

# **ATTACHMENT A:**

## **Revised Mail Instrument**

(changes indicated in yellow)

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# Health Information

## National Trends Survey

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National Institutes of Health  
U.S. Department of Health and Human Services

OMB # 0925-0538  
Expiration Date: November 30, 2008



Dear Sir or Madam:

I'm writing to ask you to take part in an important national survey sponsored by the U.S. Department of Health and Human Services. The Health Information National Trends Survey has interviewed thousands of people in the last few years. From it we've learned that:

About 4 out of 5 adults believe that there are so many recommendations about nutrition that it is hard to know which ones to follow.

About one in four adults read the health section of a newspaper or magazine every week.

Almost half of all adults don't know the age at which to begin screening for certain types of cancer.

With information like this, the survey can help the government and companies get valuable information on health to you and your family.

Your household was chosen at random for this survey and cannot be replaced. **We ask that each adult in this household complete a questionnaire and return it to us in the postage-paid envelope at your earliest convenience.** What you have to say will help us find out how we can best provide the health information people need.

Westat, a research firm under contract with the U.S. Department of Health and Human Services, is administering the survey. Your answers will be kept confidential to the extent provided by law. More information about the study is provided on the back cover of this booklet.

Thank you in advance for your cooperation. If you have any questions about the study or you would like to request more questionnaires, please call Westat toll-free at 1-888-636-6540.

Sincerely,

A handwritten signature in blue ink that reads "Bradford W. Hesse".

Bradford W. Hesse, Ph.D.  
HINTS Project Officer  
Chief, Health Communication and Informatics  
Research Branch  
National Institutes of Health  
U.S. Dept of Health and Human Services

**Si prefiere recibir la encuesta en Español, por favor llame 1-888-636-6536.**

The Health Information National Trends Survey is authorized under 42 USC, Section 285a

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- 
- ◆ In the box below, please enter the number of adults (age 18 or older) living in this household:

*Number of adults in household*

- ◆ Each adult in your household should fill out one questionnaire. Please be sure that each adult has an opportunity to fill out a questionnaire. This is very important to the success of the study.
- ◆ If more questionnaires are needed, please call 1-888-636-6540.
- ◆ Not all of the questions will apply to you – you will sometimes be asked to skip questions based on your answers. In addition, certain sections of the questionnaire may not apply to you.
- ◆ To answer a question, simply check the box that best represents your answer.
- ◆ Please choose only one answer per question, unless the question indicates *Mark all that apply*. Your best estimate is fine.

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The Privacy Act requires us to tell you that we are authorized to collect this information by Section 411.285a, 42 USC. You do not have to provide the information requested. However, the information you provide will help the National Cancer Institute's ongoing efforts to promote good health and prevent disease. There are no penalties should you choose not to participate in this study.

Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0538). Do not return the completed form to this address.

**Section A**  
**Seeking Information about Health**

A1. Have you ever looked for **health** information **about health or medical topics** from any source?

- Yes  
 No → **Go to Question A6**

A2. The most recent time you looked for **health** information **about health or medical topics**, where did you go first?  
*Mark only one.*

- |   |   |
|---|---|
| <input type="checkbox"/> Books                      | <input type="checkbox"/> Magazines  |
| <input type="checkbox"/> Brochures, pamphlets, etc. | <input type="checkbox"/> Newspapers   |
| <input type="checkbox"/> Cancer organization        | <input type="checkbox"/> Telephone information number                               |
| <input type="checkbox"/> Family                     | <input type="checkbox"/> Complementary, alternative, or unconventional practitioner |
| <input type="checkbox"/> Friend/co-worker           | <input type="checkbox"/> Other → <i>Please specify below:</i>                       |
| <input type="checkbox"/> Health care provider       | <div style="border: 1px solid black; width: 150px; height: 20px;"></div>            |
| <input type="checkbox"/> Internet                   |   |
| <input type="checkbox"/> Library                    |   |

A3. Did you look or go anywhere else?  
*Mark all that apply.*

- |   |   |
|---|---|
| <input type="checkbox"/> No, nowhere else               | <input type="checkbox"/> Magazines  |
| <input type="checkbox"/> Books                          | <input type="checkbox"/> Newspapers   |
| <input type="checkbox"/> Brochures, pamphlets, etc.     | <input type="checkbox"/> Telephone information number                               |
| <input type="checkbox"/> Cancer organization            | <input type="checkbox"/> Complementary, alternative, or unconventional practitioner |
| <input type="checkbox"/> Family                         | <input type="checkbox"/> Other → <i>Please specify below:</i>                       |
| <input type="checkbox"/> Friend/co-worker               | <div style="border: 1px solid black; width: 150px; height: 20px;"></div>            |
| <input type="checkbox"/> Doctor or health care provider |   |
| <input type="checkbox"/> Internet                       |   |
| <input type="checkbox"/> Library                        |   |

A4. The most recent time you looked for **health** information **about health or medical topics**, who was it for?  
 Myself

- Someone else  
 Both myself and someone else

A5. Based on the results of your most recent search for **health** information **about health or medical topics**, how much do you agree or disagree with each of the following statements?

- |  | Strongly agree           | Somewhat agree           | Somewhat disagree        | Strongly disagree        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. It took a lot of effort to get the information you needed.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. You felt frustrated during your search for the information..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. You were concerned about the quality of the information...      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The information you found was hard to understand.....           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

A6. Overall, how confident are you that you could get health-related advice or information if you needed it?

- Completely confident  
 Very confident  
 Somewhat confident  
 A little confident  
 Not confident at all

A7. In general, how much would you trust information about health or medical topics from each of the following?

- |   | A lot                    | Some                     | A little                 | Not at all               |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. A doctor.....                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Family or friends.....                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Newspapers or magazines.....             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Radio.....                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. The Internet.....                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Television.....                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Government health agencies..             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Charitable organizations.....            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Religious organizations and leaders..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Section B**  
**Seeking Information about Cancer**

B1. Have you ever looked for information about cancer from any source?

- Yes  
 No → **Go to Section C**

B2. Think about the most recent time you looked for cancer information. About how long ago was that?

*Write a number in one box below*

Days       Weeks

Months       Years

B3. What type of information were you looking for?

*Mark all that apply.*

- Specific cancer
- Cancer organizations
- Causes of cancer/Risk factors for cancer
- Coping with cancer/Dealing with cancer
- Diagnosis of cancer
- Information on cancer in general
- Paying for medical care
- Insurance
- Prevention of cancer
- Prognosis/Recovery from cancer
- Screening/Testing/Early detection
- Symptoms of cancer
- Treatment/Cures for cancer
- Where to get medical care
- Information on complementary, alternative, or unconventional treatments
- Other → *Please specify below:*

B4. The most recent time you looked for cancer information, where did you go first?

*Mark only one.*

- Books
- Brochures, pamphlets, etc.
- Cancer organization
- Family
- Friend/co-worker
- Doctor or health care provider
- Internet
- Library
- Magazines
- Newspapers
- Telephone information number
- Complementary, alternative, or unconventional practitioner
- Other → *Please specify below:*

**Section C**  
**Ways You Might Get Health Information**

G1. Some newspapers or general magazines publish a special section that focuses on health. In the past 12 months, have you read health sections of the newspaper or a general magazine?

- Yes  
 No

G2. Some local television and radio news programs include special segments of their newscasts that focus on health issues. In the past 12 months, have you watched or listened to health segments on the local news?

- Yes  
 No

Section C appears in the next column.

C3. Some people notice information about health on the Internet, even when they are not trying to find out about a health concern they have or someone in the family has. Have you read such health information on the Internet in the past 12 months?

Yes

No

C4. Do you ever go on-line to access the Internet or World Wide Web, or to send and receive e-mail?

Yes

No → Go to Section D

C5. Where do you go on-line to use the Internet?

*Mark all that apply.*

Home

Community Center

Work

Someone else's house

School

Some other place

Public Library

C6. When you use the internet at home, how do you mainly access it?

Do not use the internet at home

Telephone modem

Wireless device (such as a PDA)

Cable/satellite modem

Another way → Please specify below:

DSL modem

C7. Below are some ways people use the Internet. Some people have done these things, but other people have not. Please tell us whether or not you have done each of these things while using the internet in the past 12 months.

	Yes ▼	No ▼
a. Bought medicine or vitamins online ....	<input type="checkbox"/>	<input type="checkbox"/>
b. Participated in an online support group for people with a similar health or medical issue.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Used e-mail or the Internet to communicate with a doctor or a doctor's office .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Used a website to help you with your diet, weight, or physical activity.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Looked for a healthcare provider .....	<input type="checkbox"/>	<input type="checkbox"/>
f. Downloaded to a portable device, such as an iPod, cell phone, or PDA.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Visited a "social networking" site, such as <i>myspace</i> or <i>Second Life</i> .....	<input type="checkbox"/>	<input type="checkbox"/>
h. Wrote in an online diary or blog .....	<input type="checkbox"/>	<input type="checkbox"/>
i. Kept track of personal health information, such as care received, test results, or upcoming medical appointments.....	<input type="checkbox"/>	<input type="checkbox"/>

Section D appears on the next page.

**Section D**  
**Your Use of Health Care Services**

D1. Not including psychiatrists and other mental health professionals, is there a particular doctor, nurse, or other health professional that you see most often?

- Yes
- No → **Go to Question D2**

D1a. What kind of health professional do you see most often?

- A doctor
- A nurse
- Other health professional → *Please specify below:*

D2. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- Yes
- No

D3. During the past 12 months, did you use any complementary, alternative, or unconventional therapies such as herbal supplements, acupuncture, chiropractic, homeopathy, meditation, yoga, or Tai Chi?

- Yes
- No → **Go to Question D4**

D3a. Did you discuss your use of unconventional therapies with any of your doctors?

- Yes
- No

*Question D4 appears in the next column.*

D4. In the past 12 months, not counting times you went to an emergency room, how many times did you go to a doctor, nurse, or other health professional to get care for yourself?

- None → **Go to Question D9**
- 1 time
- 2 times
- 3 times
- 4 times
- 5 to 9 times
- 10 or more times

D5. The following questions are about your communication with all doctors, nurses, or other health professionals you saw during the past 12 months. How often did they do each of the following?

Always
Usually
Sometimes
Never

- |  | Always                   | Usually                  | Sometimes                | Never                    |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Give you the chance to ask all the health-related questions you had.....              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Give the attention you needed to your feelings and emotions..                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Involve you in decisions about your health care as much as you wanted.....            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Make sure you understood the things you needed to do to take care of your health..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Help you deal with feelings of uncertainty about your health or health care.....      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D6. In the past 12 months, how often did you feel you could rely on your doctors, nurses or other health professionals to take care of your health care needs?

- Always
- Usually
- Sometimes
- Never

*Question D9 appears on the next page.*



D7. Overall, how would you rate the quality of health care you received in the last 12 months?

- Excellent
- Very good
- Good
- Fair
- Poor

D8. In the past 12 months, have you talked to a doctor, nurse, or other health professional about any kind of health information you have gotten from the Internet?

- Yes
- No → **Go to Question D9**

D8a. In the past 12 months when you talked with a health care professional, how interested were they in hearing about the information you found on-line?

- Very interested
- Somewhat interested
- A little interested
- Not at all interested

D9. Overall, how confident are you about your ability to take good care of your health?

- Completely confident
- Very confident
- Somewhat confident
- A little confident
- Not confident at all

D10. Some people avoid visiting their doctor even when they suspect they should. Would you say this is true for you, or not true for you?

- True
- Not true → **Go to Section E**

D11. Below are some reasons people give for not wanting to see their health care provider or doctor. Please tell us how much you agree or disagree with each statement...

Strongly agree  
Somewhat agree  
Somewhat disagree  
Strongly disagree

- a. I avoid seeing my doctor because I feel uncomfortable when my body is being examined.....
- b. I avoid seeing my doctor because I fear I may have a serious illness.....
- c. I avoid seeing my doctor because it makes me think about dying.....

D12. Are there any other reasons why you avoid seeing your doctor?

- Yes → *Please specify below:*
- No ↓

Section E appears on the next page.

**Section E**  
**Views About Medical Information and Research**

E1. As far as you know, do your healthcare providers maintain your medical information in a portable, electronic format?

- Yes
- No

E2. Please indicate how important each of the following statements is to you.

Very important      Somewhat important      Not at all important  
 ▼                      ▼                      ▼

- a. Health care providers should be able to share your medical information with each other electronically .....
- b. You should be able to get to your own medical information electronically .....

E3. Please indicate how much you agree or disagree with each of the following statements.

Strongly agree      Somewhat agree      Somewhat disagree      Strongly disagree  
 ▼                      ▼                      ▼                      ▼

- a. In general, I think that the information I give doctors is safely guarded .....
- b. Scientists doing research should be able to review my medical information if the information cannot be linked to me personally.....

e. If I give permission for my blood or tissue to be used in a research study, other approved studies may also use it without further permission from me.....

EX. Genetic tests that analyze your DNA, diet, and lifestyle for potential health risks are currently being marketed by companies directly to consumers. Have you heard or read about these genetic tests?

- Yes
- No

E4. Have you ever had a genetic test?

- Yes
- No → Go to Question E5

E4a. How useful was the genetic test to you or your physician?

- Very useful
- Somewhat useful
- Not at all useful

E5. Clinical trials are research studies that involve people. They are designed to test the safety and effectiveness of new treatments and to compare new treatments with the standard care that people currently get. Have you ever participated in heard of a clinical trial?

- Yes
- No

E6. How important do you think it is for the government to fund cancer research?

- Very important
- Important
- Somewhat important
- Not at all important

E7. For each of the following organizations, please tell us if you had heard of it before being contacted for this study.

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
|  | ▼                        | ▼                        |
| a. National Cancer Institute.....                              | <input type="checkbox"/> | <input type="checkbox"/> |
| b. CDC or the Centers for Disease Control and Prevention ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The American Cancer Society .....                           | <input type="checkbox"/> | <input type="checkbox"/> |

**Section F**  
**Nutrition and Physical Activity**

The next two questions ask about fruits and vegetables. The following boxes provide some examples of how much counts as 1 cup.

**1 cup of fruit could be:**

- 1 small apple
- 1 large banana
- 1 large orange
- 8 large strawberries
- 1 medium pear
- 2 large plums
- 32 seedless grapes
- 1 cup (8 oz.) of 100% juice
- ½ cup of dried fruit
- 1 small wedge of watermelon (1 inch thick)

**1 cup of vegetables could be:**

- 3 broccoli spears, 5 in. long
- 1 cup of cooked leafy greens
- 2 cups of lettuce or raw greens
- 12 baby carrots
- 1 medium potato
- 1 large sweet potato
- 1 large ear of corn
- 1 large raw tomato
- 2 large celery stalks
- 1 cup of cooked beans

F1. About how many cups of fruit (including 100% pure fruit juice) do you eat or drink each day?

**Mark only one.**

- |  |   |
|--|---|
| <input type="checkbox"/> None          | <input type="checkbox"/> 2 to 3 cups    |
| <input type="checkbox"/> ½ cup or less | <input type="checkbox"/> 3 to 4 cups    |
| <input type="checkbox"/> ½ to 1 cup    | <input type="checkbox"/> 4 cups or more |
| <input type="checkbox"/> 1 to 2 cups   |   |

F2. About how many cups of vegetables (including 100% vegetable juice) do you eat or drink each day? **Mark only one.**

- |  |   |
|--|---|
| <input type="checkbox"/> None          | <input type="checkbox"/> 2 to 3 cups    |
| <input type="checkbox"/> ½ cup or less | <input type="checkbox"/> 3 to 4 cups    |
| <input type="checkbox"/> ½ to 1 cup    | <input type="checkbox"/> 4 cups or more |
| <input type="checkbox"/> 1 to 2 cups   |   |

F3. How many servings of fruits and vegetables do you think **a person the average adult** should eat each day for good health?

*Number of servings*

F4. During the past month, did you participate in any physical activities or exercises such as running, **calisthenics yoga**, golf, gardening, or walking for exercise?

- Yes
- No → **Go to Question F5**

F4a. In a typical week, how many days do you do any physical activity or exercise of at least moderate intensity, such as brisk walking, bicycling at a regular pace, swimming at a regular pace, and heavy gardening?

*Moderate-intensity activities make you breathe somewhat harder than normal.*

- None → **Go to Question F5**
- 1 day per week
- 2 days per week
- 3 days per week
- 4 days per week
- 5 days per week
- 6 days per week
- 7 days per week

F4b. On the days that you do any physical activity or exercise of at least moderate intensity, how long are you typically doing these activities?

**Write a number in one box below**

Minutes       Hours

F5. How many days a week of physical activity or exercise of at least moderate intensity are recommended for the average adult to stay healthy?

*Number of days per week*

F6. On those days, how long should the average adult be physically active to stay healthy?

**Write a number in one box below**

Minutes       Hours

F7. As far as you know, which of the following best describes the effect of physical activity or exercise on the chances of getting some types of cancer?

- Physical activity increases chances of cancer
- Physical activity decreases chances of cancer
- Physical activity makes no difference

F8. About how tall are you without shoes?

<input type="text"/>	<input type="text"/>
<i>Feet</i>	<i>Inches</i>

F9. About how much do you weigh without shoes?

*Weight in pounds*

**FX.** How much do you agree or disagree with the following statement? There are so many different messages about whether being overweight is harmful to one's health it is hard to know what weight one should maintain to be healthy. Would you say you...

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree

F10. Right now, do you feel you are...

- Overweight
- Slightly overweight
- Slightly underweight
- Underweight
- Just about the right weight for you

F11. Have you tried to lose any weight in the past 12 months?

- Yes
- No

*Question F5 appears in the next column.*

F12. Have you tried a low carbohydrate, high protein diet in the past 12 months?

Yes

No

F13. Do you think that a low carbohydrate, high protein diet is a healthy way to lose weight?

Yes

No

F14. Do you agree or disagree that sunlight helps the body produce vitamin D naturally?

Agree

Disagree

F15. To what extent do you agree or disagree with the following statement: I take the advice my primary care provider or doctor gives about diet and exercise.

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Have not received advice

Do not have a primary care provider/doctor

F16. Please tell us how much you agree or disagree with each of the following statements.

*If you do not have a primary care provider or doctor, go to Question F17.*

	Strongly agree ▼	Somewhat agree ▼	Neither agree nor disagree ▼	Somewhat disagree ▼	Strongly disagree ▼
a. My primary care provider or doctor has effective strategies and/or tools to help me maintain a healthy weight or lose weight .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My primary care provider or doctor has enough time to talk with me about weight control .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My primary care provider or doctor needs more training in diet, weight, and physical activity counseling .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am more likely to adopt a healthier lifestyle if my primary care provider or doctor recommends that I do so .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F17. Please indicate the extent to which you believe in each of the following statements.

	A lot ▼	Some ▼	A little ▼	Not at all ▼
a. To what extent do you believe that genes can determine your body weight and body composition (fat, muscle) obesity is inherited? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. To what extent do you believe that genes can determine how you respond to exercise and how many calories you burn while exercising? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. To what extent do you believe that obesity is not inherited, but is caused by overeating and not exercising? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section G Sun Exposure

G1. When you are outside during the summer on a warm sunny day, how often do you do each of the following?

	Always ▼	Often ▼	Sometimes ▼	Rarely ▼	Never ▼	Do not go out on sunny day ▼
a. Wear sunscreen .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Wear a shirt with sleeves that cover your shoulders .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Wear a hat .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Stay in the shade or under an umbrella ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G2. How many times in the past 12 months have you...

	0 times ▼	1 to 2 times ▼	3 to 10 times ▼	11 to 24 times ▼	25 times or more ▼
a. Used a tanning bed or booth? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Used sunless tanning creams or sprays, also known as self-tanning or fake tanning? <i>This includes creams or lotions that you apply by</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*yourself or mist tans from a tanning salon or  
other business.....*

**Section H  
Tobacco Use**

H1. Have you smoked at least 100 cigarettes in your entire life?

- Yes  
 No → **Go to Question H8**

H2. How often do you now smoke cigarettes?

- Every day  
 Some days → **Go to Question H3**  
 Not at all → **Go to Question H4**

H2a. On the average, how many cigarettes do you now smoke a day?

*Write in number and go to Question H5*

Number of cigarettes per day

H3. On how many of the past 30 days, did you smoke a cigarette?

Number of days

H3a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

Number of cigarettes per day

H4. Have you ever smoked cigarettes every day for at least 6 months?

- Yes  
 No → **Go to Question H5**

H4a. When you last smoked every day, how many cigarettes did you usually smoke each day?

Number of cigarettes per day

Question H5 appears in the next column.

Question H8 appears in the next column.

H5. In the past 12 months, have you tried to quit smoking completely?

- I have not smoked in the past 12 months → **Go to Question H7**  
 Yes  
 No

H6. Are you seriously considering quitting smoking within the next 6 months?

- Yes → **Go to Question H8**  
 No → **Go to Question H8**  
 I have already quit smoking

H7. About how long has it been since you completely quit smoking cigarettes?

*Write a number in one box below*

<input type="text"/>	Days	<input type="text"/>	Weeks
<input type="text"/>	Months	<input type="text"/>	Years

H8. Do you believe that some cigarettes are less harmful than others?

- Yes  
 No

H9. If a new cigarette were advertised as less harmful than current cigarettes, how interested would you be in trying it?

- Very interested  
 Somewhat interested  
 Not interested → **Go to Question H10**

H9a. How likely would you be to switch to a safer or less harmful cigarette product instead of trying to quit smoking?

- I have not smoked in the past 12 months  
 Very likely  
 Somewhat likely  
 Not at all likely

Question H10 appears on the next page.



H10. Have you ever tried a cigarette that had been advertised as less harmful? This includes products like Eclipse, Advance, and Quest.

Yes

No

H11. Do you believe that some smokeless tobacco products, such as chewing tobacco and snuff, are less harmful than cigarettes?

Yes

No

H12. If a new smokeless tobacco product that didn't require spitting were advertised as less harmful than current cigarettes, how interested would you be in trying it?

Very interested

Somewhat interested

Not interested → Go to Question H13

H12a. How likely would you be to switch to a new smokeless tobacco product instead of trying to quit smoking?

I have not smoked in the past 12 months

Very likely

Somewhat likely

Not at all likely

H13. Have you ever tried a smokeless tobacco product that had been advertised as less harmful? This includes products like Ariva, Revel, and Camel Snus.

Yes

No

H14. There are a number of resources that people use to help them stop smoking. Before being contacted for this survey (and regardless of whether or not you smoke), had you ever heard of telephone quitlines such as a toll-free number to call for help in quitting smoking?

Yes

No → Go to Question H15

Question H15 appears in the next column.

H14a. Have you ever called a telephone quitline?

Yes

No

H14b. In the past 12 months, did any doctor, dentist, nurse, or other health professional suggest that you call or use a telephone helpline or quit line to help you quit smoking?

I have not smoked in the past 12 months

Yes

No

H14c. How likely would you be to call a smoking cessation telephone quitline in the future, for any reason?

Very likely

Somewhat likely

Somewhat unlikely

Very unlikely

H15. Before being contacted for this survey, had you ever heard of 1-800-QUIT-NOW?

Yes

No

H16. Have you heard of any tests to find lung cancer before the cancer creates noticeable problems?

Yes

No → Go to Section I

H16a. What tests have you heard of?

**Mark all that apply.**

Chest x-ray

CAT Scan or Spiral CT

Lung biopsy

Blood test

Cannot recall name

Other → Please specify below:

Section I appears on the next page.

**Section I**  
**HPV and Cervical Cancer**

I1. Are you male or female?

Female

Male → **Go to Question I6**

I2. Sometimes, when a woman has a routine pelvic exam, she also has a Pap test to test for cancer of the cervix. Have you ever had a Pap test?

Yes

No → **Go to Question I6**

I3. When did you have your most recent Pap test ~~to check for cervical cancer?~~

1 year ago or less

More than 1 but not more than 3 years ago

More than 3 but not more than 5 years ago

More than 5 years ago

I4. What was the main reason that you had this Pap test? **Mark only one.**

Routine **annual** Pap test or part of routine physical exam

Last Pap test was not normal

A specific problem

Never had one and thought you should

Pregnancy/Followup to birth

Other → *Please specify below:*

I5. When do you expect to have your next Pap test? **Mark only one.**

A year or less from now

More than 1 but not more than 3 years from now

More than 3 but not more than 5 years from now

Over 5 years from now

Am not planning to have another

If I have symptoms

When doctor/health care provider recommends

I am not planning to have another because I got or am planning to get the HPV vaccine

I am not planning to have another because I got or am planning to get the HPV test instead

I6. Have you ever been told by a health care provider that you had a human papillomavirus or HPV infection?

Yes

No

I7. Have you heard anything about a vaccine or shot to prevent cervical cancer?

Yes

No

I8. Have you ever heard of HPV? HPV stands for Human Papillomavirus. It is not HIV, HSV, or herpes.

Yes

No → **Go to Question I12**

Question I6 appears in the next column.

Question I12 appears on the next page.

I8a. Where have you heard about HPV?

*Mark all that apply.*

- Doctor, nurse or other health care professional
- Family or friends
- Newspaper or magazine
- Television
- Internet
- Radio
- Don't remember
- Other → *Please specify below:*

Next are some questions on your opinion about HPV.

I9. Do you think HPV can cause cervical cancer?

- Yes
- No

I10. Do you think you can get HPV through sexual contact?

- Yes
- No

I11. Do you think HPV can go away on its own, without any treatment?

- Yes
- No

I12. A vaccine or shot that protects against HPV, a virus that can cause cervical cancer, was recently recommended for girls ages 9-12. If you had a daughter that age, would you have her get it?

- Yes → **Go to Question I13**
- No
- Not sure/It depends

I12a. What is the main reason you would not have her get it? *Mark only one.*

- She doesn't need the vaccine or shot
- My child is not sexually active
- It is too expensive
- Vaccinations (shots to prevent sickness) in general are not necessary
- I don't know where to get it
- My child's doctor has not recommended it
- I am worried about the safety of the vaccine
- My partner is against it
- I don't believe it will work
- My mother or others in my family are against it
- I am worried that the vaccine or shot might promote sexual activity
- I worry what others would think if they found out she got it
- Other → *Please specify below:*

I13. Have you ever been treated for genital warts?

- Yes
- No

**Section J**  
**Colon Cancer**

J1. Are you 45 years old or older?

- Yes  
 No → **Go to Section K**

The next few questions are about getting tested for colon cancer.

J2. Think about the last time a doctor, nurse or other health professional told you that you should get a test to check for colon cancer. When did that discussion take place?

- A year ago or less  
 More than 1 but not more than 2 years ago  
 More than 2 but not more than 5 years ago  
 Over 5 years ago → **Go to Question J9**  
 I do not remember → **Go to Question J9**  
 No health professional has told me I should get this test → **Go to Question J9**

J3. Who talked to you about getting a test to check for colon cancer? *Mark all that apply.*

- Doctor  
 Nurse  
 Other health professional

A **stool or fecal occult blood test** is done at home to check for colon cancer. You send your stool sample to the doctor's office or lab for testing. This does not include drugstore or pharmacy test kits.

A **colonoscopy** and a **sigmoidoscopy** are both tests that examine the bowel by inserting a tube in the rectum.

- During a colonoscopy, you may feel sleepy and need someone to drive you home.
- During a sigmoidoscopy, you are awake and can drive yourself home after the test

Question J9 appears on the next page.

Section K appears on page 16.

J4. The last time you were told you should be tested for colon cancer, which tests did the health professional describe?

- |                                   | Yes                      | No                       |
|-----------------------------------|--------------------------|--------------------------|
| a. Stool or fecal blood test..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Colonoscopy.....               | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Sigmoidoscopy.....             | <input type="checkbox"/> | <input type="checkbox"/> |

J5. Did the health professional describe any other tests?

- Yes  
 No → **Go to Question J6**

J5a. What test did the health professional describe? *Please specify below:*

J6. The last time you were told you should be tested for colon cancer, did the health professional recommend to you any particular test?

- Yes  
 No → **Go to Question J7**

J6a. Which test to check for colon cancer did the health professional recommend to you? *Mark all that apply.*

- Stool blood test/fecal occult blood test  
 Sigmoidoscopy  
 Colonoscopy  
 Other *Please specify below:*

J7. Who decided whether you should have a test to check for colon cancer?

- You mainly decided  
 You and the health professional decided together  
 The health professional mainly decided

J8. Thinking about the last time a health professional talked to you about being checked for colon cancer, did he or she encourage you to ask questions or express any concerns you had about colon cancer testing?

Yes, definitely

Yes, somewhat

No, not at all

I did not have any questions or concerns about colon cancer testing

J9. Have you ever done a stool blood test, also known as a fecal occult blood test?

Yes

No → Go to Question J10

J9a. When did you do your most recent stool blood test/fecal occult blood test?

A year ago or less

More than 1 but not more than 2 years ago

More than 2 but not more than 5 years ago

Over 5 years ago

J9b. What was the main reason you did your most recent stool blood test/fecal occult blood test? **Mark only one.**

Part of a routine exam

Because of a problem

Some other reason

J10. Have you ever had a colonoscopy?

Yes

No → Go to Question J11

J10a. When did you have your most recent colonoscopy?

A year ago or less

More than 1 but not more than 5 years ago

More than 5 but not more than 10 years ago

Over 10 years ago

J10b. What was the main reason you had your most recent colonoscopy? **Mark only one.**

Part of a routine exam

Because of a problem

Some other reason

J11. Have you ever had a sigmoidoscopy?

Yes

No → Go to Question J12

J11a. When did you have your most recent sigmoidoscopy?

A year ago or less

More than 1 but not more than 5 years ago

More than 5 but not more than 10 years ago

Over 10 years ago

J11b. What was the main reason you had your most recent sigmoidoscopy?

Part of a routine exam

Because of a problem

Some other reason

J12. We've asked about three tests to find colon cancer: the stool blood test, colonoscopy, and sigmoidoscopy. Do you believe these tests are about equally effective in finding colon cancer, or are some more effective than others?

Equally effective → Go to Section K

Some are more effective than others

J12a. Which test (or tests) do you believe is more effective in finding colon cancer? **Mark one or two.**

Stool blood test/fecal occult blood test

Colonoscopy

Sigmoidoscopy

Question J11 appears in the next column.

Section K appears on the next page.

**Section K**  
**Communicating Health**  
**Information with Numbers**

- K2. In general, how easy or hard do you find it to understand medical statistics?
- Very easy
  - Easy
  - Hard
  - Very hard
- K3. How much do you agree or disagree with the following statement?  
*In general, I depend on numbers and statistics to help me make decisions about my health.*
- Strongly agree
  - Somewhat agree
  - Somewhat disagree
  - Strongly disagree
- K4. Which of the following numbers represents the biggest risk of getting a disease?
- 1 in 100
  - 1 in 1,000
  - 1 in 10
- K1. People can talk about the chance of something happening using either words, like "It rarely happens" or numbers, like "There's a five percent chance."  
When people tell you the chance of something happening do you prefer they use words or numbers?
- Generally prefer words
  - Generally prefer numbers
  - No preference

**Section L**  
**Beliefs About Cancer**

This section contains several questions about cancer. For each, try to think about cancer in general when answering.

- L2. How likely do you think it is that you will develop cancer in the future?
- Very low
  - Somewhat low
  - Moderate
  - Somewhat high
  - Very high
- L3. How often do you worry about getting cancer?
- Rarely or never
  - Sometimes
  - Often
  - All the time
- L1. How much do you agree or disagree with this statement?  
*When I think of cancer, I automatically think of death.*
- Strongly agree
  - Somewhat agree
  - Somewhat disagree
  - Strongly disagree

**Section M**  
**Your Cancer History**

L4. How much do you agree or disagree with each of the following statements?

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
a. Cancer is most often caused by a person's behavior or lifestyle.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Getting checked regularly for cancer helps find cancer when it's easy to treat.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. People can tell they might have cancer before being diagnosed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cancer is an illness that when detected early can typically be cured.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. It seems like everything causes cancer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. There's not much you can do to lower your chances of getting cancer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. There are so many different recommendations about preventing cancer, it's hard to know which ones to follow.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

L5. Overall, how many people who develop cancer do you think survive at least 5 years?

- Less than 25 percent
- About 25 percent
- About 50 percent
- About 75 percent
- Nearly all

L6. When you hear the word cancer, what type of cancer comes to mind first?

*Please specify below:*

M1. Have you ever been diagnosed as having cancer?

- Yes
- No → **Go to Question M4**

M1a. What type of cancer did you have?

**Mark all that apply.**

- Bladder cancer
- Bone cancer
- Breast cancer
- Cervical cancer (cancer of the cervix)
- Colon cancer
- Endometrial cancer (cancer of the uterus)
- Head and neck cancer
- Hodgkin's lymphoma
- Leukemia/blood cancer
- Liver cancer
- Lung cancer
- Melanoma
- Non-Hodgkin's lymphoma
- Other skin cancer
- Oral cancer
- Ovarian cancer
- Pancreatic cancer
- Pharyngeal (throat) cancer
- Prostate cancer
- Rectal cancer
- Renal (kidney) cancer
- Stomach cancer
- Other → *Please specify below.*

*Question M4 appears on the next page.*

M2. At what age were you first told that you had cancer?

Age

M3. Did you ever receive any treatment for your cancer?

Yes

No → Go to Question M4

M3a. How long ago did you finish your most recent treatment?

I am still in treatment → Go to Question M4

*Write a number in one box below*

Months       Years

M4. Have any of your family members ever had cancer?

Yes

No

Have no family

**Section N  
Your Health Status**

N1. In general, would you say your health is...

Excellent

Very good

Good

Fair

Poor

N2. Please tell us whether or not a doctor has ever told you that you had each of the following health conditions.

	Yes	No
a. Diabetes or high blood sugar.....	<input type="checkbox"/>	<input type="checkbox"/>
b. High blood pressure or hypertension.....	<input type="checkbox"/>	<input type="checkbox"/>
c. A heart condition such as a heart attack, angina, or congestive heart failure .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Chronic lung disease, asthma, emphysema, or chronic bronchitis.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Arthritis or rheumatism .....	<input type="checkbox"/>	<input type="checkbox"/>
f. Depression or anxiety disorder...	<input type="checkbox"/>	<input type="checkbox"/>

N3. Next are some questions about feelings you may have experienced over the past 30 days.

How often did you feel each of the following during the past 30 days?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. So sad that nothing could cheer you up.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nervous.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Restless or fidgety.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Hopeless .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. That everything was an effort.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Worthless .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N4. In the past 12 months, has there ever been a time when you drank 5 or more alcoholic beverages almost every day? By drink, we mean a 12 ounce beer, a 4 ounce glass of wine, or an ounce of liquor.

Yes

No



**Section O**  
**About You and Your Household**

O1. What is your age?

years old

O2. Are you male or female?

- Male
- Female

O3. What is your current occupational status?  
*Mark only one.*

- Employed
- Student
- Unemployed
- Retired
- Homemaker
- Disabled
- Other → *Please specify below:*

O4. What is your marital status?

- Married
- Living as married
- Divorced
- Widowed
- Separated
- Single, never been married

O5. What is the highest grade or level of schooling you completed?

- Less than 8 years
- 8 through 11 years
- 12 years or completed high school
- Post-high school training other than college (vocational or technical)
- Some college
- College graduate
- Postgraduate

O6. Are you Hispanic or Latino?

- Yes
- No

O7. Which one or more of the following would you say is your race? *Mark all that apply.*

- White
- Black/African American
- American Indian/Alaska Native
- Asian
- Native Hawaiian/other Pacific Islander

O8. Were you born in the United States?

- Yes → **Go to Question O9**
- No

O8a. In what year did you come to live in the United States?

Year

O9. How many children under the age of 18 live in your household?

*Number of children under 18*

O10. Are any of the children in your household female?

- Yes
- No
- No children in household under 18

O11. Thinking about members of your family living in this household, what is your combined annual income, meaning the total pre-tax income from all sources earned in the past year?

- \$0 to \$9,999
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$199,999
- \$200,000 or more

O12. Do you currently rent or own your home?

- Own
- Rent
- Occupy without paying monetary rent

O13. Did you complete this survey all in one sitting, or did you do it in more than one sitting?

- I completed the survey all in one sitting.
- I completed the survey in more than one sitting.

O14. Did anyone help you complete this survey?

- Yes
- No

O15. How long did it take you to complete the survey?

**Write a number in one box below**

Minutes

Hours

O16. Is there at least one telephone inside your home that is currently working and is not a cell phone?

- Yes
- No

O17. Does anyone in your family have a working cell phone?

- Yes
- No

O18. At which of the following types of addresses does your household currently receive residential mail? **Mark all that apply.**

- A street address with a house or building number
- An address with a rural route number
- A U.S. post office box (P.O. Box)
- A commercial mail box establishment (such as Mailboxes are Us, Mailboxes, Etc.)

***Thank you!***

Please remember that we would like all persons age 18 years or older in this household to complete a questionnaire. If more questionnaires are needed, please call 1-888-636-6540.

Please return this questionnaire in the postage-paid envelope provided. If you have lost the envelope, mail the completed questionnaire to:

HINTS Study, TC1021F  
Westat  
1650 Research Blvd.  
Rockville, MD 20850

If you have any questions about cancer or want some information about cancer, you can call 1-800-4-CANCER or go to the National Cancer Institute's web site at: [www.cancer.gov](http://www.cancer.gov).

**Some Frequently Asked Questions  
about the  
Health Information National Trends Survey**

**Q: What is the study about? What kind of questions will you be asking?**

A: The study concerns health and how people receive health information. For example, we will ask how you usually get information about how to stay healthy, the sources of information you most trust, and how you might like to get such information in the future. We will also ask about your beliefs on what contributes to good health, how best to prevent cancer, your participation in various health-related activities, and related topics.

**Q: How will the study results be used? What will be done with my information?**

A: Findings will help the U.S. Department of Health and Human Services promote good health and prevent disease, by determining ways of better communicating accurate health information to people.

**Q: How did you get my address?**

A: Your address was randomly selected from among all of the known home addresses in the nation. It was selected using scientific sampling methods.

**Q: Why should I take part in this study? Do I have to do this?**

A: Your participation is voluntary, and you may refuse to answer any questions or withdraw from the study at any time. Your household was selected randomly using scientific sampling methods, in order to reach a sample that reflects the entire population of the United States. You represent thousands of other households like yours, and you cannot be replaced. Your answers and opinions are very important to the success of this study, as you represent others who share your knowledge and beliefs.

**Q: Will my answers to the survey be kept confidential?**

A: Yes. Your answers will not be revealed to anyone but the researchers in a way that identifies you or your household, to the extent provided by law.

**Q: How long will it take to answer the questions?**

A: About 20 to 30 minutes.

**Q: Who is sponsoring the study? Is this study approved by the Federal Government?**

A: The study is sponsored by the U.S. Department of Health and Human Services. The study has been approved by the Office of Management and Budget (OMB), the office that reviews all federally-sponsored surveys. The OMB approval number assigned to this study is 0925-0538.

**Q: Who is Westat?**

A: Westat is a research company located in Rockville, Maryland. Westat is conducting this survey under contract to the U.S. Department of Health and Human Services.