

How often do you use Calm?

- Less than 1 time per week
- 1-2 times per week
- 3-4 times per week
- 5 or more times per week

For each component of Calm, please rank your level of satisfaction.

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	I don't use this component
Daily Calm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep Stories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meditations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calm Music	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breathe Bubble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calm Body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calm Masterclass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are there any meditations in Calm that have been/were specifically helpful for your cancer-related symptoms/cancer survivorship?

- Yes
- No

[If Yes] Which meditations were specifically helpful to you? [Open-ended]

[If Yes] Please describe how they have helped you. [Open-ended]

Are there any meditations that were specifically not helpful for your cancer-related symptoms/cancer survivorship?

- Yes
- No

[If Yes] Which meditations were specifically not helpful to you? [Open-ended]

[If Yes] Please describe how they were not helpful to you. [Open-ended]

What tools could Calm provide that would be useful to you, specifically related to having cancer or being a cancer survivor?

- Daily text messages with feedback related to the use of the app (i.e., time spent using, etc.)
- Daily text messages with feedback related to how you are feeling (i.e., you track your cancer specific symptoms in Calm) with a weekly report (i.e., graph or chart)
- Weekly text messages with a report (i.e., graph or chart) about your use of the app and how you are feeling (i.e., you track your cancer specific symptoms in Calm)
- Calm Cancer Community (i.e., engagement with others through the Calm app)
- Share your stats (i.e., time spent using) with your health care provider
- Share your weekly symptom report with your health care provider
- Other tools

[If Other] Please describe below. [Open-ended]

Calm currently has a Calm Community Facebook (FB) group. Are you a member of this group?

- Yes
- No

Would you be interested in being a member of a Calm Cancer Community or connecting with other cancer patients/cancer survivors, specifically?

- Yes
- No

[If Yes] What types of communities might you be interested in?

	Yes	No
Discussion boards (i.e., blogs or chat rooms available through the app)	<input type="radio"/>	<input type="radio"/>
Group, app-based meditations (i.e., meditate at the same time as other users)	<input type="radio"/>	<input type="radio"/>
Direct messaging through the Calm app (i.e., messaging individual users)	<input type="radio"/>	<input type="radio"/>
Social media (e.g., Facebook, Instagram)	<input type="radio"/>	<input type="radio"/>
Other communities	<input type="radio"/>	<input type="radio"/>

[If Other] Please describe below. [Open-ended]

If you could share your progress with managing symptoms (e.g., fatigue, pain, stress) with your doctor through Calm, would you use this feature?

- Yes
- No

[If Yes] How would you imagine this feature working? [Open-ended]

[If No] Why would you not want to share your symptoms with your doctor? [Open-ended]

Is there anything else you would like to share with us? [Open-ended]

When were you first diagnosed with cancer? [Open-ended]

What specific type of cancer are/were you diagnosed with? [Open-ended]

What stage is your cancer in currently?

- Stage I
- Stage II
- Stage III
- Stage IV
- Remission
- Other
 - [If Other] Please describe. [Open-ended]

Are you currently in treatment for cancer?

- Yes
- No

[If No] Have you received cancer treatment in the past?

- Yes
- No

[If Yes] What treatment(s) are you currently receiving/did you receive?

- Chemotherapy
- Pharmaceuticals
- Radiation
- Other

[If Other] Please describe. [Open-ended]

[If Yes] When did you start treatment/For how long did you receive treatment? [Open-ended]

When is your birthdate? [Date]

How would you describe yourself?

- American Indian or Alaskan Native
 - Asian or Asian-American
 - Native Hawaiian or Pacific Islander
 - White, European-American, or Caucasian
 - Black, African-American, or Native African
 - Arab or Non-Arab North African/Middle-Eastern
 - Native Caribbean or Afro-Caribbean Islander
 - Bi-racial or Multi-racial
 - Other
 - I prefer not to respond
- [If Other] Please describe. [Open-ended]

Do you identify as Hispanic or Latinx?

- Yes
- No

What gender do you identify with the most?

- Female
 - Male
 - Transgender
 - Nonbinary
 - Other
 - Prefer not to say
- [If Other] Please describe. [Open-ended]