

Attachment 2- Testing Instrument/2010 NHIS Cancer Supplement

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Diet [Ask all]
1. During the PAST 12 MONTHS, did you take any MULTI-vitamins, such as One-A-Day, Theragran, or Centrum, etc? *Read if necessary: There are a number of vitamin and mineral combinations now available. The ways in which nutrients can be combined into pill form is almost infinite. Any combination of 3 or more vitamins and minerals should be included in the MULTI-vitamin category. Combinations labeled as "stress" or "antioxidant" supplements are common and should be included as MULTI-vitamins. Do NOT include combinations of herbal or botanical substances, or combinations of just 2 nutrients (e.g., calcium with vitamin D, etc.) in this question. Yes No Refused Don't know
2. During the PAST 12 MONTHS, did you take any calcium supplements or pills? [fill1: Do NOT include any calcium in the MULTI-vitamins you told me about.] *Read if necessary: Include Tums. Do NOT include milk or calcium-fortified orange juice. Yes No Refused Don't know
3. During the PAST 12 MONTHS, did you take any vitamin D supplements or pills? [fill1: Do NOT include calcium supplements that contain vitamin D or MULTI-vitamins you told me about.] *Read if necessary: Do NOT include vitamin D fortified milk or other foods such as cereals and bread. Yes No [go to next section] Refused Don't know
3a. Thinking about the past 12 months, in how many of those MONTHS did you take vitamin D supplements? _____ number of months

<p>3b. Now, thinking only about that month, on how many DAYS during that month did you take vitamin D supplements? / Now, thinking only about those months, on how many DAYS PER MONTH did you usually take vitamin D supplements?</p> <p>_____ days per month</p>
<p>3c. On the DAY(S) you took vitamin D supplements, was the amount you took usually less than 800 international units (IU), or 800 international units or more?</p> <p>< 800 IU >= 800 IU Refused Don't Know</p>

<p>Tobacco [Ask All]</p>
<p>1. Have you smoked at least 100 cigarettes in your ENTIRE LIFE? Yes No [go to next section] Refused Don't know</p> <p>1a. Thinking back over the years you have smoked regularly, about how many cigarettes did you usually smoke each day? _____ (number per day)</p> <p>1b. What is the average number of cigarettes that you smoked daily during the longest period that you smoked? _____ (number per day)</p>
<p>2. Do you NOW smoke cigarettes every day, some days or not at all? Every day [go to next section] Some days [go to next section] Not at all Refused Don't know</p>

<p>3. Thinking back to when you stopped smoking completely, did you use ANY of the following PRODUCTS:</p> <p>a. A nicotine gum?</p> <p>Yes No Refused Don't know</p>
<p>b. A nicotine patch?</p> <p>Yes No Refused Don't know</p>
<p>c. Any of these other nicotine products---nasal spray, inhaler, or lozenge?</p> <p>Yes No Refused Don't know</p>
<p>d. A prescription pill called Chantix or Varenicline?</p> <p>Yes No Refused Don't know</p>
<p>e. A prescription pill other than Chantix or vareniclene, such as Zyban, Bupropion, or Wellbutrin?</p> <p>Yes No Refused Don't know</p>
<p>f. A telephone help line or quit line?</p> <p>Yes No Refused Don't know</p>
<p>g. A stop smoking clinic, class, support group, or one-on-one counseling?</p> <p>Yes No Refused Don't know</p>

<p>Lung Cancer Screening [Ask men and women 40 and over]</p>
<p>1. A lung cancer spiral or helical CT scan (or CAT scan) is a new screening test for lung cancer. During the test, you are asked to hold your breath and you are moved through a donut-shaped X-ray machine as you lie on your back.</p> <p>Have you EVER had a spiral CT scan? Yes No [go to question 2]</p>
<p>1a. When was your most recent spiral CT scan? _____ (month/day/year)</p>
<p>2. Have you ever had a chest x-ray to test for lung cancer? Yes No [go to next section] Refused Don't know</p>
<p>2a. When was your most recent chest x-ray? _____ (month/day/year)</p>

<p>Pap/HPV [Ask all women]</p>
<p>1. Have you EVER HAD a Pap smear or Pap test? * Read if necessary: A Pap smear or Pap test is a routine test for women in which the doctor examines the cervix, takes a cell sample from the cervix with a small stick or brush, and sends it to the lab. Yes No [go to question 10] Refused Don't know</p>
<p>2. At what age did you have your first pap test? (Females 18-30 ONLY) _____ age in years</p>
<p>3. When did you have your MOST RECENT Pap test? _____ (month/day/year)</p>

<p>4. Did you get the results of your MOST RECENT Pap test?</p> <p>Yes No Only notified if there was a problem Refused Don't know</p>
<p>5. Have you had a Pap test in the LAST 3 YEARS where the results were NOT normal?</p> <p>Yes No [go to question 11] Refused Don't know</p>
<p>6. Because of these results, was it recommended that you have more follow-up exams or tests?</p> <p>Yes No [go to question 9] Refused Don't know</p>
<p>7. Did you follow the recommendation to have more follow-up exams or tests?</p> <p>Yes [go to question 9] No Refused Don't know</p>
<p>8. What is the most important reason that you DID NOT follow the recommendation to have more follow-up exams or tests?</p> <p>No reason/never thought about it Put it off/didn't get around to it Too expensive/no insurance/cost Too painful, unpleasant, or embarrassing Had hysterectomy Don't have doctor Fear Other Refused Don't know [go to question 11]</p>
<p>9. Because of these follow-up exams or tests did you have surgery or other treatment?</p> <p>Yes [go to question 12] No [go to question 12] Refused Don't know</p>

<p>10. What is the most important reason you have [Fill1: NEVER had a Pap test/NOT had a Pap test in the LAST 3 YEARS]?</p> <p>No reason/never thought about it Didn't need it/didn't know I needed this type of test Doctor didn't order it/didn't say I needed it Haven't had any problems Put it off/didn't get around to it Too expensive/no insurance/cost Too painful, unpleasant, or embarrassing Had hysterectomy Don't have doctor Had an HPV DNA test Had HPV vaccine Other Refused Don't know</p>
<p>11. When, if ever, did you last get a reminder from a doctor or other health professional to have a Pap test?</p> <p>A year ago or less 1-2 years ago 2-3 years ago 3-5 years ago More than 5 years ago Never My doctor recommended that I don't get this test anymore</p>
<p>12. Have you had a hysterectomy? A hysterectomy is when the uterus or womb is removed, not just having your tubes tied to prevent pregnancy.</p> <p>Yes No Refused Don't know</p>
<p>13. Have you EVER had BOTH ovaries removed, either as part of a hysterectomy or as one or more separate surgeries?</p> <p>Yes No [go to question 14] Refused Don't know</p>
<p>13a. How old were you when you had BOTH of your ovaries removed?</p> <p>_____ age in years</p>

<p>14. Have you ever heard of HPV? HPV stands for human papillomavirus (pap-uh-LOW-muh-vi-rus).</p> <p>Yes No Refused Don't know</p>
<p>15. Do you think HPV can cause cervical cancer?</p> <p>Yes No Refused Don't know</p>
<p>16. To the best of your knowledge, do you think you can get HPV through sexual contact?</p> <p>Yes No Refused Don't know</p>
<p>17. A vaccine to prevent HPV infection is available and is called the HPV shot, cervical cancer vaccine, or GARDASIL®. Before this survey, have you ever heard of the HPV shot or cervical cancer vaccine?</p> <p>Yes No Refused Don't know</p>
<p>18. Have you ever received the HPV shot or cervical cancer vaccine?</p> <p>Yes No [go to question 21] Refused Don't know</p>
<p>19. How many HPV shots did you receive?</p> <p>1 2 3 More than 3 Refused Don't know</p>
<p>20. Have you finished the series of HPV shots that was recommended by your doctor?</p> <p>Yes No Refused Don't know [go to next section]</p>

21. Would you be interested in getting the HPV vaccine?

Yes [**go to next section**]

No [**go to question 22**]

Refused

Don't know

22. What is the MAIN reason you would NOT want to get the vaccine?

Does not need vaccine

Not sexually active

Too expensive

Too old for vaccine

Doctor didn't recommend it

Worried about safety of vaccine

Don't know where to get vaccine

My spouse/family member is against it

Don't know enough about vaccine

Already have HPV

Other

Refused

Don't know

Breast Cancer Screening

[Ask women 40 and over]

1. Have you EVER HAD a mammogram? *Read if necessary. A mammogram is an x-ray taken only of the breast by a machine that presses against the breast.

Yes

No [**go to question 8**]

Refused

Don't know

1a. When did you have your MOST RECENT mammogram?

_____ (month/day/year)

<p>2. After your MOST RECENT mammogram, was it recommended that you have more tests? *Read if necessary: More tests may include another mammogram, a sonogram or ultrasound, an MRI, a biopsy, or something else to check for problems in your breasts.</p> <p>Yes</p> <p>No [go to question 9]</p> <p>Refused</p> <p>Don't know</p>
<p>3. Did you follow the recommendation to have more tests?</p> <p>Yes [go to question 5]</p> <p>No</p> <p>Refused</p> <p>Don't know</p>
<p>4. What is the most important reason why you DID NOT follow the recommendation to have more tests?</p> <p>No reason/never thought about it</p> <p>Put it off/Didn't get around to it</p> <p>Too expensive/no insurance/cost</p> <p>Too painful, unpleasant or embarrassing</p> <p>I'm too young</p> <p>Don't have doctor</p> <p>Fear</p> <p>Other</p> <p>Refused</p> <p>Don't know</p>
<p>5. As a result of these additional tests after your [fill1: mammogram/mammograms] were you diagnosed with cancer?</p> <p>Yes</p> <p>No [go to question 7]</p> <p>Refused</p> <p>Don't know</p>
<p>6. How was your breast cancer found?</p> <p>Found by myself by accident</p> <p>Found by myself during a self breast examination</p> <p>Found by my spouse or partner</p> <p>Found by a physician during routine breast exam</p> <p>Found by a mammogram</p> <p>Found by Magnetic Resonance Imaging (MRI)</p> <p>Other - specify</p> <p>Refused</p> <p>Don't know</p>
<p>7. Have you EVER HAD a biopsy to test or remove a lump in your breast that was found NOT to be cancer? *Read if necessary: A biopsy is the removal of a sample of tissue to see whether cancer cells are present.</p> <p>Yes [go to question 9]</p>

<p>No [go to question 9]</p> <p>Lump removed was cancerous [go to question 9]</p> <p>Refused [go to question 9]</p> <p>Don't know [go to question 9]</p>
<p>8. What is the most important reason why you have [fill1: NEVER had a mammogram/NOT had a mammogram in the PAST 2 YEARS]?</p> <p>No reason/never thought about it</p> <p>Didn't need it/didn't know I needed this type of test</p> <p>Doctor didn't order it/didn't say I needed it</p> <p>Haven't had any problems</p> <p>Put it off/Didn't get around to it</p> <p>Too expensive/no insurance/cost</p> <p>Too painful, unpleasant or embarrassing</p> <p>I'm too young</p> <p>Don't have doctor</p> <p>Other</p> <p>Refused</p> <p>Don't know</p>
<p>9. A breast MRI, or magnetic resonance image, shows what is inside the breast, like a mammogram, but does not require squeezing the breast. Before getting a breast MRI, you are given a dye through a needle in the arm. During the test, your lie on your stomach and the bed moves into a tunnel-shaped machine.</p> <p>Have you EVER HAD a breast MRI?</p> <p>Yes</p> <p>No [go to next section]</p> <p>Refused</p> <p>Don't know</p>
<p>9a. When did you have your MOST RECENT breast MRI?</p> <p>_____ (month/day/year)</p>
<p>10. What was the MAIN reason you had this breast MRI?</p> <p>Follow-up of an abnormal mammogram</p> <p>Because of a breast problem</p> <p>My healthcare provider told me I was high-risk</p> <p>Family history of breast cancer</p> <p>Part of a routine exam</p> <p>I requested it</p> <p>Refused</p> <p>Don't know</p>

PSA
[Ask Men 40 and over]

1. Have you ever had a PSA test?

Yes

No [**go to question 3**]

1a. When did you have your most recent PSA test?

_____ (month/day/year)

2. What was the MAIN reason you had this PSA test - was it part of a routine exam, because of a problem, or some other reason?

Part of a routine exam [**go to question 5**]

Because of a problem [**go to question 5**]

Other reason [**go to question 5**]

Refused [**go to question 5**]

Don't know [**go to question 5**]

3. What is the MAIN reason you have not had a PSA test?

I haven't had time for it

My doctor advised me not to have it

I can't afford it

I've read or heard conflicting recommendations about it

I don't think it would help me

I don't know enough about it

Refused

Don't know

4. Are any of the following statements reasons why you have not had a PSA test?

a. I haven't had time for it

Yes

No

Refused

Don't know

b. My doctor advised me not to have it

Yes

No

Refused

Don't know

c. I can't afford it

Yes

No

Refused

Don't know

d. I've read or heard conflicting recommendations about it

Yes

No

Refused

Don't know

e. I don't think it would help me

Yes

No

Refused

Don't know

f. I don't know enough about it

Yes

No

Refused

Don't know

5. [[Before you had the PSA test]] did a doctor EVER talk with you about the advantages and disadvantages of [[it] / the PSA test]?

Yes

No

Refused

Don't know

6. [[Before you had the PSA test]] did a doctor EVER tell you that some doctors recommend [[it] / the PSA test] and others do not?

Yes [go to next section]

No [go to next section]

Refused

Don't know

Colorectal Cancer Screening

[Ask men and women 40 and over]

1. Sigmoidoscopy and colonoscopy are exams in which a doctor inserts a tube into the rectum to look for polyps or cancer. For a sigmoidoscopy, the doctor checks only part of the colon and you are fully awake. For a colonoscopy, the doctor checks the entire colon, and you are given medication through a needle in your arm to make you sleepy, and told to have someone drive you home.

*If needed: A polyp is a small growth that develops on the inside of the colon or rectum

*If needed: Before these tests, you are asked to take a medication that causes diarrhea

Have you EVER HAD a sigmoidoscopy?

Yes

No

Refused

Don't know

2. Recall that a colonoscopy is similar to a sigmoidoscopy but the doctor checks the entire colon, and you are given medication through a needle in your arm to make you sleepy, and told to have someone drive you home.

Have you ever had a colonoscopy?

Yes

No

Refused

Don't know

3. Virtual colonoscopy, also known as CT colonography, is a new type of test that looks for polyps or cancer in the colon. The day before the test, you take laxatives to clean out your colon. During the test, your colon is filled with air and you are moved through a donut-shaped X-ray machine as you lie on your back and then on your stomach. You do not need medication to make you sleepy during this test.

*If needed: This test is not the same as a colonoscopy or a sigmoidoscopy.

*If needed: A polyp is a small growth that develops on the inside of the colon or rectum

Before today, HAD YOU EVER HEARD of virtual colonoscopy or CT colonography?

Yes

No

Refused

Don't know

<p>4. Have you EVER HAD a virtual colonoscopy or CT colonography?</p> <p>Yes</p> <p>No [go to question 6]</p> <p>Refused</p> <p>Don't know</p>
<p>4a.. When did you have your MOST RECENT virtual colonoscopy or CT colonography?</p> <p>_____ (month/day/year)</p>
<p>5. What was the MAIN reason you had this virtual colonoscopy or CT colonography - was it part of a routine exam, because of a problem, as a follow-up test of an earlier test or screening exam, or some other reason?</p> <p>Part of a routine exam</p> <p>Because of a problem</p> <p>Follow-up test to an earlier test or screening exam</p> <p>Other reason</p> <p>Refused</p> <p>Don't know</p>
<p>6. During the past 10 years did a doctor tell you that you had a polyp in your colon or rectum?</p> <p>*If needed: A polyp is a small growth that develops on the inside of the colon or rectum</p> <p>Yes</p> <p>No</p> <p>Refused</p> <p>Don't know</p>
<p>7. The following questions are about the blood stool or occult blood test, a test to determine whether you have blood in your stool or bowel movement. The blood stool test can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab.</p> <p>Have you EVER HAD a blood stool test, using a HOME test kit?</p> <p>Yes</p> <p>No [go to question 10]</p> <p>Refused</p> <p>Don't know</p>
<p>8. Have you had a HOME blood stool test in the LAST 3 YEARS where the results were NOT normal?</p> <p>Yes</p> <p>No [go to question 10]</p> <p>Refused</p> <p>Don't know</p>

9. Because of these results, what additional tests or surgery did you have?

None

Another Fecal Occult Blood Test

Sigmoidoscopy

Colonoscopy

Barium enema

Surgery

Refused

Don't know

10. Have you EVER been given a HOME blood stool test kit that you did not complete and return to the doctor or laboratory?

Yes

No

Refused

Don't know

11 . *(For respondents who had not had colonoscopy in the past 10 years, sigmoidoscopy in the past 5 years, CT colonography in the past 5 years, or FOBT in the last year)*

In the PAST 12 MONTHS, did a doctor or other health professional RECOMMEND that you be tested to look for problems in your colon or rectum?

Yes

No [**go to question 14**]

Refused

Don't know

12 . Did the doctor or other health professional recommend to you any particular tests?

Yes

No [**go to question 14**]

Refused

Don't know

13. Which tests to check for colon cancer did the doctor or other health professional recommend to you?
Possible tests include stool blood or fecal occult blood test; sigmoidoscopy; colonoscopy; CT colonography or virtual colonoscopy; or other. [CODE ALL THAT APPLY]

Stool blood test/fecal occult blood test **[go to next section]**

Sigmoidoscopy **[go to next section]**

Colonoscopy **[got to next section]**

CT colonography/virtual colonoscopy **[go to next section]**

Other **[go to next section]**

Refused **go to next section]**

Don't know **go to next section]**

14. (For respondents who had not had colonoscopy in the past 10 years, sigmoidoscopy in the past 5 years, CT colonography in the past 5 years, or FOBT in the last year)

What is the most important reason you have [fill1: NEVER had any kind of test to look for problems in your colon or rectum // NOT had any kind of test to look for problems in your colon or rectum RECENTLY]?

No reason / never thought about it

Didn't need it / Didn't know I needed this type of test

Doctor didn't order it / didn't say I needed it

Haven't had any problems

Put it off / Didn't get around to it

Too expensive / No insurance/Cost

Too painful, unpleasant, or embarrassing

Had another type of colorectal exam

Don't have doctor

Other

Refused

Don't know

15. Are any of the following statements reasons why you have [never had any kind of test to look for problems in your colon or rectum//not had any kind of test recently]?

a. I haven't had time for it

Yes

No

Refused

Don't know

b. My doctor didn't order it/say I needed it

Yes

No

Refused

Don't know

c. I didn't think that I needed it/know I needed this type of test

Yes

No

Refused

Don't know

d. I can't afford it/my insurance doesn't cover it

Yes

No

Refused

Don't know

e. Testing is too painful, unpleasant, or embarrassing

Yes

No

Refused

Don't know

f. I don't know enough about it

Yes

No

Refused

Don't know

Survivorship

[Ask all]

1.1 Have you ever been told by a doctor or other health professional that you had cancer or a malignancy of any kind?

Yes

No **[END INTERVIEW]**

1. In general, would you say your quality of life is:.....

1 Excellent

2 Very good

3 Good

4 Fair

5 Poor

2. In general, how would you rate your physical health:....

1 Excellent

2 Very good

3 Good

4 Fair

5 Poor

3. In general, how would you rate your mental health, including your mood and your ability to think?

1 Excellent

2 Very good

3 Good

4 Fair

5 Poor

4. In general, how would you rate your satisfaction with your social activities and relationships?

1 Excellent

2 Very good

3 Good

4 Fair

5 Poor

5. In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

6. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?

- 1 Completely
- 2 Mostly
- 3 Moderately
- 4 A little
- 5 Not at all

7. In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed, or irritable?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always

8. (In the past 7 days) How would you rate your fatigue on average?

- 1 None
- 2 Mild
- 3 Moderate
- 4 Severe
- 5 Very severe

9. (In the past 7 days) How would you rate your pain on average? Use a scale of 0-10 with 0 being no pain and 10 being the worst imaginable pain.

Now, I will ask you some questions about your experiences with cancer.

10. What do you think are the chances that your cancer will come back or get worse within the next 10 years? Would you say...

- 1 Very low
- 2 Fairly low
- 3 Moderate
- 4 Fairly high
- 5 Very high

11. How often do you worry that your cancer may come back or get worse? Would you say...

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 All the time

12. At any time since you were first diagnosed with cancer, did a doctor or other health professional tell you that your cancer had come back (that is, you had a recurrence)?

- 1 Yes → GO TO question 12B
- 2 No → GO TO question 13
- 3 I don't know/ Not sure → GO TO question 13

12B. IF YES: What was the year of your most recent recurrence?

_____ year

13. In the last 12 months have you received any treatment for your cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or bone marrow or stem cell transplant. Do not include surgical biopsy, insertion of medication ports, such as a Hickman, or long-term hormonal treatments such as tamoxifen or aromatase inhibitors (e.g. Arimidex or Femara) for breast cancer.

- 1 Yes → GO TO question 13B
- 2 No → GO TO question 14
- 3 Don't know

Alternative: When was the last time you received surgery, radiation therapy, chemotherapy, bone marrow transplant, or stem cell transplant to treat cancer?

13B. Are you currently in active treatment now?

- 1 Yes [go to question 15]
- 2 No [go to question 14]
- 3 I don't know/ Not sure

14. To the best of your knowledge, are you now free of cancer (that is, at this time, you don't have cancer in any part of your body)?

- 1 Yes
- 2 No
- 3 I don't know/ Not sure

If you've had more than one cancer diagnosis, please think about your most recent cancer diagnosis for the next few questions.

15. What types of treatment did you receive for this (only or most recent) cancer? Please select all that apply.

- 1 Surgery to remove the tumor
- 2 Radiation
- 3 Chemotherapy
- 4 Hormonal treatments (tamoxifen or aromatase inhibitors)
- 5 Bone marrow or stem cell transplant
- 6 Did not receive treatment [go to question 17]
- 7 Other (specify)

16. At the completion of your cancer treatment, did you receive a written summary from your doctor(s) or medical care providers that described or explained the treatment you had received?

- 1 Yes
- 2 No
- 3 I don't know/ Not sure

17. Have you EVER received advice from a doctor, nurse, or other healthcare professional about where you should return or who you should see for routine cancer check-ups after completing treatment for cancer?

- 1 Yes→ GO TO question 17B
- 2 No→ GO TO question 18
- 3 Not sure→ GO TO question 18

<p>17B. IF YES: Was this information written down, printed on paper, or provided in an electronic format for you?</p> <p>1 Yes 2 No 3 I don't know/ Not sure</p>
<p>18. Did you have any public or private health insurance that paid for all or part of your cancer treatment? (Examples of insurance include Medicare, Medicaid, insurance offered through an employer, the military, or a policy you bought on your own)</p> <p>1 Yes 2 No 3 I don't know/ Not sure</p>
<p>19. After you were diagnosed with cancer, did your doctor, nurse or other health professional talk with you about how cancer may affect your emotions or your relationships with other people?</p> <p>1 Yes → GO TO question 20 2 No → GO TO question 19B 3 Don't know/ Not sure</p>
<p>19B. Would you have liked it if your doctor had initiated a discussion about these topics with you?</p> <p>1 Yes 2 No 3 Don't know/ Not sure</p>
<p>20. How satisfied were you, overall, with how well your doctor, nurse, or other health professional, met your emotional and social needs related to your cancer diagnosis and treatment?</p> <p>1 Very satisfied 2 Somewhat satisfied 3 Not satisfied 4 Don't know</p>
<p>21. After your cancer was diagnosed, did you receive professional counseling or join a support group to help you cope?</p> <p>1 Yes → GO TO question 22 2 No → GO TO question 21B 3 I don't know/ Not sure → GO TO question 22</p>

21B. What was the main reason you did not get professional counseling or join a support group?

- 1 I didn't know these services were available→ GO TO question 21c
- 2 I didn't want it→ GO TO question 22
- 3 I didn't think I needed it→ GO TO question 22
- 4 I couldn't afford it→ GO TO question 22
- 5 Some other reason (please specify) → GO TO question 22

21C. Would you have been interested in receiving professional counseling or joining a support group if you had known about it?

- 1 Yes
- 2 No
- 3 I don't know/Not sure

For the next few questions, please answer based on all of your experiences since the first time you were diagnosed with cancer.

22. Did you participate in a research study or clinical trial as a part of your cancer treatment?

- 1 Yes
- 2 No
- 3 I don't know/Not sure

23. Were you EVER denied health insurance or life insurance coverage because of your cancer?

- 1 Yes
- 2 No
- 3 I don't know/Not sure

24. To what degree has cancer caused financial problems for you and your family?

- 1 A lot
- 2 Some
- 3 A little
- 4 Not at all
- 5 I don't know/ Not sure