAID, PROBE: Do you have Medicare coverage also?

1 [ ] Private health insurance or HMO
2 [ ] Medicare
3 [ ] Medicaid (including MediCal)
4 [ ] HEALTHY FAMILIES, MIFAMILY, OR OTHER STATE-BASED LOW-INCOME INSURANCE PROGRAM OTHER THAN MEDICAID
5 [ ] VETERAN’S ADMINISTRATION HEALTH CARE (VA)
6 [ ] CHAMPUS, TRICARE, OR SOME OTHER MILITARY HEALTH CARE
7 [ ] INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, OR URBAN INDIAN CLINIC
8 [ ] OTHER GOVERNMENT HEALTH PLAN
9 [ ] OTHER NON-GOVERNMENT HEALTH PLAN
8 [ ] DON’T KNOW
9 [ ] REFUSED

66. It would be helpful to know your household income for the past year to better understand the health information we collect. Can you tell me whether your household income is less than $20000, $20000 but less than $40000, $40000 but less than $60000, or is it 60000 or more? Please include money that members of your household received from jobs, unemployment payments, public assistance, interest from bonds, or other investments. All of the information you provide us in this interview is confidential and will not be shared with anyone without your permission. This information helps us to learn, for example, whether patients in one income group have certain treatments more or less often than those in another group.

1 [ ] Less than $20,000
2 [ ] At least $20,000 but less than $40,000
3 [ ] At least $40,000 but less than $60,000
4 [ ] At least $60,000 or more
8 [ ] DON’T KNOW
9 [ ] REFUSED