

Appendix A—Screeners

Public reporting burden for this collection of information is estimated to average 2 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 (0925-0589-01, expiration date 5/31/2011). Do not return the completed form to this address.

[Introductory language will be developed in conjunction with NexCura and will be presented to potential participants via an email.]

1. Have you been diagnosed with colon cancer between the years 1999 and 2007?
 Yes
 No

2. Have you been diagnosed with prostate cancer between the years 1999 and 2007?
 Yes
 No

5. How much did you think you would experience symptoms from your colon/prostate cancer?
1 2 3 4 5 6 7 8 9 10
no symptoms at all many severe symptoms

6. How concerned were you about your colon/prostate cancer?
1 2 3 4 5 6 7 8 9 10
not at all concerned extremely concerned

6. How well did you feel you would understand your colon/prostate cancer?
1 2 3 4 5 6 7 8 9 10
don't understand at all understand very clearly

7. How much did you think your colon/prostate cancer would affect you emotionally? For example, does it make you angry, scared, upset or depressed?
1 2 3 4 5 6 7 8 9 10
not at all affected emotionally extremely affected

8. Please list from most to least important the three most important factors that you believed caused your colon/prostate cancer. The most important causes for me:
1. _____
2. _____
3. _____

Part II.

Please continue to remember how you felt when your doctor told you that you had colon/prostate cancer. Now, imagine that he or she gave you the information we just showed you. Answer the following questions as though your doctor had given you the survival information we showed you.

If your doctor had given you the survival information we showed you when you were diagnosed with cancer,

1. What would you say the “take-home” message is?

2. How worried would you be about dying of colon/prostate cancer within 5 year(s)?

1 2 3 4 5
not at all

worried

an
overwhelming
amount

of worry

3. How worried would you be about dying of some other illness within 5 year(s)?

1 2 3 4 5
not at all

worried

an
overwhelming
amount

of worry

4. Would you be more worried about dying of colon/prostate cancer or of something else within 5 year(s)?

- Colon/prostate cancer
- Something else
- Equally worried about both
- I don't know

5. Do you think colon/prostate cancer patients can do something to reduce their chances of dying from colon/prostate cancer?

1 2 3 4 5 DK
definitely definitely I don't
cannot reduce can reduce know
risk risk

6. Do you think colon/prostate cancer patients can do something to reduce their chances of dying from other illnesses?

1 2 3 4 5 DK
definitely definitely I don't
cannot can reduce know

risk

risk

7. How bad would colon cancer be for you?

1 2 3 4
not bad
at all

5 DK
extremely I don't
bad know

8. Do you feel that you would die from colon/prostate within 5 year(s)?

1 2 3 4
definitely
not

5 DK
definitely I don't
will know

9. Do you feel that you would die from something else within 5 year(s)?
- | | | | | | |
|------------|---|---|---|------------|---------|
| 1 | 2 | 3 | 4 | 5 | DK |
| definitely | | | | definitely | I don't |
| not | | | | will | know |

Part III.

According to the handout...

1. Out of 100 people like this person, how many will survive for 5 year(s)? _____

2. Are people like this more likely to die of colon/prostate cancer or of something else within 5 years?
 - ___ Colon/prostate cancer
 - ___ Something else
 - ___ Equally worried about both
 - ___ I don't know

3. How believable is the information on this page?

1	2	3	4	5
not				
believable				completely
at all				believable

4. How accurate is the information on this page?

1	2	3	4	5
not				
accurate				completely
at all				accurate

5. How much do you trust the information on this page?

1	2	3	4	5
not				
at all				completely

Part IV.

Please help us learn more about you.

1. In what year were you diagnosed with cancer? _____

2. Which of the following numbers represents the biggest risk of getting a disease?
____ 1 in 100
____ 1 in 1,000
____ 1 in 10

3. What is your gender?
____ Male
____ Female

4. What is your age? _____

5. What is the last grade you completed?
____ Some high school or less
____ High school graduate
____ Some college or 2-year college degree
____ 4-year college graduate or more

6. How would you describe your ethnicity?
____ Hispanic or Latino
____ Not Hispanic or Latino

7. How would you describe your race?
____ American Indian or Alaska Native
____ Asian
____ Black or African American
____ Native Hawaiian or Other Pacific Islander
____ White

Part V.

Please share any comments or concerns you have about providing this type of information to people who are newly diagnosed with cancer.