



Health Information

National Trends Survey



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

OMB # XXX-XXXX
Expiration Date: XX/XX/XXXX



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,

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.

-
-
- ◆ 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.
-
-

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-xxxx*). Do not return the completed form to this address.

Section A
Seeking Information about Health

A1. Have you ever looked for health information from any source?

- Yes
 No → **Go to Question A6**

A2. The most recent time you looked for health information, 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 | <input style="width: 150px; height: 20px;" type="text"/> |
| <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 | <input style="width: 150px; height: 20px;" type="text"/> |
| <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, 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, 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"/> |

Question A6 appears in the next column.

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:*

Section C appears in the next column.

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
Use of the Internet

C1. 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**

C2. 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

Section D appears on the next page.

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

C3. 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

C4. 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"/>

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. 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 D8**
- 1 time 4 times
- 2 times 5 to 9 times
- 3 times 10 or more times

Question D8 appears on the next page.

D4. 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
 ▼ ▼ ▼ ▼

- a. Give you the chance to ask all the health-related questions you had.....
- b. Give the attention you needed to your feelings and emotions..
- c. Involve you in decisions about your health care as much as you wanted.....
- d. Make sure you understood the things you needed to do to take care of your health.....
- e. Help you deal with feelings of uncertainty about your health or health care.....

D5. 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

D6. Overall, how would you rate the quality of health care you received in the last 12 months?

- Excellent
- Very good
- Good
- Fair
- Poor

D7. 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 D8**

↓
Question D8 appears in the next column.

D7a. 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

D8. 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

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
- c. 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.....

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. 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 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, 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. About how tall are you without shoes?

Feet Inches

F8. About how much do you weigh without shoes?

Weight in pounds

F9. Right now, do you feel you are...

Overweight

Slightly overweight

Slightly underweight

Underweight

Just about the right weight for you

F10. Have you tried to lose any weight in the past 12 months?

Yes

No

F11. Do you agree or disagree that sunlight helps the body produce vitamin D naturally?

Agree

Disagree

**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 yourself or mist tans from a tanning salon or other business.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Section H
Tobacco Use**

- H1. Have you smoked at least 100 cigarettes in your entire life?
- Yes
- No → **Go to Question H6**

- H2. How often do you now smoke cigarettes?
- Every day
- Some days → **Go to Question H3**
- Not at all → **Go to Question H5**

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

Number of cigarettes per day

- H3. In the past 12 months, have you tried to quit smoking completely?
- Yes
- No

Question H5 appears in the next column.

Question H6 appears in the next column.

- H4. Are you seriously considering quitting smoking within the next 6 months?

- Yes → **Go to Question H6**
- No → **Go to Question H6**

- H5. 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

- H6. 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 H7**

- H6a. Have you ever called a telephone quitline?

- Yes
- No

Question H7 appears on the next page.

H6b. 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

H6c. 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

H7. Before being contacted for this survey, had you ever heard of 1-800-QUIT-NOW?

- Yes
- No

H8. Have you heard of any tests to find lung cancer before the cancer creates noticeable problems?

- Yes
- No

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**

Question I6 appears in the next column.

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

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

- Yes
- No

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

- Yes
- No → **Go to Question I 12**

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 I 13**
- 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

Question I12 appears in the next column.

**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 J7**

I do not remember → **Go to Question J7**

No health professional has told me I should get this test → **Go to Question J7**

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 J7 appears in the next column.

Section K appears on the next page.

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.....

b. Colonoscopy.....

c. Sigmoidoscopy.....

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

Yes

No → **Go to Question J8**

Question J8 appears on the next page.

- J7a. 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

- J7b. 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

- J8. Have you ever had a colonoscopy?
- Yes
 - No → **Go to Question J9**

- J8a. 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

- J8b. 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

- J9. Have you ever had a sigmoidoscopy?
- Yes
 - No → **Go to Question J10**

- J9a. 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

- J9b. What was the main reason you had your most recent sigmoidoscopy?
- Part of a routine exam
 - Because of a problem
 - Some other reason

- J10. 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

- J10a. 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

Section K
Communicating Health
Information with Numbers

- 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

- K2. In general, how easy or hard do you find it to understand medical statistics?

- Very easy
- Easy
- Hard
- Very hard

Question J10 appears in the next column.

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

**Section L
Beliefs About Cancer**

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

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

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

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:

Section M Your Cancer History

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 in the next column.

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. 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"/>

**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

Question O9 appears on the next page.

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

O16. How long did it take you to complete the survey?

Write a number in one box below

Minutes

Hours

O17. Is there at least one telephone inside your home that is currently working and is not a cell phone?

Yes

No

O18. Does anyone in your family have a working cell phone?

Yes

No

O19. 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, TB XXX
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.

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 xxxx-xxxx.

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.