**HEALTH INFORMATION NATIONAL TRENDS SURVEY 4**

**(HINTS 4)**

STATEMENT OF CONFIDENTIALITY

Collection of this information is authorized by The Public Health Service Act, Sections 411 (42 USC 285 a) and 412 (42 USC 285a-1.a and 285a1.3). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private under the Privacy Act and will only be seen by people authorized to work on this project. The report summarizing the findings will not contain any names or identifying information. Identifying information will be destroyed when the project ends.

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0589-10). Do not return the completed form to this address.

| **VERSION 1** | **VERSION 2** |
| --- | --- |
| 1. Have you ever looked for information about health or medical topics from any source? YesNo 🡪 Skip to 6 |
| 2. The most recent time you looked for information about health or medical topics, where did you go first? BooksBrochures, pamphlets, etc.Cancer organizationFamilyFriend/co-WorkerDoctor or health care providerInternetLibraryMagazinesNewspapersTelephone information number Complementary, alternative, or unconventional practitionerOther (Specify:) \_\_\_\_\_\_\_\_\_\_\_\_\_3. Did you look or go anywhere else? Yes No | 2a. When you need health or medical information, do you usually get it from…

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Yes | No |
| a. | Books? | \_\_\_ | \_\_\_ |
| b. | Brochures, pamphlets, etc.? | \_\_\_ | \_\_\_ |
| c. | Cancer organization? | \_\_\_ | \_\_\_ |
| d. | Family? | \_\_\_ | \_\_\_ |
| e. | Friend/co-Worker? | \_\_\_ | \_\_\_ |
| f. | Doctor or health care provider? | \_\_\_ | \_\_\_ |
| g. | Internet? | \_\_\_ | \_\_\_ |
| h. | Library? | \_\_\_ | \_\_\_ |
| i. | Magazines? | \_\_\_ | \_\_\_ |
| j. | Telephone information number? | \_\_\_ | \_\_\_ |
| k. | Complementary, alternative, or unconventional practitioner? | \_\_\_ | \_\_\_ |
| l. | Some other source? | \_\_\_ | \_\_\_ |

2b. The most recent time you looked for information about health or medical topics, where did you go first? PICK ONE.BooksBrochures, pamphlets, etc.Cancer organizationFamilyFriend/co-WorkerDoctor or health care providerInternetLibraryMagazinesNewspapersTelephone information number Complementary, alternative, or unconventional practitionerOther (Specify:) \_\_\_\_\_\_\_\_\_\_\_\_\_3. Did you look or go anywhere else that time? Yes No |
| 4. [The most recent time you looked for information about health or medical topics who was it for...](http://staging.matthewsgroup.com/hints-gem/itemdetails.aspx?itemid=562) MyselfSomeone elseBoth myself and someone else |
| 5. Based on the results of your most recent search for information about health or medical topics, how much do you agree or disagree with each of the following statements?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Strongly Agree | SomewhatAgree | SomewhatDisagree | StronglyDisagree |
| a. | It took a lot of effort to get the information you needed. | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| b. | You felt frustrated during your search for the information. | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| c. | You were concerned about the quality of the information. | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| d. | The information you found was hard to understand. | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
|  |  |  |  |  |  |

 |
| 6. Overall, how confident are you that you could get advice or information about health or medical topics if you needed it? Completely confidentVery confidentSomewhat confidentA little confidentNot confident at all |
| 7. In general, how much would you trust information about health or medical topics from each of the following?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | A lot | Some | A little | Not at all |
| a. | A doctor | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| b. | Family or friends | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| c. | Newspapers or magazines | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| d. | Radio | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| e. | The internet | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| f. | Television | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| g. | Government health agencies | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| h. | Charitable organizations | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| i. | Religious organizations and leaders | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |

 |
| 8. Imagine that you had a strong need to get information about health or medical topics. Where would you go first? BooksBrochures, pamphlets, etc.Cancer organizationFamilyFriend/co-WorkerDoctor or health care providerInternetLibraryMagazinesNewspapersTelephone information number Complementary, alternative, or unconventional practitionerOther (Specify:) \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 9. Have you ever looked for information about cancer from any source? YesNo |
| 10. The most recent time you looked for cancer information, where did you go first? BooksBrochures, pamphlets, etc.Cancer organizationFamilyFriend/co-WorkerDoctor or health care providerInternetLibraryMagazinesNewspapersTelephone information number Complementary, alternative, or unconventional practitionerOther (Specify:) \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 11. The most recent time you looked for information about cancer who was it for… MyselfSomeone elseBoth myself and someone else |
| 12. [Do you ever go on-line to access the Internet or World Wide Web, or to send and receive e-mail?](http://staging.matthewsgroup.com/hints-gem/itemdetails.aspx?itemid=249) Yes 🡪 Skip to 14No  |
| 13. Which of the following, if any, are the reasons you do not access the Internet? \_\_ I do not have time to use the Internet.\_\_ I do not think the Internet is a good use of my time.\_\_ I do not have access to a computer.\_\_ I do not have Internet access.\_\_ I do not feel comfortable using computers.\_\_ I do not feel comfortable using the Internet.\_\_ I find the content on the Internet disturbing.\_\_ I don't like the Internet.\_\_ I am worried about privacy issues on the Internet.\_\_ I am worried about Internet fraud or theft.\_\_ I think the Internet is dangerous.Go to question 21 on page 9 | 13. Which of the following, if any, are the reasons you do not access the Internet? Yes Noa. I do not have time to use the Internet. \_\_\_ \_\_\_b. I do not think the Internet is a good use of my time \_\_\_ \_\_\_c. I do not have access to a computer. \_\_\_ \_\_\_d. I do not have Internet access. \_\_\_ \_\_\_e. I do not feel comfortable using computers. \_\_\_ \_\_\_f. I do not feel comfortable using the Internet. \_\_\_ \_\_\_g. I find the content on the Internet disturbing. \_\_\_ \_\_\_h. I don't like the Internet. \_\_\_ \_\_\_i. I am worried about privacy issues on the Internet. \_\_\_ \_\_\_j. I am worried about Internet fraud or theft. \_\_\_ \_\_\_k. I think the Internet is dangerous. \_\_\_ \_\_\_Go to question 21 on page 9 |
| 14. Where do you use the Internet? \_\_ Home\_\_ Work\_\_ School\_\_ Public Library\_\_ Community Center\_\_ Someone else's house\_\_ Some other place | 14. Do you use the Internet at. . .  Yes Noa. Home? \_\_\_ \_\_\_b. Work? \_\_\_ \_\_\_c. School? \_\_\_ \_\_\_d. Public library? \_\_\_ \_\_\_e. Community Center? \_\_\_ \_\_\_f. Someone else’s house? \_\_\_ \_\_\_g. Some other place? \_\_\_ \_\_\_ |
| 15. When you use the Internet at home, do you mainly access it through... \_\_ Do not use the Internet at home\_\_ A regular ‘dial-up’ telephone line\_\_ Broadband (such as DSL, cable, FiOS)\_\_ Mobile wireless broadband (such as a 4G network)\_\_ Something else (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 16. [In the past 12 months, have you used the Internet to look for health or medical information for yourself?](http://staging.matthewsgroup.com/hints-gem/itemdetails.aspx?itemid=251) YesNo |
| 17. Is there a specific Internet site you like to go to for health or medical information? YesNo 🡪 Skip to 19 |
| 18. Specify which Internet site you especially like as a source of health or medical information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 19. Below are some ways people use the Internet. Some people have done these things, but other people have not. Please tell us whether or not you have done each of these things while using the Internet in the past 12 months.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Yes | No |
| a. | Looked for information about quitting smoking?  | \_\_\_ | \_\_\_ |
| b. | Bought medicine or vitamins on-line?  | \_\_\_ | \_\_\_ |
| c. | Participated in an on-line support group for people with a similar health or medical issue? | \_\_\_ | \_\_\_ |
| d. | Used e-mail or the Internet to communicate with a doctor or a doctor's office? | \_\_\_ | \_\_\_ |
| e. | Used a website to help you with your diet, weight, or physical activity? | \_\_\_ | \_\_\_ |
| f. | Looked for a healthcare provider? | \_\_\_ | \_\_\_ |
| g. | Downloaded to a mobile device, such as an MP3 player, cell phone, tablet computer, or electronic book device? | \_\_\_ | \_\_\_ |
| h. | Visited a "social networking" site, such as "Facebook" or "LinkedIn"?  | \_\_\_ | \_\_\_ |
| I | Wrote in an online diary or "blog" (i.e., Web log)?  | \_\_\_ | \_\_\_ |
| j. | Kept track of personal health information, such as care received, test results, or upcoming medical appointments?  | \_\_\_ | \_\_\_ |
| k. | Looked for health or medical information for someone else?  | \_\_\_ | \_\_\_ |

 | 19. In the last 12 months, have you used the Internet for any of the following reasons?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Yes | No |
| a. | Looked for information about quitting smoking?  | \_\_\_ | \_\_\_ |
| b. | Bought medicine or vitamins on-line?  | \_\_\_ | \_\_\_ |
| c. | Participated in an on-line support group for people with a similar health or medical issue? | \_\_\_ | \_\_\_ |
| d. | Used e-mail or the Internet to communicate with a doctor or a doctor's office? | \_\_\_ | \_\_\_ |
| e. | Used a website to help you with your diet, weight, or physical activity? | \_\_\_ | \_\_\_ |
| f. | Looked for a healthcare provider? | \_\_\_ | \_\_\_ |
| g. | Downloaded to a mobile device, such as an MP3 player, cell phone, tablet computer, or electronic book device? | \_\_\_ | \_\_\_ |
| h. | Visited a "social networking" site, such as "Facebook" or "LinkedIn"?  | \_\_\_ | \_\_\_ |
| I | Wrote in an online diary or "blog" (i.e., Web log)?  | \_\_\_ | \_\_\_ |
| j. | Kept track of personal health information, such as care received, test results, or upcoming medical appointments?  | \_\_\_ | \_\_\_ |
| k. | Looked for health or medical information for someone else?  | \_\_\_ | \_\_\_ |

 |
| 20. Have you done anything else health-related on the Internet? Yes (Specify:) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No  |
| 21. Not including psychiatrists and other mental health professionals, is there a particular doctor, nurse, or other health professional that you see most often? YesNo |
| 22. Do you have any of the following healthcare coverage options:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Yes | No |
| a. | Insurance through a current or former employer or union (of you or another family member) | \_\_\_ | \_\_\_ |
| b. | Medicare | \_\_\_ | \_\_\_ |
| c. | Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | \_\_\_ | \_\_\_ |
| d. | TRICARE or other military health care | \_\_\_ | \_\_\_ |
| e. | VA (including those who have ever used or enrolled for VA health care) | \_\_\_ | \_\_\_ |
| f. | Indian Health Service | \_\_\_ | \_\_\_ |

 |
| 23. Do you have any other health care coverage option?Yes (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No |
| 24. [About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.](http://staging.matthewsgroup.com/hints-gem/itemdetails.aspx?itemid=211)  Within past year (anytime less than 12 months ago) Within past 2 years (1 year but less than 2 years ago)Within past 5 years (2 years but less than 5 years ago)5 or more years agoDon't KnowNever  |
| 25. In the past 12 months, not counting times you went to an emergency room, how many times did you go to a doctor, nurse, or other health professional to get care for yourself? None 🡪 Skip to 311 Time2 Times3 Times4 Times5-9 Times10 or More Times |
| 26. In the past 12 months, how often did you feel you could rely on your doctors, nurses, or other health care professionals to take care of your health care needs? AlwaysUsuallySometimesNever |
| 27. Overall, how would you rate the quality of health care you received in the past 12 months? ExcellentVery GoodGoodFairPoor |
| 28. The following questions are about your communication with all doctors, nurses, or other health professionals you saw during the past 12 months. How often did they do each of the following?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Always | Usually | Sometimes | Never |
| a. | Give you the chance to ask all the health-related questions you had?  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| b. | Listen carefully to you?  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| c. | Give the attention you needed to your feelings and emotions?  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| d. | Involve you in decisions about your health care as much as you wanted?  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| e. | Make sure you understood the things you needed to do to take care of your health?  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| f. | Explain things in a way you could understand?  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| g. | Spend enough time with you?  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| h. | Show respect for what you had to say?  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| i. | Help you deal with feelings of uncertainty about your health or health care?  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |

 | 28. In the last 12 months, when talking with your doctors, nurses or other health professionals, how often did they . . .

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Always | Usually | Sometimes | Never |
| a. | Give you the chance to ask all the health-related questions you had?  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| b. | Listen carefully to you?  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| c. | Give the attention you needed to your feelings and emotions?  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| d. | Involve you in decisions about your health care as much as you wanted?  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| e. | Make sure you understood the things you needed to do to take care of your health?  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| f. | Explain things in a way you could understand?  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| g. | Spend enough time with you?  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| h. | Show respect for what you had to say?  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| i. | Help you deal with feelings of uncertainty about your health or health care?  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |

 |
| 29. In the past 12 months, have you talked to a doctor, nurse, or other health professional about any kind of health information you have gotten from the Internet?YesNo 🡪 Skip to 31 |
| 30. In the past 12 months when you talked with a health care professional, how interested were they in hearing about the information you found on-line?Very interestedSomewhat interestedA little interestedNot at all interested |
| 31. Overall, how confident are you about your ability to take good care of your health?Completely confidentVery confidentSomewhat confidentA little confidentNot confident at all |
| 32. In the past 12 months, have you tried to do any of the following? YES NO NAa. Reduce the amount of fat in your diet \_\_\_ \_\_ \_\_\_b. Increase the amount of fruit or vegetables that you eat \_\_\_ \_\_ \_\_\_c. Increase the amount of physical activity or exercise that you get \_\_\_ \_\_ \_\_\_ d. Reduce the amount of sugar-sweetened beverages that you consume \_\_\_ \_\_ \_\_\_e. Reduce the amount of sugar in your diet \_\_\_ \_\_ \_\_\_ f. Reach or maintain a healthy weight \_\_\_ \_\_ \_\_\_ g. Reduce your stress level \_\_\_ \_\_ \_\_\_ h. Get more sleep or improve the quality of your sleep \_\_\_ \_\_ \_\_\_  i. Reduce your intake of alcoholic beverages \_\_\_ \_\_ \_\_\_  j. Quit smoking \_\_\_ \_\_ \_\_\_  | 32. In the past 12 months, have you tried to do any of the following? YES NOa. Reduce the amount of fat in your diet \_\_\_ \_\_ b. Increase the amount of fruit or vegetables that you eat \_\_\_ \_\_ c. Increase the amount of physical activity or exercise that you get \_\_\_ \_\_d. Reduce the amount of sugar-sweetened beverages that you consume \_\_\_ \_\_e. Reduce the amount of sugar in your diet \_\_\_ \_\_ f. Reach or maintain a healthy weight \_\_\_ \_\_g. Reduce your stress level \_\_\_ \_\_h. Get more sleep or improve the quality of your sleep \_\_\_ \_\_32i. In the past 12 months have you tried to reduce your intake of alcoholic beverages? \_\_ Yes \_\_ No \_\_ I don’t drink alcoholic beverages |
| 33. These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford the food you need. Please read the following statements and indicate whether the statement was OFTEN, SOMETIMES, or NEVER true for you or anyone else in the household in the last 12 months. Often True Sometimes True Never True Not Surea. The food that we bought just didn't last, and we didn't have money to get more.b. We couldn't afford to eat balanced meals.c. At least one person in our household had to cut the size of our meals or skip meals because there wasn't enough money for food.d. At least one person in our household ate less than they  felt they should because there wasn't enough money to buy food.e. At least one person in our household was  hungry but didn't eat because we couldn't afford enough food. | 33. How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals?\_\_ Always\_\_ Usually \_\_ Sometimes\_\_ Rarely\_\_ Never  |
| 34. When available, how often do you use menu information on calories in deciding what to order?\_\_ Always \_\_ Often \_\_ Sometimes \_\_ Rarely \_\_ Never  |
| 35. How useful do you find the menu information on calories posted in restaurants?\_\_ Extremely useful \_\_ Very useful \_\_ Moderately useful \_\_ Slightly useful \_\_ Not at all useful  |
| 36. During the past month, how often did you drink 100% **pure** fruit juice such as orange, mango, apple, grape, and pineapple juices. Do **not** include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to.Never1 time last month2-3 times last month1 time per week2 times per week3-4 times per week5-6 times per week1 time per day2-3 times per day4-5 times per day6 or more times per day |
| 37. During the past month, how often did you eat **fruit**? **Include** fresh, frozen or canned fruit. Do **not** include juices.Never1 time last month2-3 times last month1 time per week2 times per week3-4 times per week5-6 times per week1 time per day2-3 times per day4-5 times per day6 or more times per day |
| 1. During the past month, how often did you eat any kind of **fried potatoes**, including French fries, home fires, or hash brown potatoes? Do **not** include potato chips?

Never1 time last month2-3 times last month1 time per week2 times per week3-4 times per week5-6 times per week1 time per day2-3 times per day4-5 times per day1. or more times per day
 |
| 1. During the past month, how often did you eat vegetables, including lettuce salads, potatoes (not fried), and all other vegetables? Do **not** include fried potatoes or potato chips.

Never1 time last month2-3 times last month1 time per week2 times per week3-4 times per week5-6 times per week1 time per day2-3 times per day4-5 times per day6 or more times per day |
| 1. During the past month, how often did you eat refried beans, baked beans, beans in soup, pork and beans or any other type of cooked dried beans? Do **not** include green beans.

Never1 time last month2-3 times last month1 time per week2 times per week3-4 times per week5-6 times per week1 time per day2-3 times per day4-5 times per day6 or more times per day |
| 1. During the past month, how often did you drink **regular soda** or pop that contains sugar? Do **not** include diet soda.

Never1 time last month2-3 times last month1 time per week2 times per week3-4 times per week5-6 times per week1 time per day2-3 times per day4-5 times per day6 or more times per day |
| 42. In a typical week, how many days do you do any physical activity or exercise of at least moderate intensity, such as brisk walking, bicycling at a regular pace, and swimming at a regular pace? None 🡪 Skip to 441 day per week2 days per week3 days per week4 days per week5 days per week6 days per week7 days per week | 42. How many days in a typical week do you exercise at least at a moderate level, making you breathe somewhat harder than normal?None 🡪Skip to 441 day per week2 days per week3 days per week4 days per week5 days per week6 days per week7 days per week |
| 43. On the days that you do any physical activity or exercise of at least moderate intensity, how long are you typically doing these activities?  Hours : minutes|\_\_|\_\_|: |\_\_|\_\_| |
| 44. In a typical week, how many days do you do leisure-time physical activities specifically designed to strengthen your muscles such as lifting weights or doing calisthenics?None 🡪 Skip to 461 day per week2 days per week3 days per week4 days per week5 days per week6 days per week7 days per week45. What activities do you typically do to strengthen your muscles? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 46. Over the past 30 days, on average how many hours per day did you sit and watch TV/movies or use a computer game console? Do not include “active gaming” such as Wii|\_\_|\_\_| Hours per day |
| 47. About how tall are you without shoes? |\_\_|\_\_|.|\_\_|\_\_| feet . inches |
| 48. About how much do you weigh, in pounds, without shoes? |\_\_|\_\_|\_\_|Lbs. |
| 49. How many times in the past 12 months have you used a tanning bed or booth?0 times 1 to 2 times3 to 10 times11 to 24 times25 or more times |
| 50. When you are outside for more than one hour on a warm sunny day, how often do you wear sunscreen? AlwaysOftenSometimesRarelyNeverDo not go out on sunny day |
| 51. Have you smoked at least 100 cigarettes in your entire life? YesNo 🡪 Skip to 53 |
| 52. How often do you now smoke cigarettes... EverydaySome daysNot at all | 52. How often do you now smoke cigarettes...  EverydaySome daysNot at all52B. In the past 12 months have you quit or tried to quit smoking? Yes No |
| 53. Which statement best describes the rules about smoking inside your home?No one is allowed to smoke anywhere inside your house Smoking is allowed in some places or at some times inside your houseSmoking is permitted anywhere inside your house |
| 54. [A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how many days per week did you have at least one drink of any alcoholic beverage?](http://staging.matthewsgroup.com/hints-gem/itemdetails.aspx?itemid=211) 0 days 1 day2 days3 days4 days5 days6 days7 days |
| 55. During the past 30 days, [on the days when you drank, about how many drinks did you drink on the average?](http://apps.nccd.cdc.gov/BRFSSQuest/DisplayV.asp?PermID=351&startpg=1&endpg=10&TopicID=1&text=&Join=AND&FromYr=Any&ToYr=Any) I\_\_\_I\_\_\_I drinks |
| 56.  [On the average, how many hours of sleep do you get in a 24-hour period? Think about the time you actually spend sleeping or napping, not just the amount of sleep you think you should get?](http://staging.matthewsgroup.com/hints-gem/itemdetails.aspx?itemid=211)  |\_\_|\_\_| number of hours | 56. How much sleep do you usually get during a typical night…. Hours : Minutesa) On a workday or school day? |\_\_|\_\_|:|\_\_|\_\_|b) On a non-work or non-school day (i.e., weekend)? |\_\_|\_\_|:|\_\_|\_\_| |
| 57. [There are situations where people provide regular care or assistance to a family member or friend who is elderly or has a long-term illness or disability. During the past month, did you provide any such care or assistance to a family member or friend who is 60 years of age or older?](http://apps.nccd.cdc.gov/BRFSSQuest/DisplayV.asp?PermID=435&startpg=1&endpg=10&TopicID=44&text=&Join=AND&FromYr=Any&ToYr=Any)Yes No |
| 58. Are you male or female? Male 🡪 Skip to 64 Female |
| 59. How long ago did you have your most recent Pap test to check for cervical cancer?A year ago or lessMore than 1 up to 2 years agoMore than 2 up to 3 years agoMore than 3 up to 5 years agoMore than 5 years agoI have never had a Pap test🡪 Skip to 61 |
| 60. Before you had the Pap test, did you and a doctor or other health care professional talk about it?No, we have not talked about the Pap testYes, we talked before I had the Pap testYes, we talked but not until after I had the Pap testNot sure | 60. When did you and a doctor or other health care professional talk about your Pap test, if ever? Yes No Not sure1. Before having the Pap test? \_\_\_ \_\_\_ \_\_\_
2. After having the Pap test? \_\_\_ \_\_\_ \_\_\_
 |
| 61. A mammogram is an x-ray of each breast to look for cancer. When did you have your most recent mammogram to check for breast cancer, if ever? A year ago or lessMore than 1 up to 2 years agoMore than 2 up to 3 years agoMore than 3 up to 5 years agoMore than 5 years agoI have never had a mammogram 🡪 Skip to 63 |
| 62. Before you had the mammogram, did you and a doctor or other health care professional talk about it? No, we have not talked about the mammogramYes, we talked before I had the mammogram Yes, we talked but not until after I had the mammogramNot sureGO TO Q64 | 62. When did you and a doctor or other health care professional talk about your mammogram, if ever? Yes No Not sure1. Before having the mammogram? \_\_\_ \_\_\_ \_\_\_
2. After having the mammogram? \_\_\_ \_\_\_ \_\_\_

GO TO Q64 |
| 63. Have you and a doctor or other health care professional talked about mammograms?YesNo |
| 64. A vaccine to prevent HPV infection is available and is called the HPV shot, cervical cancer vaccine, GARDASIL®, or Cervarix®. Has a doctor or other health care professional ever talked with you about the HPV shot or vaccine? YesNoNot sure |
| 65. Have you ever had a test to check for colon cancer? These tests include: A **colonoscopy** – For this test, a tube is inserted into your rectum and you are given medication that may make you feel sleepy. After the procedure, you need someone to drive you homeA **sigmoidoscopy** – For this test, you are awake when the tube is inserted into your rectum. After the test you can drive yourself homeA **stool blood test** – For this test, you collect a stool sample at home, and then provide it to a doctor or lab for testing.YesNo, I have never had any test to look for colon cancer🡪 Skip to 67 |
| 66. Before you had the test, did you and a doctor or other health care professional talk about the different tests that are used to look for colorectal cancer?No, we have not talked about tests to look for colorectal cancerYes, we talked before I had a test to look for colorectal cancerYes, we talked but not until after I had a test to look for colorectal cancerNot sureGO TO Q68 | 66. When, if ever, did you and a doctor or other health care professional talk about the tests that are used to look for colorectal cancer? Yes No Not sure1. Before having the test? \_\_\_ \_\_\_ \_\_\_
2. After having the test? \_\_\_ \_\_\_ \_\_\_

GO TO Q68 |
| 67. Have you and a doctor or other health care professional talked about any of the different tests that are used to look for colorectal cancer?YesNo |
| 68. (Only males need to answer this question.) The following questions are about discussions doctors or other health care professionals may have with their patients about the PSA test that is used to look for prostate cancer. Have you ever had a PSA test?YesNo🡪 Skip to 70Not sure🡪 Skip to 70 |
| 69. Before you had the PSA test, did you and a doctor or other health care professional talk about the test?No, we have not talked about the PSA testYes, we talked before I had the PSA testYes, we talked but not until after I had the PSA testNot sureGO TO Q71 | 69. When, if ever, did you and a doctor or other health care professional talk about the PSA test? Yes No Not sure1. Before having the test? \_\_\_ \_\_\_ \_\_\_
2. After having the test? \_\_\_ \_\_\_ \_\_\_

GO TO Q71 |
| 70. Did you and a doctor or other health care professional talk about the PSA test?YesNo |
| 71. Has a doctor or other health care professional ever told you that some doctors recommend the PSA test and others do not?YesNoDon’t know  |
| 72. Has a doctor or other health care professional ever told you that no one is sure if using the PSA test actually saves lives?YesNoDon’t know |
| **This section contains several questions about cancer. For each, try to think about cancer in general when answering.**73. I do what I can to get checked for cancer.\_\_\_ Strongly agree\_\_\_ Somewhat agree\_\_\_ Somewhat disagree\_\_\_ Strongly disagree

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

 |
| 74. How likely do you think it is that you will develop cancer in the future? Very lowSomewhat lowModerateSomewhat highVery high |
| 75. How often do you worry about getting cancer? Rarely or neverSometimesOftenAll the time |
| 76. How much do you agree or disagree with each of the following statements?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Strongly Agree | SomewhatAgree | SomewhatDisagree | StronglyDisagree |
| a. | It seems like everything causes cancer  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| b. | There’s not much you can do to lower your chances of getting cancer. | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| c. | There are so many different recommendations about preventing cancer, it's hard to know which ones to follow.  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |

 |
| 77. Have you ever been diagnosed as having cancer? YesNo 🡪 Skip to 83 |
| 78. What type of cancer did you have? Bladder cancerBone cancerBreast cancerCervical cancer (cancer of the cervix)Colon cancerEndometrial cancer (cancer of the uterus)Head and neck cancerHodgkin's lymphomaLeukemia/blood cancerLiver cancerLung cancerMelanomaNon-Hodgkin lymphomaOral cancer Ovarian cancer Pancreatic cancer Pharyngeal (throat) cancer Prostate cancer Rectal cancer Renal (kidney) cancer Skin cancer, other Stomach cancer Other (Specify): \_\_\_\_\_\_\_\_\_\_\_  |
| 79. At what age were you first told that you had cancer?[ENTER AGE.]|\_\_|\_\_|\_\_| |
| 80. Did you ever receive any treatment for your cancer? YesNo 🡪 Skip to 83 |
| 81. Which of the following cancer treatments have you ever received?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Yes | No |
| a. | Chemotherapy (pills) | \_\_\_ | \_\_\_ |
| b. | Chemotherapy (intravenous) | \_\_\_ | \_\_\_ |
| c. | Radiation | \_\_\_ | \_\_\_ |
| d. | Surgery | \_\_\_ | \_\_\_ |
| e. | Other | \_\_\_ | \_\_\_ |

 |
| 82. Are you currently receiving cancer treatment?\_\_\_ Yes 🡪 skip to Q83\_\_\_ No82B. About when did you finish your most recent cancer treatment?\_\_\_ In the last 12 months \_\_\_ More than 1 year ago but less than 2 years ago\_\_\_ 2 or more years ago, but less than 5 years ago\_\_\_ 5 or more years ago, but less than 10 years ago\_\_\_ 10 or more years ago, but less than 15 years ago\_\_\_ 15 or more years ago |
| 83. Have any of your family members ever had cancer? YesNoNo Family |
| 84. In general, would you say your health is... ExcellentVery GoodGoodFairPoor |
| 85. How often did you feel each of the following during the past 30 days?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
| a. | So sad that nothing could cheer you up  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| b. | Nervous  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| c. | Restless or fidgety  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| d. | Hopeless  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| e. | That everything was an effort  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| f. | Worthless  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |

 |
| **The next questions ask about different sources of information you may have seen about the foods you eat, the medications you take, and any medical products you use.** |
| 86. How much do you agree or disagree with the following statements:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
| a. | I can easily find information about the foods I eat.  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| b. | The information I get about the foods I eat is clear and understandable. | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| c. | The information I get about the foods I eat is not helpful for making food choices.  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |

 |
| 87. [The next set of questions asks for your opinion about the information you get about the benefits of the drugs you take regularly.](http://staging.matthewsgroup.com/hints-gem/itemdetails.aspx?itemid=616)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
| a. | I can easily find information about the benefits of the drugs I regularly take.  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| b. | The information I get about the benefits of the drugs I regularly take is clear and understandable.  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| c. | The information I get about drug benefits does not usually help me make decisions about whether or not to start taking a drug. | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |

 |
| 88. [The next set of questions asks for your opinion about the information you get about the risks of the drugs you take regularly.](http://staging.matthewsgroup.com/hints-gem/itemdetails.aspx?itemid=616)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
| a. | I can easily find information about the risks of the drugs I regularly take.  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| b. | The information I get about the risks of the drugs I regularly take is clear and understandable.  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| c. | The information I get about drug risks does not usually help me make decisions about whether or not to start taking a drug. | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |

 |
| 89. How much do you agree or disagree with the following statements...

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
| a. | Over-the-counter drugs are safer than prescription drugs.  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| b. | Over-the-counter drugs are less effective than prescription drugs.  | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |

 |
| 90. The first time a doctor prescribes a drug for you, [how often do you read the **information leaflet** that comes with the drugs?](http://staging.matthewsgroup.com/hints-gem/itemdetails.aspx?itemid=616) AlwaysOftenSometimesRarelyNever |
| 91. How much do you agree or disagree with the following statement: The **information leaflet** for prescription drugs is easy to understand.Strongly agreeAgreeNeither agree nor disagreeDisagreeStrongly disagree |
| 92. In the past year, the first time you use a home medical product such as contact lenses, blood pressure cuffs, glucose test kits, and pregnancy test kits, how frequently did you read the **information leaflet** that came with it? AlwaysOftenSometimesRarelyNever |
| 93. How much do you agree or disagree with the following statement: The **information leaflets** that come with the medical products I use in my home are easy to understand. Strongly agreeAgreeNeither agree nor disagreeDisagreeStrongly disagree |
| 94. The following questions ask about **advertisement**s for prescription drugs. *Strongly Agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| a. | Advertisements for prescription drugs do not give enough information about the possible benefits of using the medication.  |  |  |  |  |  |
| b. | Advertisements for prescription drugs give enough information about the negative side-effects of using the drug.  |  |  |  |  |  |

 | 94. The following questions ask about **advertisements** for prescription drugs. *Strongly Agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| a. | Advertisements for prescription drugs give enough information about the possible benefits of using the medication.  |  |  |  |  |  |
| b. | Advertisements for prescription drugs do not give enough information about the negative side-effects of using the drug.  |  |  |  |  |  |

 |
| 95. The following questions ask about **advertisements** for over-the-counter drugs. *Strongly Agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| a. | Advertisements for over-the-counter drugs give enough information about the possible benefits of using the drug.  |  |  |  |  |  |
| b. | Advertisements for over-the-counter drugs do not give enough information about the negative side-effects of using the drug.  |  |  |  |  |  |

 |
| 96. The following questions ask about **advertisements** for commonly used medical products such as inhalers, glucose test kits and contact lenses. *Strongly Agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| a. | Advertisements for commonly used medical products do not give enough information about the possible benefits of using these products.  |
| b. | Advertisements for commonly used medical products give enough information about the negative side-effects of using these products.  |

 | 96. The following questions ask about **advertisements** for commonly used medical products such as inhalers, glucose test kits and contact lenses. *Strongly Agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| a. | Advertisements for commonly used medical products give enough information about the possible benefits of using these products.  |
| b. | Advertisements for commonly used medical products do not give enough information about the negative side-effects of using these products.  |

 |
| 97. The next two questions are about **Drug Facts labels**. When you purchase over-the-counter drugs for the first time, how frequently do you read the **Drug Facts label**? AlwaysOftenSometimesRarelyNever |
| 98. How much do you agree with the following statement: The **Drug Facts label** on over-the-counter drugs is easy to understand. Strongly agreeAgreeNeither agree nor disagreeDisagreeStrongly disagree |
| 99. What would you do if a drug you used was recalled? Would you:Stop taking it at onceKeep using the drug/Pay no attention to the recallContact the manufacturerGo on the manufacturer’s websiteContact your doctor/nurse/other medical professionalTalk to my pharmacist Be on my guard/keep using itUnsureOther (please specify:) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 99. What would you do if a drug you used was recalled? Would you: Yes NoStop taking it at onceKeep using the drug/Pay no attention to the recallContact the manufacturerGo on the manufacturer’s websiteContact your doctor/nurse/other medical professionalTalk to my pharmacist Be on my guard/keep using itUnsureOther (please specify:) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 100. You may have heard about some recent recalls on medical products like gel-filled teethers, automated external defibrillators, stents, pacemakers or infant apnea monitors. What would you do if a medical product you use was recalled?  Have it removed/stop using itContact my doctorContact the manufacturerHave it replaced/Find a substituteKeep using it/Keep itMake no changeOther (please specify:) \_\_\_\_\_\_\_\_\_\_\_\_\_Unsure | 100. You may have heard about some recent recalls on medical products like gel-filled teethers, automated external defibrillators, stents, pacemakers or infant apnea monitors. What would you do if a medical product you use was recalled? Would you… Yes NoHave it removed/stop using itContact my doctorContact the manufacturerHave it replaced/Find a substituteKeep using it/Keep itMake no changeOther (please specify:) \_\_\_\_\_\_\_\_\_\_\_\_\_Unsure |
| 101. In the past six months, did you visit the Food & Drug Administration’s website (www.fda.gov)? Yes 🡪 Skip to Q103No |
| 102. Why haven’t you visited the FDA’s website? I don’t own a computer (no Internet access)Skip to Q105I don’t have a reason to visit the siteI prefer other sitesI didn’t know about the FDA siteI don’t trust government websitesI don’t trust the FDAIt’s too hard to find information on the FDA website Other (please specify):\_\_\_\_\_\_\_  | 102. Why haven’t you visited the FDA’s website? Is it because… Yes NoI don’t own a computer (no Internet access)I don’t have a reason to visit the siteI prefer other sitesI didn’t know about the FDA siteI don’t trust government websites I don’t trust the FDAIt’s too hard to find information on the FDA website Other (please specify):\_\_\_\_\_\_\_ Skip to Q105 |
| 103. On your most recent visit, did you find the information you were looking for? YesNo |
| 104. How easy or hard was it to find the information you were looking for? Very easy EasyNeither easy nor hardHardVery hard  |
| 105. In general, I think that the information I give doctors is safely guarded. Strongly agreeSomewhat agreeSomewhat disagreeStrongly disagree |
| 106. Clinical trials are research studies that involve people. They are designed to test the safety and effectiveness of new treatments and to compare new treatments with the standard care that people currently get. Have you ever heard of a clinical trial? YesNo 🡪 Go to Q109 | **SIMPLIFIED WORDING**106. Clinical trials are research studies with people that test how well new medical treatments work compared to the standard care people get now. Have you ever heard of a clinical trial?YesNo -> Go to Q109 |
| 107. Have you participated in a clinical trial?YesNo | 107. Have you participated in a clinical trial?YesNo Not sure |
| 108. Would you be willing to participate in a clinical trial? Yes No Not sure |
| 109. As far as you know, do your healthcare providers maintain your medical information in a portable, electronic format? YesNo |
| 110. Please indicate how important each of the following statements is to you.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Very Important | Somewhat Important | Not at all Important |
| a. | Health care providers should be able to share your medical information with each other electronically  | \_\_\_ | \_\_\_ | \_\_\_ |
| b. | You should be able to get to your own medical information electronically  | \_\_\_ | \_\_\_ | \_\_\_ |

 |
| 111. Please indicate how much you agree or disagree with the following statement. Scientists doing research should be able to review my medical information if the information cannot be linked to me personally. Strongly agreeSomewhat agreeSomewhat disagreeStrongly disagree |
| 112. [Does anyone in your family have a working cell phone?](http://staging.matthewsgroup.com/hints-gem/itemdetails.aspx?itemid=154) YesNo |
| 113. Is there at least one telephone inside your home that is currently working and is not a cell phone? YesNo |
| 114. What is your age? [ENTER AGE.]|\_\_|\_\_|\_\_| |
| 115. What is your current occupational status? EmployedUnemployedHomemakerStudentRetiredDisabledOther (Specify:) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 116. Have you ever served on active duty in the U.S. Armed Forces, military Reserves or National Guard? Active duty does not include training in the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf war.Yes, now on active dutyYes on active duty in the last 12 months but not nowYes on active duty in the past, but not in the last 12 monthsNo, training for Reserves or National Guard onlyNo, never served in the military |
| 117. What is your marital status? MarriedLiving as MarriedDivorcedWidowedSeparatedSingle, Never Been Married |
| 118. What is the highest grade or level of schooling you completed?Less Than 8 Years8 Through 11 Years12 Years or Completed High SchoolPost High School Training Other Than College (Vocational or Technical)Some CollegeCollege GraduatePostgraduate |
| 119. Were you born in the United States? Yes 🡪 Skip to 123No |
| 120. Are you a citizen of the United States? Yes 🡪 Skip to 122NoApplication Pending |
| 121. Are you a permanent resident with a green card / permanent residence authorization? YesNoApplication Pending |
| 122. In what year did you come to live in the United States? [ENTER YEAR]|\_\_|\_\_|\_\_|\_\_| |
| 123. How comfortable do you feel speaking English?Completely comfortableVery comfortableSomewhat comfortableA little comfortableNot at all comfortable |
| 124. Are you Hispanic or Latino? YesNo |
| 125. Which one or more of the following would you say is your race? MARK ALL THAT APPLY. American Indian / Alaska NativeAsianBlack / African AmericanNative Hawaiian / Other Pacific IslanderWhite |
| 126. Including yourself, how many people live in your household? [ENTER NUMBER.]|\_\_|\_\_| |
| 127. Please mark the gender and write in the age of each adult 18 years of age or older living at this address.

|  |  |  |
| --- | --- | --- |
|  | Gender | Age |
| 1 | * Male
* Female
 |  |
| 2 | * Male
* Female
 |  |
| 3 | * Male
* Female
 |  |
| 4 | * Male
* Female
 |  |
| 5 | * Male
* Female
 |  |

 |
| 128. How many children under the age of 18 live in your household? [ENTER NUMBER.]|\_\_|\_\_| |
| 129. Thinking about members of your family living in this household, what is your combined annual income, meaning the total pre-tax income from all sources earned in the past year? $0 to $9,999$10,000 to $14,999$15,000 to $19,999$20,000 to $34,999$35,000 to $49,999$50,000 to $74,999$75,000 to $99,999$100,000 to $199,999$200,000 or more |
| 130. Do you currently rent or own your home?OwnRentOccupied Without Paying Monetary Rent |
| 131. Did you complete this survey all in one sitting, or did you do it in more than one sitting? I completed the survey all in one sittingI completed the survey in more than one sitting. |
| 132. Did anyone help you complete this survey?YesNo |
| 133. About how long did it take you to complete the survey?Minutes Hours|\_\_|\_\_ | |\_\_|\_\_| |
| 134. At which of the following types of addresses does your household currently receive residential mail? Mark all that applyA street address with a house or building numberAn address with a rural route numberA U.S. post office box (P.O. Box)A commercial mail box establishment (such as Mailboxes are Us, Mailboxes, Etc.) |

STATEMENT OF CONFIDENTIALITY

Collection of this information is authorized by The Public Health Service Act, Sections 411 (42 USC 285 a) and 412 (42 USC 285a-1.a and 285a1.3). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private under the Privacy Act and will only be seen by people authorized to work on this project. The report summarizing the findings will not contain any names or identifying information. Identifying information will be destroyed when the project ends.

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public reporting burden for this collection of information is estimated to average 10 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 (0925-0589-10). Do not return the completed form to this address.

**HINTS 4 Pilot Test**

**Respondent Debriefing**

**ID # \_\_\_\_\_\_\_\_**

**Respondent Selection version \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Questionnaire method\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INTRODUCTION**

Hello, I’m (name) calling from Westat. I’m calling to speak with the person who recently completed a survey for us. It was a survey completed on health and was from the federal government. Would that be you?

When would be a convenient time to contact {NAME/the person who completed the survey}?

[IF DO NOT HAVE NAME: Who should I ask for when I call back?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

**WHEN THE RESPONDENT COMES TO THE PHONE**

Hello, I understand that you completed a health survey a few weeks ago. We have a few questions about the survey. Could we talk to you about these for about 10 minutes?

**IF YES**

We are calling to try to find out about how you completed the survey. This information will help us improve the survey. This is a research project and your participation is voluntary. You can stop at any time and you can skip any question you wish. We expect this to take less than 10 minutes.

Everything that we cover here will be kept private under the Privacy Act. I would also appreciate your permission to audio record this conversation. The recording will be for note-taking purposes only. This allows me to listen to what you say and not try to write down what you are saying.

[IF RESPONDENT AGREES, START RECORDER] I have started the recorder. Do I have your permission to record our discussion?

**START OF DEBRIEFING**

1. Think back to when you first learned about the survey. Did you open the envelope when the survey arrived in the mail or did someone else in the household?

Respondent Go to Question 2

Someone else Go to Question 8

2. (if Q1=Respondent) What made you open the mail packet (as opposed to throwing it away)?

 Do you generally get the mail?

3. What do you remember about the envelope or mailing materials?

 Can you tell me what came inside the packet (questionnaire, letter, incentive)?

4. [IF DID NOT MENTION LETTER] Was there a letter that came with the survey?

5. Could you tell me what you remember about the letter?

 Would you say you read the letter or did you skip it?

6. What are the things you remember the most about the materials that came in the (first) mail packet?

 Why is that important to you?

7. How did you decide who should fill out the survey?

**Go To Question 10**

8. (if Q1=Someone else) How did you find out about the survey? Did someone give it to you?

9. Why were you asked to complete the survey?

10. Did you fill it out as soon as you found out about it? (if no) How long did you wait before you filled it out?

Now, I want to talk a little about the questionnaire you completed

11. Do you recall how long it took you to fill out?

12. Could you tell me what you remember about the questions you answered?

13. Were there any questions that you found particularly difficult to answer?

 Were there questions that were hard to understand?

14. What about the instructions and directions on the survey. What did you think of these?

 Did you have any problems figuring out which question you should answer next?

 Did you have any problems with the written instructions?

15. Now that you know what is on the survey, how would you describe what the survey is about?

16. How do you think your information will be used?

17. Would you do it again? Why (Why not)?

Do you have any questions for me?

Thank you very much for your time.