Rehab provider CRF intervention survey

Please complete the survey below.

Thank you!

What age group categorizes you?	◯ 21- 34 years ◯ 35 - 44 years ◯ 45 - 54 years ◯ 55 - 64 years ◯ 65 and over ◯ Prefer not to answer
What sex do you identify with?	◯ Female ◯ Male ◯ Prefer not to answer
Are you Hispanic, Latino or of Spanish origin?	◯ Yes ◯ No
How would you describe yourself?	◯ American Indian or Alaska Native ◯ Asian ◯ Black or African American ◯ Native Hawaiian or other Pacific Islander ◯ White ◯ Two or more Races ◯ Other
If selected "other", please describe:	_____
What country do you currently reside in?	◯ United States ◯ Other
If "other" country, please describe:	_____
What is your highest earned degree?	◯ Bachelor of Science ◯ Master of Science ◯ Master of Arts ◯ Clinical Doctorate ◯ Doctorate (e.g., PhD, EdD, DHSc, ScD) ◯ Other
If "other" degree, please describe:	_____
What is your primary discipline (e.g., in which you are addressing cancer-related fatigue)?	◯ Exercise Science ◯ Physical Therapy ◯ Occupational Therapy ◯ Speech and Language Pathology ◯ Other
If "other" discipline, please describe:	_____

How many total years of experience do you have in your discipline? (e,g, I've been an OT for 10 years)

◯ < 1 year
◯ 1-3 years
◯ 4-10 years
◯ 11-20 years
◯ over 21 years

How many total years of experience do you have working with individuals who have or had a cancer diagnosis?

◯ < 1 year
◯ 1-3 years
◯ 4-10 years
◯ 11-20 years
◯ over 21 years

Do you have any clinical certifications relevant to exercise oncology and/or cancer rehabilitation? (e.g., Cancer exercise trainer, Board-certification in Oncologic Physical Therapy, Lymphedema specialist, etc.)

◯ Yes
◯ No

If "yes", please describe:

_____

What is your current practice setting? (select all that apply)

☐ Cancer center
☐ Inpatient rehabilitation
☐ Outpatient rehabilitation
☐ Academic institution
☐ Community fitness program
☐ Other

If "other" practice setting, please describe:

_____

On average, what portion of your clinical case load is adults living with and beyond cancer?

◯ 10% or less
◯ 11 - 25%
◯ 26 - 50%
◯ 51 - 75%
◯ 76% or greater

Below is a list of multidisciplinary interventions. Many of these may not apply to you or your discipline.

Indicate how frequently you use the following interventions when managing cancer-related fatigue

	None of the time	Some of the time	All of the time
Occupation-based problem solving	◯	◯	◯
Environmental adaptations and activity modifications	◯	◯	◯

Therapeutic activities (e.g., activities to improve functional performance in a progressive manner)	◯	◯	◯
Exercise (aerobic/strengthening/flexibility)	◯	◯	◯
Energy conservation	◯	◯	◯
Mindfulness & spiritual practices (e.g., mindful eating, etc)	◯	◯	◯
Psychotherapy/Cognitive behavioral therapy (CBT)	◯	◯	◯
Meditation, breathing &/or relaxation exercises	◯	◯	◯
Art, music &/or dance	◯	◯	◯
Yoga, Tai chi, Qi gong	◯	◯	◯
Acupuncture/dry needling	◯	◯	◯
Manual therapy	◯	◯	◯
Modalities (e.g., hot/cold therapies, TENS, e-stim)	◯	◯	◯
Self-management education including sleep hygiene	◯	◯	◯
Assistive technology/devices	◯	◯	◯

Do you perform any additional interventions not listed above?

◯ Yes
◯ No

Please list these other interventions:

_____

What percentage of indivdiuals with cancer-related fatigue did you apply one of the interventions listed above?

◯ 10% or less
◯ 11 - 25%
◯ 26 - 50%
◯ 51 - 75%
◯ 76% and greater

How do you measure the effectiveness of the interventions for cancer-related fatigue? (select all that apply)

☐ Patient subjective report (specifically related to fatigue)
☐ Subjective report of improvement in patient-centered goals
☐ Patient-reported outcome measure(s) (e.g., Brief Fatigue Inventory, Piper Fatigue Scale, One-item Fatigue Scale, etc.)
☐ Improvement in other medical outcomes
☐ No outcomes used
☐ Other

If selected "improvement in other medical outcomes", please describe these:

_____

If "other", please describe:

_____

Indicate barriers to care for individuals with cancer-related fatigue? (select all that apply)	☐ Access to services ☐ Financial concerns (e.g., insurance coverage, copays, etc.) ☐ Concerns regarding exposure/infection ☐ Fatigue (e.g., appointment fatigue) ☐ Patient conflicts (e.g., social responsibilities at work and/or home) ☐ Lack of referral from physician and/or oncology team ☐ No barriers ☐ Other

If "other" barrier, please describe:

_____