**Cancer Stakeholder Informational Survey**

**Demographic and other general information**

*Demographic and other general information*

* Name
* Email
* What is your date of birth (MM/DD/YYYY)?
* Are you of Hispanic or Latino origin?
  + Yes
  + No
* What race do you consider yourself?
  + White
  + Black or African-American
  + Asian
  + Native Hawaiian or other Pacific Islander
  + American Indian or Alaska Native
  + Other (please specify)
* With what gender do you most closely identify?
  + Male
  + Female
  + TransMale/Transman
  + TransFemale/Transwoman
  + Genderqueer
  + Other (please specify)
  + Decline to State
* Which best describes your sexual orientation?
  + Heterosexual (Straight)
  + Homosexual (Gay, Lesbian, Queer)
  + Bisexual
  + Undecided (Questioning)
  + Other (please specify)
  + Prefer not to answer
* Which best describes the setting you work in?
* Rural (far from a large city)
* Suburban (on the outskirts of a large city)
* Urban (in a city)
* Small town

*Employment status*

* What is your current employment status? (Please select all that apply).
  + Working full-time (30 or more hours per week)
  + Working part-time (less than 30 hours per week)
  + Caring for home or family (not seeking paid work)
  + Unemployed and looking for work
  + Unable to work due to your own or your child’s illness or disability
  + Retired
  + Student
  + Other (please specify)

*Household Income (CDC BRFSS)*

* What is your annual household income from all sources?
  + Less than $10,000
  + $10,000 to less than $15,000
  + $15,000 to less than $20,000
  + $20,000 to less than $35,000
  + $35,000 to less than $50,000
  + $50,000 to less than $75,000
  + $75,000 or more

*Language Capacity (HRET)*

* How well do you speak English?
  + Very Well
  + Well
  + Not Well
  + Not at All
* Do you speak a language other than English?
  + Yes
  + No
* What is this language?
  + Spanish
  + Other (please specify)

**Open-ended questions**

1. In your opinion, what is the biggest psychosocial challenge for caregivers of HSCT patients?
2. Can you provide some specific examples of how the health care team helped improve the wellbeing of parental caregivers during their child’s HSCT? Think of organizational contributors (e.g., offering respite leave for all parents for 1 hour a day).
3. Can you provide some specific examples of how the health care team may inadvertently make the experience harder for parental caregivers during their child’s HSCT? Think of organizational contributors (e.g., changing lines at night).
4. Do you conduct any systematic screening for emotional distress and/or mental illness of caregivers? If so, please describe. If not, what are the barriers for having such screening? For example, are your providers unsure what to do if there is a positive screen for depression?
5. Do you have procedures in place for referrals for mental health treatment? If not, what do you do if a caregiver has depression or anxiety? What about if a caregiver expresses suicidal thoughts?
6. Are there any novel organizational-level solutions you have developed to provide psychosocial support (e.g., support groups, easy access to psychiatric care, promotion of sleep, respite care)?
7. What is one change you would like to see made that you feel would help caregivers?
8. Thinking about vulnerable families (low-income, non-English speaking, limited literacy), what additional psychosocial support would benefit these families?
9. Do you know of any programs or policies that other hospitals have in place to make the experience easier for caregivers?
10. Do you have anything else to add?

**Work setting\***

\*From Scialla, M. A., Canter, K. S., Chen, F. F., Kolb, E. A., Sandler, E., Wiener, L., & Kazak, A. E. (2017). Implementing the psychosocial standards in pediatric cancer: Current staffing and services available. Pediatric Blood & Cancer.

* Hospital (drop down menu)
* Select one:
  + I am a pediatric oncologist with oversight for the clinical services provided to pediatric patients with cancer
  + I am an administrator with responsibility for oncology practices
  + I am a psychosocial professional with responsibility for clinical services provided to patients with cancer
  + I serve in a mixed administrative and clinical position (Please expand)
* I am a:
  + Oncologist
  + HSCT physician
  + Social worker
  + Nurse
  + Psychologist
  + Psychiatrist
  + Child Life Specialist
  + Other (please specify)
* Current Job Title
* Years working with pediatric oncology patients/families post training

***INFORMATION ABOUT YOUR PEDIATRIC CANCER PROGRAM (ADMINISTRATOR ONLY)***

* Our pediatric cancer program is based in:
  + A freestanding children’s hospital
  + A children’s hospital within another hospital
  + A cancer center
  + An academic medical center
  + A community hospital
  + Other (please specify)
* Does your cancer program treat patients in satellite facilities? Yes/No
* If yes, how many satellites do you treat children with cancer?
* What is the number of new pediatric patients in 2017 diagnosed with cancer treated at your center? (please do not count consultations/second opinions)
* Of the number above, please enter the number of new patients in 2017 with:
  + Leukemias
  + Lymphomas
  + Solid tumors
  + Brain tumors
  + Other (please describe)
* Calculated total of new patients (please re-check number of new pediatric patients. The sum of leukemias, lymphomas, solid tumors, brain tumors, and other should equal the total number of new pediatric patients in 2017).
* Number of stem cell transplantations in 2018
* Number of board-certified pediatric hematologists/oncologists providing clinical care
* Number of pediatric hematology/oncology fellows
* Number of pediatric oncology Nurse Practitioners
* Number of pediatric oncology Clinical Nurse Specialists
* What financial sources support psychosocial services? (Check all that apply)
  + Department/Division
  + Institutional
  + Donated funds
  + Research grants
  + Billing revenue
  + Other funds (please describe)
* Please indicate percent funding for each:
  + Department/Division funds (%)
  + Institution funds (%)
  + Donated funds (%)
  + Research grants (%)
  + Billing revenue (%)
  + Other funds (%)
* Do you bill for services of: (Check all that apply)
  + Social work
  + Psychology
  + Psychiatry
  + Other (please specify)

**Psychosocial Supports\***

\*From Scialla, M.A., Canter, K.S., Chen, F.F., Kolb, E.A., Sandler, E., Wiener, L., & Kazak, A.E. (2017). Implementing the psychosocial standards in pediatric cancer: Current staffing and services available. Pediatric Blood & Cancer.

***PSYCHOSOCIAL STAFF (PSYCHOSOCIAL LEADER only)***

The following questions ask about the number and type of psychosocial staff and trainees in your pediatric cancer program. When reporting FTEs, please use FTEs to reflect time in oncology.

*Social Work*

* Does your pediatric cancer program have a social worker? Yes/No
* If no, do you have access to a social worker on a consultation basis? Yes/No
* How many master’s level social workers work in the pediatric oncology program? (Do not include trainees. Use FTEs.
* Of these, how many are licensed?
* How many bachelor’s level social workers work in the pediatric oncology program?
* Of these, how many are licensed?
* How many social workers speak Spanish?
* To whom do the social workers report (directly)? Check all that apply.
  + An oncologist
  + A hospital social worker
  + A hospital case manager
  + A hospital nurse or other clinical individual
  + Leader of the psychosocial team in oncology
  + Both the head of social work and a psychosocial leader in oncology (“matrix reporting structure”)
  + Other (please specify)
* Specify the discipline of the leader of the psychosocial team
* With respect to clinical supervision for social workers (staff, not trainees), check all that apply:
  + Individual supervision is provided at least monthly
  + Group supervision is provided at least monthly
  + Peer supervision is provided at least monthly
  + There is no ongoing formal clinical supervision
  + There is occasional clinical supervision (e.g. for problem cases)
  + Supervision is available immediately for emergency situations
  + Peer consultation is available, as needed
  + Supervision is held in person
  + Supervision is conducted by phone/video conference

***PSYCHOLOGISTS***

* Does your pediatric cancer program have (a) psychologist(s) who provide(s) clinical care?
  + Yes
  + No
* If no, do you have access to a psychologist on a consultation basis?
  + Yes
  + No
* How many psychologists are in the program providing clinical care to patients with pediatric cancer? (Do not include trainees here. Use FTEs.)
* How many of these psychologists are licensed?
* How many of these psychologists are neuropsychologists?
* How many psychologists speak Spanish?
* To whom do the psychologists report (directly)? Check all that apply.
  + An oncologist
  + A hospital psychologist
  + A hospital psychiatrist
  + Leader of the psychosocial team in oncology
  + Both the head of psychology and a psychosocial leader in oncology (“matrix reporting structure”)
  + Other (please specify)
* With respect to clinical supervision for psychologists (staff, not trainees), check all that apply:
  + Individual supervision is provided at least monthly
  + Group supervision is provided at least monthly
  + Peer supervision is provided at least monthly
  + There is no ongoing formal clinical supervision
  + There is occasional clinical supervision (e.g. for problem cases)
  + Supervision is available immediately for emergency situations
  + Peer consultation is available, as needed
  + Supervision is held in person
  + Supervision is conducted by phone/video conference

***PSYCHIATRISTS***

* Does your pediatric cancer program have (a) psychiatrist(s) who provide(s) clinical care?
  + Yes
  + No
* If no, do you have access to a psychiatrist on a consultation basis?
  + Yes
  + No
* How many psychiatrists are in the program providing clinical care to patients with pediatric cancer? (Do not include trainees here. Use FTEs.)
* How many of these psychiatrists are licensed?
* How many psychiatrists speak Spanish?
* To whom do the psychiatrists report (directly)? Check all that apply.
  + An oncologist
  + A hospital psychologist
  + A hospital psychiatrist
  + Leader of the psychosocial team in oncology
  + Both the head of psychology and a psychosocial leader in oncology (“matrix reporting structure”)
  + Other (please specify)
* With respect to clinical supervision for psychologists (staff, not trainees), check all that apply:
  + Individual supervision is provided at least monthly
  + Group supervision is provided at least monthly
  + Peer supervision is provided at least monthly
  + There is no ongoing formal clinical supervision
  + There is occasional clinical supervision (e.g. for problem cases)
  + Supervision is available immediately for emergency situations
  + Peer consultation is available, as needed
  + Supervision is held in person
  + Supervision is conducted by phone/video conference

***OTHER PSYCHOSOCIAL STAFF***

* Are there members of your psychosocial team from disciplines other than social work, psychology, psychiatry, and child life/recreational therapy?
  + Yes
  + No
* Do you have parent mentors/advocates? If so, please describe
* Please list other disciplines on your psychosocial team and the FTEs for each.

***TRAINEES***

In your pediatric oncology program, on average, how many of the following types of trainees do you have? Please indicate the number of hours per week for each placement, including only trainees who are providing supervised clinical care.

* Social work trainees
  + How many?
  + Hrs/week/trainee
* Psychology grad students
  + How many?
  + Hrs/week/trainee
* Psychology interns/residents
  + How many?
  + Hrs/week/trainee
* Psychology postdocs
  + How many?
  + Hrs/week/trainee
* Child life interns/trainees
  + How many?
  + Hrs/week/trainee
* Psychiatry residents
  + How many?
  + Hrs/week/trainee
* Psychiatry fellows
  + How many?
  + Hrs/week/trainee
* Other trainee(s) (please specify)
  + How many?
  + Hrs/week/trainee

***PSYCHOSOCIAL SERVICE DELIVERY (ONCOLOGIST, HEMATOLOGIST PSYCHOSOCIAL LEADER)***

How do the following psychosocial care providers identify patients and families for psychosocial services? Check all that apply.

* Social worker(s)
  + Provides care to all patients and families
  + Provides care to specific subgroups (e.g., cancer type, age, treatment)
  + Provides care on referral
  + I don’t know
  + We don’t have these providers on staff
* Child Life Specialist(s)
  + Provides care to all patients and families
  + Provides care to specific subgroups (e.g., cancer type, age, treatment)
  + Provides care on referral
  + I don’t know
  + We don’t have these providers on staff
* Psychologist(s)
  + Provides care to all patients and families
  + Provides care to specific subgroups (e.g., cancer type, age, treatment)
  + Provides care on referral
  + I don’t know
  + We don’t have these providers on staff
* Psychiatrist(s)
  + Provides care to all patients and families
  + Provides care to specific subgroups (e.g., cancer type, age, treatment)
  + Provides care on referral
  + I don’t know
  + We don’t have these providers on staff

When are patients generally first seen by these psychosocial staff team members?

* Social Worker(s)
  + First day
  + Within a week
  + Within a month
  + On referral
  + I don’t know
  + We don’t have these providers on staff
* Child Life Specialist(s)
  + First day
  + Within a week
  + Within a month
  + On referral
  + I don’t know
  + We don’t have these providers on staff
* Psychologist(s)
  + First day
  + Within a week
  + Within a month
  + On referral
  + I don’t know
  + We don’t have these providers on staff
* Psychiatrist(s)
  + First day
  + Within a week
  + Within a month
  + On referral
  + I don’t know
  + We don’t have these providers on staff

Which of the following statements are true about the psychosocial staff at your site?

* Psychosocial staff regularly attend medical rounds
  + Yes
  + No
  + I don’t know
  + We don’t have these providers on staff
* Psychosocial staff members regularly attend patient care conferences
  + Yes
  + No
  + I don’t know
  + We don’t have these providers on staff
* Psychosocial staff enter notes about their care/interventions in the EHR or medical record
  + Yes
  + No
  + I don’t know
  + We don’t have these providers on staff
* Psychosocial staff members attend oncology journal clubs, tumor boards and patient related conferences
  + Yes
  + No
  + I don’t know
  + We don’t have these providers on staff
* Psychosocial staff members provide consultation to other team members
  + Yes
  + No
  + I don’t know
  + We don’t have these providers on staff
* Psychosocial staff meet regularly as a formal psychosocial team
  + Yes
  + No
  + I don’t know
  + We don’t have these providers on staff
* Psychosocial rounds (for all staff, focused on psychosocial concerns)
  + Yes
  + No
  + I don’t know
  + We don’t have these providers on staff
* Psychosocial staff members train other team members
  + Yes
  + No
  + I don’t know
  + We don’t have these providers on staff
* Where are psychosocial staff located? Check all that apply.
  + In physical proximity to oncology patient care areas and/or oncology offices
  + In other areas of the hospital/university/health system
  + Off-site/off campus location
  + At satellites
  + N/A

***QUESTIONS ABOUT SPECIFIC TYPES OF PSYCHOSOCIAL CARE***

The following questions refer to specific clinical activities performed routinely by psychosocial staff that relate to standards of psychosocial care in pediatric cancer.

**Assessment of psychosocial healthcare needs (PSS1)**

* Psychosocial staff at your pediatric cancer program routinely assess the psychosocial healthcare needs of pediatric patients and their families. (Oncologist, Psychosocial leader)
  + Never
  + Rarely
  + Sometimes
  + Usually
  + Always
* What approach is used for assessment of psychosocial healthcare needs? Please check all that apply. (Psychosocial Leader)
  + Informal discussion with child and/or family
  + Structured interview
  + Distress thermometer
  + Psychosocial Assessment Tool (PAT)
  + Other assessment tool or scale (please specify)
* The assessment of psychosocial healthcare needs of pediatric patients and their families is documented in the electronic health record. (Psychosocial Leader)
  + At diagnosis (within 48 hours)
  + Within the first week after diagnosis
  + Within the first month after diagnosis
  + At every clinic visit
  + At every inpatient admission
  + At end of active treatment
  + At survivorship visits
  + When a problem is identified
  + At other specific time points (please specify)
* Please provide any other comments about how patients and families are assessed for psychosocial health in your program. (Oncologist, Psychosocial Leader)

**Psychosocial Support and Intervention (PSS4)**

* Psychosocial staff in your pediatric cancer program **provide** psychosocial support and intervention. (Oncologist, psychosocial leader)
  + Never
  + Rarely
  + Sometimes
  + Usually
  + Always
* The following approaches are used for psychosocial support and intervention in your program. Check all that apply. (Psychosocial Leader)
  + Informal discussion with child and family
  + Supportive psychotherapy
  + Support groups
  + Family Therapy
  + Cognitive/Behavioral therapy
  + Problem solving skills training (PSST)
  + Surviving Cancer Competently Intervention Program (SCCIP)
  + Psychotropic medication
  + Other (please specify)
* Patients and families are routinely provided with psychosocial support and intervention at the following times. Check all that apply. (Psychosocial Leader)
  + At diagnosis
  + Within the first week after diagnosis
  + Within the first month after diagnosis
  + At every clinic visit
  + At every inpatient admission
  + At end of active treatment
  + At survivorship visits
  + When a problem is identified
  + At other specific time points (please specify)
* Please provide any other comments about how patients and families are provided with psychosocial support and intervention. (Oncologist, Psychosocial Leader)

**Assessment of Financial Need (PSS5)**

* Families in your pediatric cancer program participate in an assessment of their financial need at the time of diagnosis. (Oncologist, psychosocial leader)
  + Never
  + Rarely
  + Sometimes
  + Usually
  + Always
* What staff member(s) conduct the assessment? (Oncologist, Psychosocial Leader)
* Families participate in ongoing assessments of their financial need during treatment. (Oncologist, Psychosocial Leader)
  + Never
  + Rarely
  + Sometimes
  + Usually
  + Always
* Families in your pediatric cancer program participate in an initial assessment of other factors that may influence their access to care (e.g., parental employment status, distance to hospital, anticipated long/intense treatment) at diagnosis. (Oncologist, psychosocial leader)
  + Never
  + Rarely
  + Sometimes
  + Usually
  + Always
* Families participate in ongoing assessments of other factors that may influence their access to care (e.g. parental employment status, distance to hospital, anticipated long/intense treatment) at diagnosis. (Oncologist, psychosocial leader)
  + Never
  + Rarely
  + Sometimes
  + Usually
  + Always
* Please provide any other comments about how families participate in assessments of financial need and other factors that may influence their access to care. (Oncologist, psychosocial leader)

**Parental Mental Health (PSS6)**

* Psychosocial staff in your pediatric cancer program assess the mental health needs of parents/caregivers. (Oncologist, Psychosocial leader)
  + Never
  + Rarely
  + Sometimes
  + Usually
  + Always
* The following approaches are used for psychosocial support and intervention for parents. Check all that apply. (Psychosocial leader)
  + Informal discussion with parents/caregivers
  + Supportive psychotherapy
  + Support groups
  + Cognitive/Behavioral therapy
  + Couples/Marital counseling
  + Family therapy
  + Problem solving skills training (PSST)
  + Surviving Cancer Competently Intervention Program (SCCIP)
  + Referral to therapist in other program in our hospital system
  + Referral to therapist in community
  + Referral to psychiatrist in our hospital system
  + Referral to psychiatrist in community
  + Other (please specify)
* Parents/caregivers are provided with psychosocial support and intervention at the following times. Check all that apply. (Psychosocial leader)
  + At diagnosis
  + Within the first week after diagnosis
  + Within the first month after diagnosis
  + At every clinic visit
  + At every inpatient admission
  + At end of active treatment
  + At survivorship visits
  + When a problem is identified
  + At other specific time points (please specify)
* Please provide any other comments about psychosocial care for parents and caregivers in your program. (Oncologist, Psychosocial Leader)

**Psychoeducation, information, anticipatory guidance (PSS7)**

* Psychosocial staff in your pediatric cancer program provide psychoeducation, information and anticipatory guidance regarding the child’s disease and treatment. (Oncologist, Psychosocial Leader)
  + Never
  + Rarely
  + Sometimes
  + Usually
  + Always
* The following approaches are used for psychoeducation, information and anticipatory guidance regarding the child’s disease and treatment. Check all that apply. (Psychosocial Leader)
  + In person with child only
  + In person with parent(s) only
  + In person with child and family
  + Provide written materials
  + Provide informational videos
  + Provide access to resources online
  + Other (please specify)
* Please provide any other comments about psychoeducation, information, or anticipatory guidance in your program. (Oncologist, Psychosocial Leader)

**Preparatory information for procedures (PSS8)**

* Psychosocial staff in your pediatric cancer program provide preparatory information about invasive medical procedures. (Oncologist, Psychosocial Leader)
  + Never
  + Rarely
  + Sometimes
  + Usually
  + Always
* The following approaches are used to provide preparatory information about invasive medical procedures. Check all that apply. (Psychosocial Leader)
  + In person with child only
  + In person with parent(s) only
  + In person with child and family
  + Provide written materials
  + Provide informational videos
  + Provide access to resources online
  + Other (please specify)
* Psychosocial staff provide psychological interventions for invasive medical procedures. (Oncologist, psychosocial leader)
  + Never
  + Rarely
  + Sometimes
  + Usually
  + Always
* Are any of the following approaches used for psychological interventions for procedures? Check all that apply. (Psychosocial Leader)
  + Distraction
  + Relaxation
  + Hypnosis
  + Cognitive/Behavioral Therapy
  + Other (please specify)
* Please provide any other comments about how patients and families are provided with preparatory information for procedure and related interventions in your program. (Oncologist, Psychosocial Leader)

**Opportunities for social interaction (PSS9)**

* Patients in your pediatric cancer program are provided with opportunities for social interaction with other patients their age. (Oncologist, Psychosocial Leader)
  + Never
  + Rarely
  + Sometimes
  + Usually
  + Always
* The following approaches are used to provide opportunities for social interaction with other patients of the same age. (Psychosocial leader)
  + Facilitated activities/programs
  + Support groups (in person)
  + Online groups/chat rooms
  + Camps
  + Other (please specify)
* Please provide any other comments about how patients and families are provided with opportunities for social interaction (Oncologist, Psychosocial Leader)

**Siblings (PSS10)**

* Psychosocial staff in your pediatric cancer program provide psychosocial support and intervention for siblings of patients. (Oncologist, Psychosocial Leader)
  + Never
  + Rarely
  + Sometimes
  + Usually
  + Always
* The following approaches are used for psychosocial support and interventions with siblings (check all that apply). (Psychosocial Leader)
  + Informal in-person discussion with siblings and/or family
  + Supportive psychotherapy with siblings
  + Sibling support groups
  + Sibling programs (special days, activities)
  + Provide materials to parents about issues and resources
  + Referral to community providers/agencies
  + Other (please specify)
* Please provide any other comments about services for siblings in your program. (Oncologist, Psychosocial Leader)

**School Support (PSS11)**

* Patients in your pediatric cancer program are provided with support for reentry into school. (Oncologist, Psychosocial Leader)
  + Never
  + Rarely
  + Sometimes
  + Usually
  + Always
* Does your site have an in-house school program for children with cancer? (Oncologist, Psychosocial Leader)
  + Yes
  + No
* Is there a specific staff person who coordinates communication among the patient/family, school and healthcare team? (Oncologist, Psychosocial Leader)
  + Yes
  + No
* If yes, specify the discipline of this person
* Please describe other school services in your program. (Oncologist, Psychosocial Leader)

**Palliative care/end of life care (PSS13)**

* Children and families in your pediatric cancer program are introduced to palliative care concepts throughout the disease process regardless of their disease status. (Oncologist, Psychosocial Leader)
  + Never
  + Rarely
  + Sometimes
  + Usually
  + Always
* When necessary, patients and families receive developmentally appropriate end of life care. (Oncologist, Psychosocial Leader)
  + Never
  + Rarely
  + Sometimes
  + Usually
  + Always
* Please provide any other comments about palliative and end of life care in your program. (Oncologist, Psychosocial Leader)

**Bereavement Care (PSS14)**

* Psychosocial staff deliver care after a child’s death. (Oncologist, Psychosocial Leader)
  + Never
  + Rarely
  + Sometimes
  + Usually
  + Always

How is care delivered after a child’s death? Please indicate frequency. (Oncologist, Psychosocial Leader)

* Phone call to family to assess needs
  + Never
  + Sometimes
  + Always
* Phone call to family to provide resources
  + Never
  + Sometimes
  + Always
* Phone call to family to assess psychosocial status
  + Never
  + Sometimes
  + Always
* Letter or card
  + Never
  + Sometimes
  + Always
* In person meeting with family
  + Never
  + Sometimes
  + Always
* Support groups
  + Never
  + Sometimes
  + Always
* Psychotherapy
  + Never
  + Sometimes
  + Always
* Preparation/presentation of legacy items
  + Never
  + Sometimes
  + Always
* Memorial programs at hospital
  + Never
  + Sometimes
  + Always
* Please provide any other comments about bereavement care in your program. (Oncologist, Psychosocial Leader)

**Challenges and Barriers (Oncologist, Psychosocial Leader, Administrator)**

* The psychosocial staff that our pediatric cancer program has now is adequate for our needs.
  + Strongly disagree
  + Disagree
  + Neutral
  + Agree
  + Strongly Agree
* The psychosocial care that pediatric cancer patients/families receive in our program is comprehensive and “state of the art.”
  + Strongly disagree
  + Disagree
  + Neutral
  + Agree
  + Strongly Agree
* Over the next five years the size of our psychosocial program will:
  + Increase significantly
  + Increase somewhat
  + Stay the Same
  + Decrease somewhat
  + Decrease significantly

Which of the following are barriers to providing psychosocial care? Please indicate whether each is not a barrier, a minor, moderate, or major barrier. (Oncologist, Psychosocial Leader, Administrator)

* Funding for psychosocial positions
  + Not a barrier
  + Minor barrier
  + Moderate barrier
  + Major barrier
* Lack of psychosocial staff
  + Not a barrier
  + Minor barrier
  + Moderate barrier
  + Major barrier
* Lack of a medical team support
  + Not a barrier
  + Minor barrier
  + Moderate barrier
  + Major barrier
* Lack of evidence based psychosocial approaches
  + Not a barrier
  + Minor barrier
  + Moderate barrier
  + Major barrier
* Time to provide psychosocial care
  + Not a barrier
  + Minor barrier
  + Moderate barrier
  + Major barrier
* Services not being reimbursable
  + Not a barrier
  + Minor barrier
  + Moderate barrier
  + Major barrier
* Psychosocial care is not essential
  + Not a barrier
  + Minor barrier
  + Moderate barrier
  + Major barrier
* Hospital organizational structures and “politics”
  + Not a barrier
  + Minor barrier
  + Moderate barrier
  + Major barrier
* Other (please specify)
  + Not a barrier
  + Minor barrier
  + Moderate barrier
  + Major barrier
* Please provide any other comments about challenges with providing psychosocial care in your program. (Oncologist, Psychosocial Leader, Administrator)
* Please upload any program descriptions or other information that summarizes your team/approach. (Oncologist, Psychosocial Leader, Administrator)
* Before completing this survey, were you aware of the Psychosocial Standards of Care in Pediatric Cancer published in Pediatric Blood and Cancer in December 2015? (Oncologist, Psychosocial Leader, Administrator). Yes/No

**Participation in a future study**

Thank you so much for completing this survey. We hope to develop interventions to improve caregiver support from the information you will provide us in the interview.

* Would you be willing to have us re-approach you in the future to let us you’re your opinions about these interventions in another survey?
  + Yes
    - If yes, what is your email?
    - If yes, what is your telephone number?
  + No