

Pre-Discussion Information Sheet

Public reporting burden for this collection of information is estimated to average 30 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: CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0800)

Please write **only** your first name on this form.

1. What is your date of birth? (Month/Day/Year)**2. What is your highest education level completed?**

- 6th Grade or less
- 7th – 8th Grade
- 9th – 11th Grade
- 12th Grade without a High School diploma
- 12th Grade with a High School diploma
- GED
- Some college
- Associate degree
- Completed college (4 year degree)

3. What is your employment status? (Check all that apply)

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Student |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Laid Off |
| <input type="checkbox"/> Presently not employed outside the home, looking for work | <input type="checkbox"/> On Strike |
| <input type="checkbox"/> Presently not employed outside the home, not looking for work | <input type="checkbox"/> Disabled |

4. What do you do for a living? What is your occupation/profession? _____**5. How many televisions do you have in your home?**

- 0
- 1
- 2
- More than 2

6. How often do you listen to the radio?

- Never or rarely
- 1-2 days a week
- 3-4 days a week
- 5-6 days a week
- Every day

7. Do you listen to the radio when you are _____ (Check all that apply)?

- In the car
- At work
- At home
- Some other place

8. During what time of the day do you most often listen to the radio?

- In the mornings (5am-12pm)
- In the afternoons (12pm-6pm)
- In the evenings (7pm-12am)

9. On which days of the week are you most likely to listen to the radio? (Check all that apply)

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday |
| <input type="checkbox"/> Thursday | |

10. Which of the following types of radio stations do you usually listen to? (Check all that apply)

- Talk Stations
- Music Stations
- AM
- FM

11. During the past 30 days, which of the following have you listened to at least 3 times a week? (Check all that apply)

- | | | |
|--------------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Alternative | <input type="checkbox"/> Gospel | <input type="checkbox"/> Pop |
| <input type="checkbox"/> Ambient | <input type="checkbox"/> Hip Hop | <input type="checkbox"/> Punk |
| <input type="checkbox"/> African | <input type="checkbox"/> Heavy Metal | <input type="checkbox"/> Rap |
| <input type="checkbox"/> Bluegrass | <input type="checkbox"/> Hard Rock | <input type="checkbox"/> Reggae |
| <input type="checkbox"/> Blues | <input type="checkbox"/> Instrumental | <input type="checkbox"/> R & B |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Jazz | <input type="checkbox"/> Rock |
| <input type="checkbox"/> Classical | <input type="checkbox"/> Latin | <input type="checkbox"/> Salsa |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Musical | <input type="checkbox"/> Trance |
| <input type="checkbox"/> Country | <input type="checkbox"/> New Age | <input type="checkbox"/> |
| <input type="checkbox"/> Disco | <input type="checkbox"/> Oldies | <input type="checkbox"/> |
| <input type="checkbox"/> Folk | <input type="checkbox"/> Opera | |

12. When you listen to the radio, which station or stations do you listen to most often?

Write in station dial location and name: _____

13. When you listen to the radio, how do you access the radio stations that you listen to?

- Using the Internet
- On a handheld device
- On a stand-alone radio
- Other: _____

14. Please indicate below from which of the following sources do you usually get information about health services in your community and how often.

Television	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Radio	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Newspapers	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Magazines	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Internet	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Doctor visits	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Church or religious organizations	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Friends	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Family members	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Other: _____	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never

15. Please indicate below if you read any of the following newspapers and how often.

	No	Yes, Weekend only	Yes, 2-3 days per week	Yes, 4-7 days per week
Ledger-Enquirer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USA Today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Loafing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atlanta Journal-Constitution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Other local papers]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. For each question below (questions 16 through 23) please mark the box that best represents how you feel:

Question	1 (Not at all serious) (Not Likely)	2	3	4	5	6	7 (Very serious) (Very Likely)
a. How serious is breast cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How likely is it that you will get breast cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Breast cancer screening will keep me from dying from breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am easily able to get screened for breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My family member or friend thinks breast cancer is a serious disease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My family member or friend thinks I am at risk for breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My family member or friend thinks breast cancer screening will prevent me from dying from breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. My family member or friend thinks I am able to get screened to prevent me from dying from breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**This is the end of our questions.
Thank you for your time.**