

HEALTH INFORMATION NATIONAL TRENDS SURVEY 4 (HINTS 4)

STATEMENT OF CONFIDENTIALITY

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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.

Attachment B: Questionnaire Versions 1 and 2

OMB No. 0925-0589-10

Expiration date: 5/31/11

VERSION 1	VERSION 2																																							
<p>1. Have you ever looked for information about health or medical topics from any source? Yes No → Skip to 6</p> <p>2. The most recent time you looked for information about health or medical topics, where did you go first? Books Brochures, pamphlets, etc. Cancer organization Family Friend/co-Worker Doctor or health care provider Internet Library Magazines Newspapers Telephone information number Complementary, alternative, or unconventional practitioner Other (Specify:) _____</p> <p>3. Did you look or go anywhere else? Yes No</p>	<p>2a. When you need health or medical information, do you usually get it from...</p> <table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr><td>a. Books?</td><td style="text-align: center;">___</td><td style="text-align: center;">___</td></tr> <tr><td>b. Brochures, pamphlets, etc.?</td><td style="text-align: center;">___</td><td style="text-align: center;">___</td></tr> <tr><td>c. Cancer organization?</td><td style="text-align: center;">___</td><td style="text-align: center;">___</td></tr> <tr><td>d. Family?</td><td style="text-align: center;">___</td><td style="text-align: center;">___</td></tr> <tr><td>e. Friend/co-Worker?</td><td style="text-align: center;">___</td><td style="text-align: center;">___</td></tr> <tr><td>f. Doctor or health care provider?</td><td style="text-align: center;">___</td><td style="text-align: center;">___</td></tr> <tr><td>g. Internet?</td><td style="text-align: center;">___</td><td style="text-align: center;">___</td></tr> <tr><td>h. Library?</td><td style="text-align: center;">___</td><td style="text-align: center;">___</td></tr> <tr><td>i. Magazines?</td><td style="text-align: center;">___</td><td style="text-align: center;">___</td></tr> <tr><td>j. Telephone information number?</td><td style="text-align: center;">___</td><td style="text-align: center;">___</td></tr> <tr><td>k. Complementary, alternative, or unconventional practitioner?</td><td style="text-align: center;">___</td><td style="text-align: center;">___</td></tr> <tr><td>l. Some other source?</td><td style="text-align: center;">___</td><td style="text-align: center;">___</td></tr> </tbody> </table> <p>2b. The most recent time you looked for information about health or medical topics, where did you go first? PICK ONE. Books Brochures, pamphlets, etc. Cancer organization Family Friend/co-Worker Doctor or health care provider Internet Library Magazines Newspapers Telephone information number Complementary, alternative, or unconventional practitioner Other (Specify:) _____</p> <p>3. Did you look or go anywhere else that time? Yes No</p>		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?	___	___
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<p>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 <u>each</u> of the following statements?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 12.5%; text-align: center;">Strongly Agree</th> <th style="width: 12.5%; text-align: center;">Somewhat Agree</th> <th style="width: 12.5%; text-align: center;">Somewhat Disagree</th> <th style="width: 12.5%; text-align: center;">Strongly Disagree</th> </tr> </thead> <tbody> <tr> <td>a. It took a lot of effort to get the information you needed.</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>b. You felt frustrated during your search for the information.</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>c. You were concerned about the quality of the information.</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>d. The information you found was hard to understand.</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> </tbody> </table>			Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	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.	—	—	—	—																									
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<p>6. Overall, how confident are you that you could get advice or information about health or medical topics if you needed it?</p> <p>Completely confident Very confident Somewhat confident A little confident Not confident at all</p>																																																			
<p>7. In general, how much would you trust information about health or medical topics from <u>each</u> of the following?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 12.5%; text-align: center;">A lot</th> <th style="width: 12.5%; text-align: center;">Some</th> <th style="width: 12.5%; text-align: center;">A little</th> <th style="width: 12.5%; text-align: center;">Not at all</th> </tr> </thead> <tbody> <tr> <td>a. A doctor</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>b. Family or friends</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>c. Newspapers or magazines</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>d. Radio</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>e. The internet</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>f. Television</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>g. Government health agencies</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>h. Charitable organizations</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>i. Religious organizations and leaders</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> </tbody> </table>			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	—	—	—	—
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<p>8. Imagine that you had a strong need to get information about health or medical topics. Where would you go first?</p> <p>Books Brochures, pamphlets, etc. Cancer organization Family Friend/co-Worker Doctor or health care provider Internet Library Magazines Newspapers Telephone information number Complementary, alternative, or unconventional practitioner Other (Specify:) _____</p>	
<p>9. Have you ever looked for information about cancer from any source?</p> <p>Yes No</p>	
<p>10. The most recent time you looked for cancer information, where did you go first?</p> <p>Books Brochures, pamphlets, etc. Cancer organization Family Friend/co-Worker Doctor or health care provider Internet Library Magazines Newspapers Telephone information number Complementary, alternative, or unconventional practitioner Other (Specify:) _____</p>	

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<p>11. The most recent time you looked for information about cancer who was it for...</p> <p>Myself Someone else Both myself and someone else</p>																																					
<p>12. Do you ever go on-line to access the Internet or World Wide Web, or to send and receive e-mail?</p> <p>Yes → Skip to 14 No</p>																																					
<p>13. Which of the following, if any, are the reasons you do not access the Internet?</p> <p><input type="checkbox"/> I do not have time to use the Internet. <input type="checkbox"/> I do not think the Internet is a good use of my time. <input type="checkbox"/> I do not have access to a computer. <input type="checkbox"/> I do not have Internet access. <input type="checkbox"/> I do not feel comfortable using computers. <input type="checkbox"/> I do not feel comfortable using the Internet. <input type="checkbox"/> I find the content on the Internet disturbing. <input type="checkbox"/> I don't like the Internet. <input type="checkbox"/> I am worried about privacy issues on the Internet. <input type="checkbox"/> I am worried about Internet fraud or theft. <input type="checkbox"/> I think the Internet is dangerous.</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: 20px;"> <p>Go to question 21 on page 9</p> </div>	<p>13. Which of the following, if any, are the reasons you do not access the Internet?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a. I do not have time to use the Internet.</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> <tr> <td>b. I do not think the Internet is a good use of my time</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> <tr> <td>c. I do not have access to a computer.</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> <tr> <td>d. I do not have Internet access.</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> <tr> <td>e. I do not feel comfortable using computers.</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> <tr> <td>f. I do not feel comfortable using the Internet.</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> <tr> <td>g. I find the content on the Internet disturbing.</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> <tr> <td>h. I don't like the Internet.</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> <tr> <td>i. I am worried about privacy issues on the Internet.</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> <tr> <td>j. I am worried about Internet fraud or theft.</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> <tr> <td>k. I think the Internet is dangerous.</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> </tbody> </table> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: 20px;"> <p>Go to question 21 on page 9</p> </div>		Yes	No	a. 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.	___	___
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<p>14. Where do you use the Internet?</p> <p><input type="checkbox"/> Home</p> <p><input type="checkbox"/> Work</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Public Library</p> <p><input type="checkbox"/> Community Center</p> <p><input type="checkbox"/> Someone else's house</p> <p><input type="checkbox"/> Some other place</p>	<p>14. Do you use the Internet at. . .</p> <p>a. Home? <input type="checkbox"/></p> <p>b. Work? <input type="checkbox"/></p> <p>c. School? <input type="checkbox"/></p> <p>d. Public library? <input type="checkbox"/></p> <p>e. Community Center? <input type="checkbox"/></p> <p>f. Someone else's house? <input type="checkbox"/></p> <p>g. Some other place? <input type="checkbox"/></p>	<p>Yes</p> <p>No</p> <p><input type="checkbox"/></p>
<p>15. When you use the Internet at home, do you mainly access it through...</p> <p><input type="checkbox"/> Do not use the Internet at home</p> <p><input type="checkbox"/> A regular 'dial-up' telephone line</p> <p><input type="checkbox"/> Broadband (such as DSL, cable, FiOS)</p> <p><input type="checkbox"/> Mobile wireless broadband (such as a 4G network)</p> <p><input type="checkbox"/> Something else (specify): _____</p>		
<p>16. In the past 12 months, have you used the Internet to look for health or medical information for yourself?</p> <p>Yes</p> <p>No</p>		
<p>17. Is there a specific Internet site you like to go to for health or medical information?</p> <p>Yes</p> <p>No → Skip to 19</p>		
<p>18. Specify which Internet site you especially like as a source of health or medical information:</p> <p>_____</p>		

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<p>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 <u>in the past 12 months</u>.</p> <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>a. Looked for information about quitting smoking?</td> <td>___</td> <td>___</td> </tr> <tr> <td>b. Bought medicine or vitamins on-line?</td> <td>___</td> <td>___</td> </tr> <tr> <td>c. Participated in an on-line support group for people with a similar health or medical issue?</td> <td>___</td> <td>___</td> </tr> <tr> <td>d. Used e-mail or the Internet to communicate with a doctor or a doctor's office?</td> <td>___</td> <td>___</td> </tr> <tr> <td>e. Used a website to help you with your diet, weight, or physical activity?</td> <td>___</td> <td>___</td> </tr> <tr> <td>f. Looked for a healthcare provider?</td> <td>___</td> <td>___</td> </tr> <tr> <td>g. Downloaded to a mobile device, such as an MP3 player, cell phone, tablet computer, or electronic book device?</td> <td>___</td> <td>___</td> </tr> <tr> <td>h. Visited a "social networking" site, such as "Facebook" or "LinkedIn"?</td> <td>___</td> <td>___</td> </tr> <tr> <td>i. Wrote in an online diary or "blog" (i.e., Web log)?</td> <td>___</td> <td>___</td> </tr> <tr> <td>j. Kept track of personal health information, such as care received, test results, or upcoming medical appointments?</td> <td>___</td> <td>___</td> </tr> <tr> <td>k. Looked for health or medical information for someone else?</td> <td>___</td> <td>___</td> </tr> </tbody> </table>		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?	___	___	<p>19. In the last 12 months, have you used the Internet for any of the following reasons?</p> <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>a. Looked for information about quitting smoking?</td> <td>___</td> <td>___</td> </tr> <tr> <td>b. Bought medicine or vitamins on-line?</td> <td>___</td> <td>___</td> </tr> <tr> <td>c. Participated in an on-line support group for people with a similar health or medical issue?</td> <td>___</td> <td>___</td> </tr> <tr> <td>d. Used e-mail or the Internet to communicate with a doctor or a doctor's office?</td> <td>___</td> <td>___</td> </tr> <tr> <td>e. Used a website to help you with your diet, weight, or physical activity?</td> <td>___</td> <td>___</td> </tr> <tr> <td>f. Looked for a healthcare provider?</td> <td>___</td> <td>___</td> </tr> <tr> <td>g. Downloaded to a mobile device, such as an MP3 player, cell phone, tablet computer, or electronic book device?</td> <td>___</td> <td>___</td> </tr> <tr> <td>h. Visited a "social networking" site, such as "Facebook" or "LinkedIn"?</td> <td>___</td> <td>___</td> </tr> <tr> <td>i. Wrote in an online diary or "blog" (i.e., Web log)?</td> <td>___</td> <td>___</td> </tr> <tr> <td>j. Kept track of personal health information, such as care received, test results, or upcoming medical appointments?</td> <td>___</td> <td>___</td> </tr> <tr> <td>k. Looked for health or medical information for someone else?</td> <td>___</td> <td>___</td> </tr> </tbody> </table>		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?	___	___
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a. Looked for information about quitting smoking?	___	___																																																																							
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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?	___	___																																																																							
<p>20. Have you done anything else health-related on the Internet? Yes (Specify:) _____ No</p>																																																																									
<p>21. Not including psychiatrists and other mental health professionals, is there a particular doctor, nurse, or other health professional that you see most often? Yes No</p>																																																																									

Attachment B: Questionnaire Versions 1 and 2

OMB No. 0925-0589-10

Expiration date: 5/31/11

VERSION 1	VERSION 2
22. Do you have any of the following healthcare coverage options:	
a. Insurance through a current or former employer or union (of you or another family member)	Yes ___ No ___
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.	
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 ago Don't Know Never	
25. <u>In the past 12 months</u> , 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 31 1 Time 2 Times 3 Times 4 Times 5-9 Times 10 or More Times	

Attachment B: Questionnaire Versions 1 and 2

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VERSION 1	VERSION 2
<p>26. <u>In the past 12 months</u>, 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?</p> <p>Always Usually Sometimes Never</p>	
<p>27. Overall, how would you rate the quality of health care you received <u>in the past 12 months</u>?</p> <p>Excellent Very Good Good Fair Poor</p>	

Attachment B: Questionnaire Versions 1 and 2

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VERSION 1	VERSION 2																																																																																																				
<p>28. The following questions are about your communication with all doctors, nurses, or other health professionals you saw during <u>the past 12 months</u>. How often did they do each of the following?</p> <table border="0"> <thead> <tr> <th></th> <th>Always</th> <th>Usually</th> <th>Sometimes</th> <th>Never</th> </tr> </thead> <tbody> <tr> <td>a. Give you the chance to ask all the health-related questions you had?</td> <td>___</td> <td>___</td> <td>___</td> <td>___</td> </tr> <tr> <td>b. Listen carefully to you?</td> <td>___</td> <td>___</td> <td>___</td> <td>___</td> </tr> <tr> <td>c. Give the attention you needed to your feelings and emotions?</td> <td>___</td> <td>___</td> <td>___</td> <td>___</td> </tr> <tr> <td>d. Involve you in decisions about your health care as much as you wanted?</td> <td>___</td> <td>___</td> <td>___</td> <td>___</td> </tr> <tr> <td>e. Make sure you understood the things you needed to do to take care of your health?</td> <td>___</td> <td>___</td> <td>___</td> <td>___</td> </tr> <tr> <td>f. Explain things in a way you could understand?</td> <td>___</td> <td>___</td> <td>___</td> <td>___</td> </tr> <tr> <td>g. Spend enough time with you?</td> <td>___</td> <td>___</td> <td>___</td> <td>___</td> </tr> <tr> <td>h. Show respect for what you had to say?</td> <td>___</td> <td>___</td> <td>___</td> <td>___</td> </tr> <tr> <td>i. Help you deal with feelings of uncertainty about your health or health care?</td> <td>___</td> <td>___</td> <td>___</td> <td>___</td> </tr> </tbody> </table>		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?	___	___	___	___	<p>28. In the last 12 months, when talking with your doctors, nurses or other health professionals, how often did they . . .</p> <table border="0"> <thead> <tr> <th></th> <th>Always</th> <th>Usually</th> <th>Sometimes</th> <th>Never</th> </tr> </thead> <tbody> <tr> <td>a. Give you the chance to ask all the health-related questions you had?</td> <td>___</td> <td>___</td> <td>___</td> <td>___</td> </tr> <tr> <td>b. Listen carefully to you?</td> <td>___</td> <td>___</td> <td>___</td> <td>___</td> </tr> <tr> <td>c. Give the attention you needed to your feelings and emotions?</td> <td>___</td> <td>___</td> <td>___</td> <td>___</td> </tr> <tr> <td>d. Involve you in decisions about your health care as much as you wanted?</td> <td>___</td> <td>___</td> <td>___</td> <td>___</td> </tr> <tr> <td>e. Make sure you understood the things you needed to do to take care of your health?</td> <td>___</td> <td>___</td> <td>___</td> <td>___</td> </tr> <tr> <td>f. Explain things in a way you could understand?</td> <td>___</td> <td>___</td> <td>___</td> <td>___</td> </tr> <tr> <td>g. Spend enough time with you?</td> <td>___</td> <td>___</td> <td>___</td> <td>___</td> </tr> <tr> <td>h. Show respect for what you had to say?</td> <td>___</td> <td>___</td> <td>___</td> <td>___</td> </tr> <tr> <td>i. Help you deal with feelings of uncertainty about your health or health care?</td> <td>___</td> <td>___</td> <td>___</td> <td>___</td> </tr> </tbody> </table>		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?	___	___	___	___
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<p>29. <u>In the past 12 months</u>, have you talked to a doctor, nurse, or other health professional about any kind of health information you have gotten from the Internet? Yes No → Skip to 31</p>																																																																																																					
<p>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 interested Somewhat interested A little interested Not at all interested</p>																																																																																																					

Attachment B: Questionnaire Versions 1 and 2

OMB No. 0925-0589-10

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VERSION 1	VERSION 2																																																																							
<p>31. Overall, how confident are you about your ability to take good care of your health?</p> <p>Completely confident Very confident Somewhat confident A little confident Not confident at all</p>																																																																								
<p>32. In the past 12 months, have you tried to do any of the following?</p> <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>NA</th> </tr> </thead> <tbody> <tr> <td>a. Reduce the amount of fat in your diet</td> <td>___</td> <td>___</td> <td>___</td> </tr> <tr> <td>b. Increase the amount of fruit or vegetables that you eat</td> <td>___</td> <td>___</td> <td>___</td> </tr> <tr> <td>c. Increase the amount of physical activity or exercise that you get</td> <td>___</td> <td>___</td> <td>___</td> </tr> <tr> <td>d. Reduce the amount of sugar-sweetened beverages that you consume</td> <td>___</td> <td>___</td> <td>___</td> </tr> <tr> <td>e. Reduce the amount of sugar in your diet</td> <td>___</td> <td>___</td> <td>___</td> </tr> <tr> <td>f. Reach or maintain a healthy weight</td> <td>___</td> <td>___</td> <td>___</td> </tr> <tr> <td>g. Reduce your stress level</td> <td>___</td> <td>___</td> <td>___</td> </tr> <tr> <td>h. Get more sleep or improve the quality of your sleep</td> <td>___</td> <td>___</td> <td>___</td> </tr> <tr> <td>i. Reduce your intake of alcoholic beverages</td> <td>___</td> <td>___</td> <td>___</td> </tr> <tr> <td>j. Quit smoking</td> <td>___</td> <td>___</td> <td>___</td> </tr> </tbody> </table>		YES	NO	NA	a. 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	___	___	___	<p>32. In the past 12 months, have you tried to do any of the following?</p> <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a. Reduce the amount of fat in your diet</td> <td>___</td> <td>___</td> </tr> <tr> <td>b. Increase the amount of fruit or vegetables that you eat</td> <td>___</td> <td>___</td> </tr> <tr> <td>c. Increase the amount of physical activity or exercise that you get</td> <td>___</td> <td>___</td> </tr> <tr> <td>d. Reduce the amount of sugar-sweetened beverages that you consume</td> <td>___</td> <td>___</td> </tr> <tr> <td>e. Reduce the amount of sugar in your diet</td> <td>___</td> <td>___</td> </tr> <tr> <td>f. Reach or maintain a healthy weight</td> <td>___</td> <td>___</td> </tr> <tr> <td>g. Reduce your stress level</td> <td>___</td> <td>___</td> </tr> <tr> <td>h. Get more sleep or improve the quality of your sleep</td> <td>___</td> <td>___</td> </tr> </tbody> </table> <p>32i. In the past 12 months have you tried to reduce your intake of alcoholic beverages?</p> <p>___ Yes ___ No ___ I don't drink alcoholic beverages</p>		YES	NO	a. 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	___	___
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Attachment B: Questionnaire Versions 1 and 2

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VERSION 1	VERSION 2
<p>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.</p> <p>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.</p> <p style="text-align: center;">Often True Sometimes True Never True Not Sure</p> <p>a. The food that we bought just didn't last, and we didn't have money to get more.</p> <p>b. We couldn't afford to eat balanced meals.</p> <p>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.</p> <p>d. At least one person in our household ate less than they felt they should because there wasn't enough money to buy food.</p> <p>e. At least one person in our household was hungry but didn't eat because we couldn't afford enough food.</p>	<p>33. How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals?</p> <p><input type="checkbox"/> Always</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Rarely</p> <p><input type="checkbox"/> Never</p>
<p>34. When available, how often do you use menu information on calories in deciding what to order?</p> <p><input type="checkbox"/> Always</p> <p><input type="checkbox"/> Often</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Rarely</p> <p><input type="checkbox"/> Never</p>	
<p>35. How useful do you find the menu information on calories posted in restaurants?</p> <p><input type="checkbox"/> Extremely useful</p> <p><input type="checkbox"/> Very useful</p> <p><input type="checkbox"/> Moderately useful</p> <p><input type="checkbox"/> Slightly useful</p> <p><input type="checkbox"/> Not at all useful</p>	

VERSION 1	VERSION 2
<p>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.</p> <ul style="list-style-type: none"> Never 1 time last month 2-3 times last month 1 time per week 2 times per week 3-4 times per week 5-6 times per week 1 time per day 2-3 times per day 4-5 times per day 6 or more times per day 	
<p>37. During the past month, how often did you eat fruit? Include fresh, frozen or canned fruit. Do not include juices.</p> <ul style="list-style-type: none"> Never 1 time last month 2-3 times last month 1 time per week 2 times per week 3-4 times per week 5-6 times per week 1 time per day 2-3 times per day 4-5 times per day 6 or more times per day 	

VERSION 1	VERSION 2
<p>38. 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?</p> <ul style="list-style-type: none"> Never 1 time last month 2-3 times last month 1 time per week 2 times per week 3-4 times per week 5-6 times per week 1 time per day 2-3 times per day 4-5 times per day 6 or more times per day 	
<p>39. 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.</p> <ul style="list-style-type: none"> Never 1 time last month 2-3 times last month 1 time per week 2 times per week 3-4 times per week 5-6 times per week 1 time per day 2-3 times per day 4-5 times per day 6 or more times per day 	

VERSION 1	VERSION 2
<p>40. 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.</p> <ul style="list-style-type: none"> Never 1 time last month 2-3 times last month 1 time per week 2 times per week 3-4 times per week 5-6 times per week 1 time per day 2-3 times per day 4-5 times per day 6 or more times per day 	
<p>41. During the past month, how often did you drink regular soda or pop that contains sugar? Do not include diet soda.</p> <ul style="list-style-type: none"> Never 1 time last month 2-3 times last month 1 time per week 2 times per week 3-4 times per week 5-6 times per week 1 time per day 2-3 times per day 4-5 times per day 6 or more times per day 	

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VERSION 1	VERSION 2
<p>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 44 1 day per week 2 days per week 3 days per week 4 days per week 5 days per week 6 days per week 7 days per week</p>	<p>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 44 1 day per week 2 days per week 3 days per week 4 days per week 5 days per week 6 days per week 7 days per week</p>
<p>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 _ _ : _ _ </p>	
<p>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 46 1 day per week 2 days per week 3 days per week 4 days per week 5 days per week 6 days per week 7 days per week</p> <p>45. What activities do you typically do to strengthen your muscles? _____ _____</p>	
<p>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</p>	
<p>47. About how tall are you without shoes? _ _ . _ _ feet . inches</p>	
<p>48. About how much do you weigh, in pounds, without shoes? _ _ _ Lbs.</p>	

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VERSION 1	VERSION 2
<p>49. How many times in the past 12 months have you used a tanning bed or booth?</p> <ul style="list-style-type: none"> 0 times 1 to 2 times 3 to 10 times 11 to 24 times 25 or more times 	
<p>50. When you are outside for more than one hour on a warm sunny day, how often do you wear sunscreen?</p> <ul style="list-style-type: none"> Always Often Sometimes Rarely Never Do not go out on sunny day 	
<p>51. Have you smoked at least 100 cigarettes in your entire life?</p> <ul style="list-style-type: none"> Yes No → Skip to 53 	
<p>52. How often do you now smoke cigarettes...</p> <ul style="list-style-type: none"> Everyday Some days Not at all 	<p>52. How often do you now smoke cigarettes...</p> <ul style="list-style-type: none"> Everyday Some days Not at all <p>52B. In the past 12 months have you quit or tried to quit smoking?</p> <ul style="list-style-type: none"> Yes No
<p>53. Which statement best describes the rules about smoking inside your home?</p> <ul style="list-style-type: none"> No one is allowed to smoke anywhere inside your house Smoking is allowed in some places or at some times inside your house Smoking is permitted anywhere inside your house 	
<p>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?</p> <ul style="list-style-type: none"> 0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days 	

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VERSION 1	VERSION 2												
55. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? 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? ___ ___ number of hours	56. How much sleep do you usually get during a typical night... Hours : Minutes a) 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? 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 less More than 1 up to 2 years ago More than 2 up to 3 years ago More than 3 up to 5 years ago More than 5 years ago I 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 test Yes, we talked before I had the Pap test Yes, we talked but not until after I had the Pap test Not sure	60. When did you and a doctor or other health care professional talk about your Pap test, if ever? <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Not sure</th> </tr> </thead> <tbody> <tr> <td>a. Before having the Pap test?</td> <td>___</td> <td>___</td> <td>___</td> </tr> <tr> <td>b. After having the Pap test?</td> <td>___</td> <td>___</td> <td>___</td> </tr> </tbody> </table>		Yes	No	Not sure	a. Before having the Pap test?	___	___	___	b. After having the Pap test?	___	___	___
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a. Before having the Pap test?	___	___	___										
b. 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 less More than 1 up to 2 years ago More than 2 up to 3 years ago More than 3 up to 5 years ago More than 5 years ago I have never had a mammogram → Skip to 63													

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<p>62. Before you had the mammogram, did you and a doctor or other health care professional talk about it?</p> <p>No, we have not talked about the mammogram Yes, we talked before I had the mammogram Yes, we talked but not until after I had the mammogram Not sure GO TO Q64</p>	<p>62. When did you and a doctor or other health care professional talk about your mammogram, if ever?</p> <table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">Not sure</td> </tr> <tr> <td>a. Before having the mammogram?</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> <tr> <td>b. After having the mammogram?</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> </table> <p>GO TO Q64</p>		Yes	No	Not sure	a. Before having the mammogram?	___	___	___	b. After having the mammogram?	___	___	___
	Yes	No	Not sure										
a. Before having the mammogram?	___	___	___										
b. After having the mammogram?	___	___	___										
<p>63. Have you and a doctor or other health care professional talked about mammograms?</p> <p>Yes No</p>													
<p>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?</p> <p>Yes No Not sure</p>													
<p>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 home A sigmoidoscopy – For this test, you are awake when the tube is inserted into your rectum. After the test you can drive yourself home A stool blood test – For this test, you collect a stool sample at home, and then provide it to a doctor or lab for testing.</p> <p>Yes No, I have never had any test to look for colon cancer → Skip to 67</p>													
<p>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?</p> <p>No, we have not talked about tests to look for colorectal cancer Yes, we talked before I had a test to look for colorectal cancer Yes, we talked but not until after I had a test to look for colorectal cancer Not sure GO TO Q68</p>	<p>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?</p> <table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">Not sure</td> </tr> <tr> <td>a. Before having the test?</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> <tr> <td>b. After having the test?</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> </table> <p>GO TO Q68</p>		Yes	No	Not sure	a. Before having the test?	___	___	___	b. After having the test?	___	___	___
	Yes	No	Not sure										
a. Before having the test?	___	___	___										
b. After having the test?	___	___	___										
<p>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?</p> <p>Yes No</p>													
<p>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?</p> <p>Yes No → Skip to 70 Not sure → Skip to 70</p>													

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<p>69. Before you had the PSA test, did you and a doctor or other health care professional talk about the test?</p> <p>No, we have not talked about the PSA test Yes, we talked before I had the PSA test Yes, we talked but not until after I had the PSA test Not sure</p> <p>GO TO Q71</p>	<p>69. When, if ever, did you and a doctor or other health care professional talk about the PSA test?</p> <table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">Not sure</td> </tr> <tr> <td>a. Before having the test?</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> <tr> <td>b. After having the test?</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> </table> <p>GO TO Q71</p>		Yes	No	Not sure	a. Before having the test?	___	___	___	b. After having the test?	___	___	___
	Yes	No	Not sure										
a. Before having the test?	___	___	___										
b. After having the test?	___	___	___										
<p>70. Did you and a doctor or other health care professional talk about the PSA test?</p> <p>Yes No</p>													
<p>71. Has a doctor or other health care professional ever told you that some doctors recommend the PSA test and others do not?</p> <p>Yes No Don't know</p>													
<p>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?</p> <p>Yes No Don't know</p>													
<p>➡ This section contains several questions about cancer. For each, try to think about cancer in general when answering.</p>													
<p>73. I do what I can to get checked for cancer.</p> <p>___ Strongly agree ___ Somewhat agree ___ Somewhat disagree ___ Strongly disagree</p>													
<p>74. How likely do you think it is that you will develop cancer in the future?</p> <p>Very low Somewhat low Moderate Somewhat high Very high</p>													
<p>75. How often do you worry about getting cancer?</p> <p>Rarely or never Sometimes Often All the time</p>													

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<p>76. How much do you agree or disagree with each of the following statements?</p> <p>a. It seems like everything causes cancer</p> <p>b. There's not much you can do to lower your chances of getting cancer.</p> <p>c. There are so many different recommendations about preventing cancer, it's hard to know which ones to follow.</p>	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
	—	—	—	—
	—	—	—	—
	—	—	—	—
<p>77. Have you ever been diagnosed as having cancer? Yes No → Skip to 83</p>				
<p>78. What type of cancer did you have?</p> <p>Bladder cancer</p> <p>Bone cancer</p> <p>Breast cancer</p> <p>Cervical cancer (cancer of the cervix)</p> <p>Colon cancer</p> <p>Endometrial cancer (cancer of the uterus)</p> <p>Head and neck cancer</p> <p>Hodgkin's lymphoma</p> <p>Leukemia/blood cancer</p> <p>Liver cancer</p> <p>Lung cancer</p> <p>Melanoma</p> <p>Non-Hodgkin lymphoma</p> <p>Oral cancer</p> <p>Ovarian cancer</p> <p>Pancreatic cancer</p> <p>Pharyngeal (throat) cancer</p> <p>Prostate cancer</p> <p>Rectal cancer</p> <p>Renal (kidney) cancer</p> <p>Skin cancer, other</p> <p>Stomach cancer</p> <p>Other (Specify): _____</p>				
<p>79. At what age were you first told that you had cancer? [ENTER AGE.] __ __ __ </p>				

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<p>80. Did you ever receive any treatment for your cancer? Yes No → Skip to 83</p>		
<p>81. Which of the following cancer treatments have you ever received?</p> <p>a. Chemotherapy (pills)</p> <p>b. Chemotherapy (intravenous)</p> <p>c. Radiation</p> <p>d. Surgery</p> <p>e. Other</p>	<p>Yes</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p>	<p>No</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p>
<p>82. Are you currently receiving cancer treatment? ___ Yes → skip to Q83 ___ No</p> <p>82B. 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</p>		
<p>83. Have any of your family members ever had cancer? Yes No No Family</p>		
<p>84. In general, would you say your health is... Excellent Very Good Good Fair Poor</p>		

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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 <u>benefits</u> of the drugs you take regularly.					
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. I can easily find information about the <u>benefits</u> 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.	—	—	—	—	—

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<p>88. The next set of questions asks for your opinion about the information you get about the <u>risks</u> of the drugs you take regularly.</p> <p>a. I can easily find information about the <u>risks</u> of the drugs I regularly take.</p> <p>b. The information I get about the risks of the drugs I regularly take is clear and understandable.</p> <p>c. The information I get about drug risks does not usually help me make decisions about whether or not to start taking a drug.</p>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<p>89. How much do you agree or disagree with the following statements...</p> <p>a. Over-the-counter drugs are safer than prescription drugs.</p> <p>b. Over-the-counter drugs are less effective than prescription drugs.</p>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<p>90. The first time a doctor prescribes a drug for you, how often do you read the information leaflet that comes with the drugs?</p> <p>Always</p> <p>Often</p> <p>Sometimes</p> <p>Rarely</p> <p>Never</p>					
<p>91. How much do you agree or disagree with the following statement: The information leaflet for prescription drugs is easy to understand.</p> <p>Strongly agree</p> <p>Agree</p> <p>Neither agree nor disagree</p> <p>Disagree</p> <p>Strongly disagree</p>					

VERSION 1	VERSION 2
<p>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?</p> <p>Always Often Sometimes Rarely Never</p>	
<p>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.</p> <p>Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree</p>	
<p>94. The following questions ask about advertisements for <u>prescription</u> drugs. <i>Strongly Agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree</i></p> <p>a. Advertisements for prescription drugs do not give enough information about the possible benefits of using the medication.</p> <p>b. Advertisements for prescription drugs give enough information about the negative side-effects of using the drug.</p>	<p>94. The following questions ask about advertisements for <u>prescription</u> drugs. <i>Strongly Agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree</i></p> <p>a. Advertisements for prescription drugs give enough information about the possible benefits of using the medication.</p> <p>b. Advertisements for prescription drugs do <u>not</u> give enough information about the negative side-effects of using the drug.</p>
<p>95. The following questions ask about advertisements for <u>over-the-counter</u> drugs. <i>Strongly Agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree</i></p> <p>a. Advertisements for over-the-counter drugs give enough information about the possible benefits of using the drug.</p> <p>b. Advertisements for over-the-counter drugs do <u>not</u> give enough information about the negative side-effects of using the drug.</p>	

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<p>96. The following questions ask about advertisements for <u>commonly used medical products</u> such as inhalers, glucose test kits and contact lenses. <i>Strongly Agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree</i></p> <p>a. Advertisements for commonly used medical products do not give enough information about the possible benefits of using these products.</p> <p>b. Advertisements for commonly used medical products give enough information about the negative side-effects of using these products.</p>	<p>96. The following questions ask about advertisements for <u>commonly used medical products</u> such as inhalers, glucose test kits and contact lenses. <i>Strongly Agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree</i></p> <p>a. Advertisements for commonly used medical products give enough information about the possible benefits of using these products.</p> <p>b. Advertisements for commonly used medical products do <u>not</u> give enough information about the negative side-effects of using these products.</p>
<p>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?</p> <p>Always Often Sometimes Rarely Never</p>	
<p>98. How much do you agree with the following statement: The Drug Facts label on over-the-counter drugs is easy to understand.</p> <p>Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree</p>	
<p>99. What would you do if a drug you used was recalled? Would you:</p> <p>Stop taking it at once Keep using the drug/Pay no attention to the recall Contact the manufacturer Go on the manufacturer's website Contact your doctor/nurse/other medical professional Talk to my pharmacist Be on my guard/keep using it Unsure Other (please specify:) _____</p>	<p>99. What would you do if a <u>drug</u> you used was recalled? Would you:</p> <p style="text-align: right;">Yes No</p> <p>Stop taking it at once Keep using the drug/Pay no attention to the recall Contact the manufacturer Go on the manufacturer's website Contact your doctor/nurse/other medical professional Talk to my pharmacist Be on my guard/keep using it Unsure Other (please specify:) _____</p>

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<p>100. You may have heard about some recent recalls on medical products like gel-filled teethingers, automated external defibrillators, stents, pacemakers or infant apnea monitors. What would you do if a medical product you use was recalled?</p> <p>Have it removed/stop using it Contact my doctor Contact the manufacturer Have it replaced/Find a substitute Keep using it/Keep it Make no change Other (please specify:) _____ Unsure</p>	<p>100. You may have heard about some recent recalls on medical products like gel-filled teethingers, automated external defibrillators, stents, pacemakers or infant apnea monitors. What would you do if a <u>medical product</u> you use was recalled? Would you...</p> <p style="text-align: right;">Yes No</p> <p>Have it removed/stop using it Contact my doctor Contact the manufacturer Have it replaced/Find a substitute Keep using it/Keep it Make no change Other (please specify:) _____ Unsure</p>
<p>101. In the past six months, did you visit the Food & Drug Administration's website (www.fda.gov)?</p> <p>Yes → Skip to Q103 No</p>	
<p>102. Why haven't you visited the FDA's website?</p> <p>I don't own a computer (no Internet access) I don't have a reason to visit the site I prefer other sites I didn't know about the FDA site I don't trust government websites I don't trust the FDA It's too hard to find information on the FDA website Other (please specify): _____</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-top: 10px;">Skip to Q105</div>	<p>102. Why haven't you visited the FDA's website? Is it because...</p> <p style="text-align: right;">Yes No</p> <p>I don't own a computer (no Internet access) I don't have a reason to visit the site I prefer other sites I didn't know about the FDA site I don't trust government websites I don't trust the FDA It's too hard to find information on the FDA website Other (please specify): _____</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-top: 10px;">Skip to Q105</div>
<p>103. On your most recent visit, did you find the information you were looking for?</p> <p>Yes No</p>	
<p>104. How easy or hard was it to find the information you were looking for?</p> <p>Very easy Easy Neither easy nor hard Hard Very hard</p>	

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<p>105. In general, I think that the information I give doctors is safely guarded.</p> <p>Strongly agree Somewhat agree Somewhat disagree Strongly disagree</p>													
<p>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?</p> <p>Yes No → Go to Q109</p>	<p>SIMPLIFIED WORDING</p> <p>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?</p> <p>Yes No → Go to Q109</p>												
<p>107. Have you participated in a clinical trial?</p> <p>Yes No</p>	<p>107. Have you participated in a clinical trial?</p> <p>Yes No Not sure</p>												
<p>108. Would you be willing to participate in a clinical trial?</p> <p>Yes No Not sure</p>													
<p>109. As far as you know, do your healthcare providers maintain your medical information in a portable, electronic format?</p> <p>Yes No</p>													
<p>110. Please indicate how important each of the following statements is to you.</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 15%; text-align: center;">Very Important</th> <th style="width: 15%; text-align: center;">Somewhat Important</th> <th style="width: 15%; text-align: center;">Not at all Important</th> </tr> </thead> <tbody> <tr> <td>a. Health care providers should be able to share your medical information with each other electronically</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>b. You should be able to get to your own medical information electronically</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> </tbody> </table>			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	—	—	—
	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	—	—	—										
<p>111. Please indicate how much you agree or disagree with the following statement.</p> <p>Scientists doing research should be able to review my medical information if the information cannot be linked to me personally.</p> <p>Strongly agree Somewhat agree Somewhat disagree Strongly disagree</p>													
<p>112. Does anyone in your family have a working cell phone?</p> <p>Yes No</p>													

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<p>113. Is there at least one telephone inside your home that is currently working and is not a cell phone?</p> <p>Yes</p> <p>No</p>	
<p>114. What is your age?</p> <p>[ENTER AGE.]</p> <p> _ _ _ _ </p>	
<p>115. What is your current occupational status?</p> <p>Employed</p> <p>Unemployed</p> <p>Homemaker</p> <p>Student</p> <p>Retired</p> <p>Disabled</p> <p>Other (Specify:) _____</p>	
<p>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.</p> <p>Yes, now on active duty</p> <p>Yes on active duty in the last 12 months but not now</p> <p>Yes on active duty in the past, but not in the last 12 months</p> <p>No, training for Reserves or National Guard only</p> <p>No, never served in the military</p>	
<p>117. What is your marital status?</p> <p>Married</p> <p>Living as Married</p> <p>Divorced</p> <p>Widowed</p> <p>Separated</p> <p>Single, Never Been Married</p>	
<p>118. What is the highest grade or level of schooling you completed?</p> <p>Less Than 8 Years</p> <p>8 Through 11 Years</p> <p>12 Years or Completed High School</p> <p>Post High School Training Other Than College (Vocational or Technical)</p> <p>Some College</p> <p>College Graduate</p> <p>Postgraduate</p>	

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119. Were you born in the United States? Yes → Skip to 123 No	
120. Are you a citizen of the United States? Yes → Skip to 122 No Application Pending	
121. Are you a permanent resident with a green card / permanent residence authorization? Yes No Application 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 comfortable Very comfortable Somewhat comfortable A little comfortable Not at all comfortable	
124. Are you Hispanic or Latino? Yes No	
125. Which one or more of the following would you say is your race? MARK ALL THAT APPLY. American Indian / Alaska Native Asian Black / African American Native Hawaiian / Other Pacific Islander White	
126. Including yourself, how many people live in your household? [ENTER NUMBER.] _ _	

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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	<ul style="list-style-type: none"> • Male • Female 	
2	<ul style="list-style-type: none"> • Male • Female 	
3	<ul style="list-style-type: none"> • Male • Female 	
4	<ul style="list-style-type: none"> • Male • Female 	
5	<ul style="list-style-type: none"> • 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? Own Rent Occupied 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 sitting I completed the survey in more than one sitting.		
132. Did anyone help you complete this survey? Yes No		

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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 apply A street address with a house or building number An address with a rural route number A U.S. post office box (P.O. Box) A commercial mail box establishment (such as Mailboxes are Us, Mailboxes, Etc.)	

Attachment E: Debriefing Protocol

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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.

Attachment E: Debriefing Protocol

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Expiration date: 5/31/2011

[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?

Attachment E: Debriefing Protocol

OMB No. 0925-0589-10
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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?

Attachment E: Debriefing Protocol

OMB No. 0925-0589-10
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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.