

# Survey of Health Behaviors



Public Health Institute  
California Cancer Registry  
Macro International Inc.





# INSTRUCTIONS

Form Approved  
OMB No. 0920-XXXX  
Exp. Date XX/XX/XXXX

*This survey asks questions about your health and daily living. All of your answers and insights are very valuable to us. Please read each question and set of instructions carefully, and consider each of the answer choices before making your selections. There are no right or wrong answers. Please mark your answers carefully so they can be identified easily (☑).*

Public reporting burden for this collection of information is estimated to average 40 minutes per response, including 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: CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, NE, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-XXXX).

# GENERAL HEALTH

1. In general, would you say your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

2. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, Limited a Lot	Yes, Limited a Little	No, Not Limited at All
a. <u>Moderate activities</u> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Climbing <u>several</u> flights of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
a. <u>Accomplished less</u> than you would like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Were limited in the <u>kind</u> of work or other activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
a. <u>Accomplished less</u> than you would like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did work or other activities <u>less carefully than usual</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

6. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...

	All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
a. Have you felt calm and peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did you have a lot of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you felt downhearted and depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

8. Have you experienced any of the following medical conditions in the past year?

*(Check ALL that apply)*

- Arthritis
- Asthma
- Diabetes (including borderline diabetes)
- Emphysema or Chronic Obstructive Pulmonary disease (COPD)
- Kidney problems or failure
- Chronic liver condition
- Heart problems (heart attack, coronary artery/heart disease, stroke, irregular heartbeat, etc.)
- Hypertension or high blood pressure
- Depression (feeling sad or blue) that required treatment
- Anxiety (nervousness) that required treatment
- Severe problems with memory or concentration
- Osteoporosis (fragile or soft bones)
- Stomach and/or intestinal problems (Crohn's disease, ulcers, inflammatory bowel disease, etc.)
- Other: \_\_\_\_\_
- None of the above

9. How harmful or beneficial do you think the following activities are for your overall health and well-being? (*Check the answer that best applies for EVERY question*)

	Very Harmful	Somewhat Harmful	Neither	Somewhat Beneficial	Very Beneficial
a. Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Healthy eating habits (nutrition)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Healthy body weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Drinking alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Smoking cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## EXERCISE

*For the next few questions on exercise, please...*

- *Think about your average weekly exercise in the last 3 months.*
- *Only count exercise that was done during free time (not during your job or housework).*
- *Only count exercise that lasted 10 minutes or longer.*

10. In the past 3 months, have you done any exercise in your free time?

- No (*please skip to question 20*)  
 Yes (*please continue*)

**LIGHT INTENSITY EXERCISE** is exercise that takes minimal effort, causes very slight increases in breathing or heart rate, and does not usually cause perspiration or sweating. **EXAMPLES:** easy walking, yoga, bowling, lawn bowling, shuffleboard, golf.

11. In the last 3 months, have you done any **LIGHT INTENSITY EXERCISE** that lasted at least 10 minutes or longer?

- No (*please skip to question 12*)  
 Yes (*please continue*)

12. In a typical week (7 days), on how many days do you do **LIGHT INTENSITY EXERCISE** for 10 minutes or longer?

\_\_\_\_\_ days per week

13. On the days when you do **LIGHT INTENSITY EXERCISE**, how many times per day do you usually do it?

\_\_\_\_\_ times per day (number of exercise sessions per day)

14. When you do **LIGHT INTENSITY EXERCISE**, about how many minutes do you spend doing it during each exercise session?

\_\_\_\_\_ minutes per session

**MODERATE INTENSITY EXERCISE** causes small increases in breathing or heart rate, light perspiration or sweating, and is not exhausting. **EXAMPLES:** fast walking, tennis, easy bicycling, easy swimming, dancing

15. In the last 3 months, have you done any MODERATE INTENSITY EXERCISE that lasted at least 10 minutes or longer?
- No (*please skip to question 16*)
  - Yes (*please continue*)
16. In a typical week (7 days), on how many days do you do MODERATE INTENSITY EXERCISE? (please only count exercise that lasts 10 minutes or longer)
- \_\_\_\_\_ days per week
17. On the days when you do MODERATE INTENSITY EXERCISE, how many times per day do you usually do it?
- \_\_\_\_\_ times per day (number of exercise sessions per day)
18. When you do MODERATE INTENSITY EXERCISE, about how many minutes do you spend doing it during each exercise session?
- \_\_\_\_\_ minutes per session

**VIGOROUS INTENSITY EXERCISE** is hard effort exercise that causes large increases in breathing or heart rate and perspiration or sweating. **EXAMPLES:** running, aerobics classes, cross country skiing, vigorous swimming, vigorous bicycling

19. In the last 3 months, have you done any VIGOROUS INTENSITY EXERCISE that lasted at least 10 minutes or longer?
- No (*please skip to question 20*)
  - Yes (*please continue*)
20. In a typical week (7 days), on how many days do you do VIGOROUS INTENSITY EXERCISE? (please only count exercise that lasts 10 minutes or longer)
- \_\_\_\_\_ days per week
21. On the days when you do VIGOROUS INTENSITY EXERCISE, how many times per day do you usually do it?
- \_\_\_\_\_ times per day (number of exercise sessions per day)
22. When you do VIGOROUS INTENSITY EXERCISE, about how many minutes do you spend doing it during each exercise session?
- \_\_\_\_\_ minutes per session
23. Since you completed treatment for colon or rectal cancer, has there ever been a time you thought you were not getting as much exercise each week as you should?
- No
  - Yes

24. How strongly do you AGREE or DISAGREE with each of the following statements about doing regular exercise? *(Check the answer that best applies for EVERY question)*

	Strongly Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Strongly Agree
<b>Exercise...</b>					
a. is very difficult or tiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. is painful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. makes me look good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. is inconvenient or difficult to arrange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. increases my chances of living a long life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. makes me feel good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. reduces my chances of getting cancer again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. may cause injury or harm to my body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. costs me too much money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. is important for my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. How familiar are you with the following statement? *(Check the answer that best applies)*

	Never Heard of it	Slightly Familiar	Mostly Familiar	Very Familiar
Adults should do 30 minutes or more of moderate-intensity physical activity on 5 or more days of the week.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. How much do you agree or disagree with the following statement? *(Check the answer that best applies)*

	Strongly Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Strongly Agree
Close friends and family members think it's important that I get regular exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. How confident are you in your ability to exercise on a regular basis? *(Check the answer that best applies)*

Not at all Confident	Slightly Confident	Moderately Confident	Mostly Confident	Totally Confident
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# NUTRITION

28. Below is a list of dietary recommendations. Please tell us how familiar you are with each recommendation. Do NOT answer whether you follow the recommendation but rather how well you know the recommendation. *(Check one answer for EVERY recommendation)*

	Never Heard of This Recommendation	Slightly Familiar With This Recommendation	Mostly Familiar With This Recommendation	Very Familiar With This Recommendation
<b>VEGETABLE SUBGROUPS: (1) dark green, (2) orange, (3) legumes, (4) starchy, and (5) other vegetables</b>				
Eat vegetables from all five vegetable subgroups several times each week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat approximately 2½ cups of vegetables and 2 cups of fruits each day, depending on your daily calorie needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>WHOLE GRAINS</b> contain the entire grain kernel. <b>EXAMPLES</b> include whole-wheat flour, bulgur (cracked wheat), oatmeal, whole cornmeal, brown rice. 1 ounce is equal to 1 slice whole grain bread, 1 cup ready-to-eat breakfast cereal, ½ cup cooked brown rice, etc.				
Eat at least 3 ounces of whole grain products each day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>EXAMPLES OF REFINED CARBOHYDRATES AND SUGARS: pastries, sweetened cereals, soft drinks, and sugars</b>				
Limit intake of refined carbohydrates and sugars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keep total fat intake between 20% to 35% of your total calories each day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SATURATED AND TRANSFATS</b> exist in commercially fried and baked foods such as french fries, doughnuts, cookies, crackers, muffins, pies and cakes				
Limit saturated and trans fats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>EXAMPLES OF PROCESSED MEATS: salami, hot dogs, deli meats, ham, sausage</b>				
Limit intake of processed meats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When selecting and preparing meat, poultry, dry beans, and milk or milk products, make choices that are lean, low-fat, or fat-free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DEFINITION OF A DRINK: 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof distilled spirits</b>				
Limit alcohol drinking to no more than 2 drinks per day for men and 1 drink per day for women.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Think about the kinds of foods you usually eat and answer the following questions about your eating habits. *(Check one answer for EVERY question)*

	Always	Most of the Time	Sometimes	Rarely	Never	Don't Know or Not Sure
<b>How often do you...</b>						
a. include vegetables and fruits at every meal and for snacks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. eat foods that have saturated fat or trans fat in them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. choose whole grains (brown rice, whole grain bread) instead of processed or refined grains (white rice, white bread)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. eat processed meats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. choose to eat fish, poultry, or beans instead of beef, pork, or lamb?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. eat a variety of vegetables and fruits each day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. select meat, poultry, dry beans, milk and milk products that are lean, low-fat, or fat free?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Since you finished treatment for colon or rectal cancer, has there ever been a time when you thought your diet was not as healthy as it should have been?

- No
- Yes

31. How strongly do you AGREE or DISAGREE with each of the following statements about eating a healthy diet? *(Check one answer for EVERY question)*

	Strongly Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Strongly Agree
<b>Eating a healthy diet...</b>					
a. means that I'm limited to eating foods I don't like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. makes me feel good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. takes too much effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. upsets my stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. may cause injury or harm to my body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. increases my chances of living a long life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. is important for my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. costs me too much money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. reduces my chances of getting cancer again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. makes me look good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. How much do you agree or disagree with the following statement?  
*(Check the answer that best applies)*

	Strongly Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Strongly Agree
Close friends and family members think it's important that I eat a healthy diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. How confident are you in your ability to eat a healthy diet?  
*(Check the answer that best applies)*

Not at all Confident	Slightly Confident	Moderately Confident	Mostly Confident	Totally Confident
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# WEIGHT

34. Since you completed treatment for colon or rectal cancer, have you ever worked on losing weight or maintaining your weight for health reasons?

- No
- Yes

35. About how tall are you without shoes?

\_\_\_\_\_ Feet \_\_\_\_\_ Inches

36. About how much do you weigh without shoes?

\_\_\_\_\_ Pounds

37. Which of the following best describes your current body weight?

*(Check the ONE that best applies)*

- Underweight
- Normal or healthy weight
- Overweight
- Extremely overweight or obese

38. How strongly do you AGREE or DISAGREE with each of the following statements about *achieving or maintaining a healthy weight*? *(Check one answer for EVERY question)*

	Strongly Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Strongly Agree
<b>Achieving or maintaining a healthy weight...</b>					
a. means that I can't live the way I want to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. makes me feel good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. may cause injury or harm to my body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. takes too much time and attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. is unpleasant or uncomfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. reduces my chances of getting cancer again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. makes me look good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. costs me too much money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. is important for my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. How much do you AGREE or DISAGREE with the following statement?  
*(Check the answer that best applies)*

	Strongly Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Strongly Agree
Close friends and family members think it's important that I achieve or maintain a healthy weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. How confident are you in your ability to achieve or maintain a healthy weight?  
*(Check the answer that best applies)*

Not at all Confident	Slightly Confident	Moderately Confident	Mostly Confident	Totally Confident
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## TOBACCO

41. When you were first diagnosed with colon or rectal cancer, did you smoke cigarettes: *(Check one)*

- Not at all
- Some days
- Every day

42. Do you now smoke cigarettes: *(Check one)*

- Not at all
- Some days
- Every day

43. Since you were first diagnosed with colon or rectal cancer, have you stopped smoking for one day or longer because you were trying to quit smoking? *(Check the ONE that best applies)*

- I did not smoke when I was diagnosed, and I do not smoke now
- No
- Yes

44. How much do you agree or disagree with the following statement?  
*(Check the answer that best applies)*

	Strongly Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Strongly Agree
Close friends and family members think it's important that I avoid smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. How confident are you in your ability to avoid smoking?  
(Check the answer that best applies)

Not at all Confident	Slightly Confident	Moderately Confident	Mostly Confident	Totally Confident
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## ALCOHOL

The next few questions are about alcohol drinking. For these questions, keep in mind that one drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

46. During the past 30 days, on how many days did you have at least 1 drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (Check one)
- 0 days (Skip to question 40)
  - 1 or more days    On how many days did you have 1 or more drinks? \_\_\_\_\_ (Answer 1–30)
47. During the past month, on the days when you drank, about how many drinks did you drink on average?  
\_\_\_\_\_ Number of drinks
48. Compared to when you were diagnosed with colon or rectal cancer, do you now drink alcohol:  
(Check the ONE that best applies)
- Less
  - The same amount
  - More
  - I did not drink when I was diagnosed and I do not drink now

Note: If you answered “less” to the last question, please continue with question 40. Otherwise, please skip to question 41.

49. Which of the following reasons explain why you drink less alcohol now than you did when you were diagnosed with colon or rectal cancer? (Check ALL that apply)
- For my physical health
  - For weight control
  - I was told I drank too much
  - For my mental health
  - For financial or job reasons
  - For social or relationship reasons
  - For religious or spiritual reasons
  - No reason
  - Other: \_\_\_\_\_

50. How much do you agree or disagree with the following statement? *(Check the answer that best applies)*

	Strongly Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Strongly Agree
Close friends and family members think it's important that I limit or avoid drinking alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

51. How confident are you in your ability to limit or avoid drinking alcohol?  
*(Check the answer that best applies)*

Not at all Confident	Slightly Confident	Moderately Confident	Mostly Confident	Totally Confident
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## YOUR COMMENTS

52. What is the biggest challenge to living a healthy lifestyle for you now?

# RECOMMENDATIONS

The next few questions are about health-related lifestyle behaviors that health care providers might have mentioned or recommended to you. Please do NOT answer whether you do or do not practice the behaviors, but answer whether your doctor or health care provider has talked with you about the behaviors.

53. Since you finished treatment for colon or rectal cancer, has a doctor, nurse, or other health care provider ever talked with you about any of the following behaviors?  
*(Check the answer that best applies for EVERY question)*

	NO, a Healthcare Provider Has NOT Talked With Me About This	YES, a Healthcare Provider Has Talked With Me About This	Don't Know (DK) or Can't Remember if a Healthcare Provider Talked With Me About This
a. Getting regular exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Having healthy (nutritious) eating habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Limiting or avoiding alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Taking vitamins or supplements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Taking aspirin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Not smoking cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Having a healthy bodyweight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Learning more about your cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Reducing stress in your life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Getting the support you need from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Caring for your mental or emotional health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# HEALTH HISTORY

54. What was your age when you were first diagnosed with colon or rectal cancer?

\_\_\_\_\_ years

55. Which of the following statements best describes how you were diagnosed with colon or rectal cancer for the first time? (*Check ONE*)

- I was diagnosed as part of routine exams (check-ups) or screening tests (NOT because of symptoms or problems I was having).
- I was diagnosed after seeking medical care to check on problems or symptoms I was having.

56. Did you ever receive any of these treatments for colon or rectal cancer?

(*Check NO or YES for every treatment*)

Surgery to remove the cancer

- No
- Yes

Chemotherapy

- No
- Yes

Radiation therapy

- No
- Yes

Other: \_\_\_\_\_

- No
- Yes

57. Have you moved (changed homes) since you were first treated for colon or rectal cancer?

- No
- Yes → If you answered YES, about how far is your current home from the home where you lived when you were first treated? (*Check ONE*)
  - 50 miles or less
  - More than 50 miles

58. How strongly do you AGREE or DISAGREE with each of the following statements about the care you received for your colon or rectal cancer? *(Please check one box for EVERY statement)*

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
a. The doctors were good about explaining my diagnosis and the plans for my cancer treatments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I think my doctor's office had everything needed to provide complete cancer care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The cancer care I received was just about perfect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sometimes I wondered if the doctor's decisions about my treatment were correct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I was sure that I could get the cancer care I needed without being set back financially.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The doctors were careful to check everything when treating and examining me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I had to pay for more of my cancer care than I could afford.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I had easy access to the cancer specialists (cancer doctors, oncologists) I needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Where I got cancer care, people had to wait too long for emergency treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The doctors treated me in a very friendly and courteous manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. The people providing my cancer care sometimes hurried too much when they treated me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. The doctors sometimes ignored (did not listen to) what I told them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I had some doubts about the ability of the doctors who treated me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. The doctors usually spent plenty of time with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I found it hard to get an appointment for the cancer care I needed right away.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I was dissatisfied (unhappy) with some things about the cancer care I received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I was able to get cancer care whenever I needed it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

59. Do you have any friends or family members that you talk to about your health?
- No
  - Yes —————> How often do you talk to these friends or family members about health?
    - Not very often
    - Occasionally
    - Somewhat often
    - Very often

## RECURRENCE

60. Since you were first diagnosed and treated for colon or rectal cancer, has a doctor ever told you that you had a colon or rectal cancer recurrence (the cancer came back)?
- No
  - Yes —————> What was your age when your cancer came back (recurred)?  
\_\_\_\_\_ years
61. Other than colon or rectal cancer, has a doctor or other health professional ever diagnosed you with cancer of any kind?
- No
  - Yes —————> If you answered YES, check ALL the other cancers that you have had below and write in your age when you were first diagnosed with each cancer.
    - Bladder cancer —————> age at diagnosis: \_\_\_\_\_ years old
    - Breast cancer —————> age at diagnosis: \_\_\_\_\_ years old
    - Cervical cancer —————> age at diagnosis: \_\_\_\_\_ years old
    - Kidney cancer —————> age at diagnosis: \_\_\_\_\_ years old
    - Lung cancer —————> age at diagnosis: \_\_\_\_\_ years old
    - Non-Hodgkin Lymphoma —————> age at diagnosis: \_\_\_\_\_ years old
    - Prostate cancer —————> age at diagnosis: \_\_\_\_\_ years old
    - Skin (melanoma) cancer —————> age at diagnosis: \_\_\_\_\_ years old
    - Skin (non-melanoma) cancer —————> age at diagnosis: \_\_\_\_\_ years old
    - Stomach cancer —————> age at diagnosis: \_\_\_\_\_ years old
    - Other: \_\_\_\_\_ age at diagnosis: \_\_\_\_\_ years old

62. Currently, are you receiving any treatments for any type of cancer (e.g., chemotherapy, hormone pill)?
- No
  - Yes —————> If you answered YES, please explain:

*The next few questions ask about your thoughts and feelings about getting cancer again. When you answer them, be as honest as you can. There are no right or wrong answers. Simply give your answers as you feel right now.*

63. How would you rate your chances of getting cancer of the colon or rectum again in the future (i.e., recurrence)? *(Check the ONE that best applies)*
- Very low
  - Somewhat low
  - Moderate
  - Somewhat high
  - Very high
64. How would you rate your chances of getting cancer of the colon or rectum again compared with people your age who have had a similar history of cancer? *(Check the ONE that best applies)*
- Much lower
  - Lower
  - The same
  - Higher
  - Much higher
65. How would you rate your chances of getting another type of cancer in the future?  
*(Check the ONE that best applies)*
- Very low
  - Somewhat low
  - Moderate
  - Somewhat high
  - Very high
66. How would you rate your chances of getting cancer in the future, compared with people your age who never have had cancer? *(Check the ONE that best applies)*
- Much lower
  - Lower
  - The same
  - Higher
  - Much higher
67. How often do you worry about getting cancer again?  
*(Check the ONE that best applies)*
- Never
  - Rarely or never
  - Sometimes
  - Often
  - All the time

68. How severely would getting cancer again disrupt your physical comfort?  
*(Check the box that best applies)*

Not at all Disruptive				Very Disruptive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

69. How severely would getting cancer again disrupt your emotional well-being?  
*(Check the box that best applies)*

Not at all Disruptive				Very Disruptive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

70. How severely would getting cancer again disrupt your physical attractiveness and appearance?  
*(Check the box that best applies)*

Not at all Disruptive				Very Disruptive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

71. Overall, how disruptive would getting cancer again be in your life?  
*(Check the box that best applies)*

Not at all Disruptive				Very Disruptive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

72. How severe would the health consequences of getting cancer again be for you?  
*(Check the box that best applies)*

Not at all Disruptive				Very Disruptive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## ROUTINE VISITS

73. What type of health care coverage or insurance do you currently use to pay for most of your medical care? *(Check ALL that apply)*

- Don't have health care coverage
- Medicare plus other insurance
- Medicare only (no other insurance)
- Your employer's (or former employer's) insurance plan
- Someone else's employer's (or former employer's) insurance plan
- A plan that you or someone else buys on your own
- Medicaid or Medical Assistance
- The military, Tri-Care, CHAMPUS, or the VA
- Some other source

74. Since you finished treatment for your colon or rectal cancer, who have you typically seen for routine check-ups? (*Check ALL that apply*)
- A primary care doctor
  - An oncologist (cancer doctor)
  - A gastroenterologist (doctor that examines the stomach and intestines and does colonoscopy)
  - Other: \_\_\_\_\_
  - I have not seen any doctor on a regular basis
75. Since you finished treatment for colon or rectal cancer, have you ever received advice from a doctor, nurse, or other health professional about how often you should return for routine check-ups?
- No
  - Don't know/not sure
  - Yes —————> If you answered YES, was this advice written or printed on paper for you (for example, in a care plan or appointment card)?
    - No
    - Yes
76. About how long has it been since you last visited a doctor for a routine check-up? (*Check the ONE that best applies*)
- Within the past 6 months
  - Within the past 7 to 12 months
  - Within the past 1 to 2 years (at least 1 year ago but less than 2 years ago)
  - 2 or more years ago
  - I have never had a routine check-up
  - Don't know/not sure
77. As far as you know, when are you due for your next routine check-up? (*Check the ONE that best applies*)
- Within the next 6 months
  - Within the next 7 to 12 months
  - Within the next 13 months to 2 years
  - In more than 2 from now
  - Never (will not have another follow-up visit)
  - Don't know/not sure
78. Since you finished treatment for colon or rectal cancer, has there ever been a time when you were supposed to go in for a routine check-up but did not?
- No
  - Yes

79. How strongly do you AGREE or DISAGREE with each of the following statements about getting routine check-ups? *(Check one box for EVERY statement)*

	Strongly Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Strongly Agree
<b>Getting routine check-ups...</b>					
a. is reassuring (makes me feel better).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. is inconvenient or difficult to arrange.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. reduces my chances of getting cancer again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. costs me too much money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. is harmful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. increases my chances of living a long life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. is important for my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. makes me worry that I'll find out something is wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. takes too much time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

80. How much do you agree or disagree with the following statement?  
*(Check the answer that best applies)*

	Strongly Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Strongly Agree
Close friends and family members think it's important that I go in for routine check-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

81. How confident are you that you can keep/attend your routine check-up appointments as scheduled?  
*(Check the answer that best applies)*

Not at all confident	Slightly confident	Moderately confident	Mostly confident	Totally confident
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# COLONOSCOPY

Colonoscopy is an exam in which a tube is inserted in the rectum to view the entire colon for signs of cancer and other health problems. Before a colonoscopy is done, you are usually given medication through a needle in your arm to make you sleepy.

82. Since you finished treatment for colon or rectal cancer, have you ever received a recommendation from a doctor, nurse, or other health professional about when you should return for a colonoscopy?
- No
  - Don't know/not sure
  - Yes —————> If you answered YES, was this advice written or printed on paper for you, for example in a care plan or appointment card?
    - No
    - Yes
83. Since you finished treatment for colon or rectal cancer, about how many colonoscopies have you had? *(Check the ONE that best applies)*
- None (0) since completing treatment
  - 1 or 2 since completing treatment
  - 3 or more since completing treatment
  - Don't know/not sure
84. How long has it been since you had your last colonoscopy? *(Check the ONE that best applies)*
- Within the past year (anytime less than 12 months ago)
  - Within the past 1 to 2 years (at least 1 year ago but less than 2 years ago)
  - Within the past 2 to 3 years (at least 2 years ago but less than 3 years ago)
  - Within the past 3 to 4 years (at least 3 years ago but less than 4 years ago)
  - 4 or more years ago
  - I have never had a colonoscopy
  - Don't know/not sure
85. As far as you know, when are you due for your next colonoscopy? *(Check the ONE that best applies)*
- Within the next year (anytime less than 12 months from now)
  - Within the next 1 to 2 years (at least 1 year from now but less than 2 years from now)
  - Within the next 2 to 5 years (at least 2 years from now but less than 5 years from now)
  - 5 or more years from now
  - Never (will not have colonoscopy again)
  - Don't know/not sure



86. Since you finished treatment for colon or rectal cancer, has there ever been a time when you were supposed to go in for a colonoscopy but did not?

- No
- Yes

87. How strongly do you AGREE or DISAGREE with each of the following statements about getting colonoscopies to screen for cancer recurrence. *(Check one answer for EVERY question)*

	Strongly Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Strongly Agree
<b>Getting a colonoscopy...</b>					
a. is inconvenient or difficult to arrange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. is harmful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. reduces my chances of getting cancer again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. is reassuring (makes me feel better)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. increases my chances of living a long life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. takes too much time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. makes me worry that I'll find out something is wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. costs me too much money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

88. How much do you agree or disagree with the following statement? *(Check the answer that best applies)*

	Strongly Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Strongly Agree
Close friends and family members think it's important that I undergo regular screening by colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

89. How confident are you that you can attend a scheduled colonoscopy when it is recommended? *(Check the answer that best applies)*

Not at all confident	Slightly confident	Moderately confident	Mostly confident	Totally confident
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## CEA TESTING

Carcinoembryonic Antigen (or CEA) is a substance in the blood of some people with colon cancer. After surgery and other treatments are finished, CEA blood tests are used to look for early warning signs that cancer has come back.

90. Since you finished treatment for colon or rectal cancer, have you ever received advice from a doctor, nurse, or other health professional about when you should return for CEA blood tests?
- No
  - Don't know/not sure
  - Yes → If you answered YES, was this advice written or printed on paper for you, for example in a care plan or appointment card?
    - No
    - Yes

## YOUR COMMENTS

91. What, if anything, has made it most difficult for you to get medical follow-up care since you finished treatment for colon or rectal cancer?

# MAMMOGRAM

*Note: If you are a man, please skip to question 97. If you are a woman, please continue with question 92.*

A mammogram is an x-ray of each breast to look for breast cancer.

92. Since you finished treatment for colon or rectal cancer, has a doctor, nurse, or other health professional ever recommended that you get a mammogram to screen for breast cancer?
- No
  - Don't know/not sure
  - Yes —————> If you answered YES, was this advice written or printed on paper for you, for example in a care plan or appointment card?
    - No
    - Yes
93. How long has it been since you had your last mammogram? *(Check the ONE that best applies)*
- Within the past year (anytime less than 12 months ago)
  - Within the past 1 to 2 years (at least 1 year ago but less than 2 years ago)
  - 2 or more years ago
  - I have never had a mammogram
  - Don't know/not sure

# PAP TESTING

A Pap test is a test for cancer of the cervix.

94. Since you finished treatment for colon or rectal cancer, has a doctor, nurse, or other health professional ever recommended that you get a Pap test to screen for cervical cancer?
- No
  - Don't know/not sure
  - Yes —————> If you answered YES, was this advice written or printed on paper for you, for example in a care plan or appointment card?
    - No
    - Yes
95. How long has it been since your last Pap test? *(Check the ONE that best applies)*
- Within the past year (anytime less than 12 months ago)
  - Within the past 1 to 3 years (at least 1 year ago but less than 3 years ago)
  - 3 or more years ago
  - I have never had a Pap test
  - Don't know/not sure

96. A hysterectomy is an operation to remove the uterus (womb). Have you had a hysterectomy?
- No
  - Don't know/not sure
  - Yes

## PSA/DRE TESTING

To check men for prostate cancer, two different tests are commonly used. One test, called a Prostate-Specific Antigen (PSA) test, is a blood test that measures the level of prostate-specific antigen, a substance produced by the prostate.

Another test, called a Digital Rectal Exam (DRE), is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland.

*Note: If you are a woman, please skip to question 105. If you are a man, please continue with question 97.*

97. Since you finished treatment for colon or rectal cancer, has a doctor, nurse, or other health care provider ever talked with you about getting screened for prostate cancer by having a PSA test or DRE exam?
- No
  - Don't know/not sure
  - Yes  $\longrightarrow$  If you answered YES, which of the following statements best describes your health care provider's advice? (*Check ALL that apply*)
    - that you should have a PSA test
    - that you should have a DRE exam
    - that you should NOT have a PSA test
    - that you should NOT have a DRE exam
    - your health care provider did not make a recommendation about either the DRE exam or the PSA test
    - your health care provider did not make a recommendation about the DRE exam
98. How long has it been since you had your most recent PSA test or DRE exam to check for prostate cancer? (*Check the ONE that best applies*)
- Within the past year (anytime less than 12 months ago)
  - Within the past 1 to 2 years (at least 1 year ago but less than 2 years ago)
  - 2 or more years ago
  - I have never had either of these tests/exams
  - Don't know/not sure

99. Since you finished treatment for colon or rectal cancer, has there ever been a time when you were advised to get screened for prostate cancer, but did not?

- No
- Yes

100. Would you say your risk of getting prostate cancer in the future is low, medium, or high?  
*(Check the ONE that best applies)*

- Low
- Medium
- High
- Don't know/not sure

101. How would you rate your chances of getting prostate cancer in the future, compared with people your age who never have had cancer? *(Check the ONE that best applies)*

- Much lower
- Lower
- The same
- Higher
- Much higher

102. How strongly do you AGREE or DISAGREE with each of the following statements about getting screened for prostate cancer? *(Check the number that best applies for EVERY question)*

	Strongly Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Strongly Agree
<b>Getting screened for prostate cancer...</b>					
a. is painful or embarrassing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. is reassuring (makes me feel better)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. is inconvenient or difficult to arrange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. is important for my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. makes me worry I'll find out something is wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. takes too much time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. costs me too much money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. increases my chances of living a long life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. reduces my chances of getting prostate cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

103. How much do you agree or disagree with the following statement: *(Check the answer that best applies)*

	Strongly Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Strongly Agree
Close friends and family members think it's important that I be screened for prostate cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

104. How confident are you that you can get screened for prostate cancer?  
*(Check the answer that best applies)*

Not at all confident	Slightly confident	Moderately confident	Mostly confident	Totally confident
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## ABOUT YOU

105. What is today's date?

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Month                      Day                      Year

106. In what month and year were you born?

\_\_\_\_\_      \_\_\_\_\_  
Month                      Year

107. What is your gender? *(Check ONE)*

- Male
- Female

108. Are you Hispanic or Latino? *(Check ONE)*

- Yes
- No

109. Which of the following would you say is your race? *(Check ONE)*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

110. Are you? (*Check ONE*)

- Married
- Divorced
- Widowed
- Separated
- Never married
- Member of an unmarried couple


111. Please check the highest level of school you completed:  
(*Check the ONE that best applies*)

- Never attended school or only attended kindergarten
- Grades 1 through 8 (elementary)
- Grades 9 through 11 (some high school)
- Grade 12 or GED (high school graduate)
- College 1 year to 3 years (some college or technical school)
- College 4 years or more (e.g., college graduate, bachelor's, BA, BS)
- Graduate degree (e.g., master's, doctorate, MD, JD, PhD)
- Don't know
- Refused

112. Are you currently? (*Check the one that best applies*)

- Retired
- Employed for wages
- Self-employed
- A homemaker
- Unable to work or out of work

113. Has anyone helped you complete this survey?

- No
- Yes  If you answered YES, who helped you? (*Check ALL that apply*)
  - Spouse or partner
  - Friend or relative
  - Health care professional
  - Other, please explain: \_\_\_\_\_

## YOUR COMMENTS

114. Who or what has motivated you the most to take action to improve your health after cancer?

115. What could help you live a healthier lifestyle now, as a cancer survivor?

116. Any other comments?



# THANK YOU

Thank you for completing this survey. We appreciate your time. Please mail your completed survey in the envelope provided to:

Macro International Inc.  
Attention: Survey of Health Behaviors  
126 College Street  
Burlington, VT 05401

Please check the box below if you would like to receive information about the results of this study after data collection is complete. You also may find more information about cancer survivorship and CDC's survivorship activities at [www.cdc.gov/cancer/survivorship/](http://www.cdc.gov/cancer/survivorship/).

Yes, I would like study results mailed to me



## Macro International Inc.

126 College Street  
Burlington, VT 05401  
Phone: (802) 863-9600  
Fax: (802) 863-8974  
[www.macrointernational.com](http://www.macrointernational.com)