

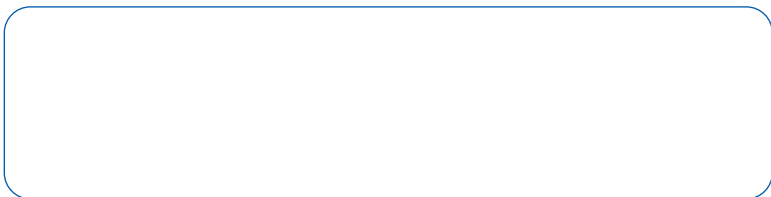
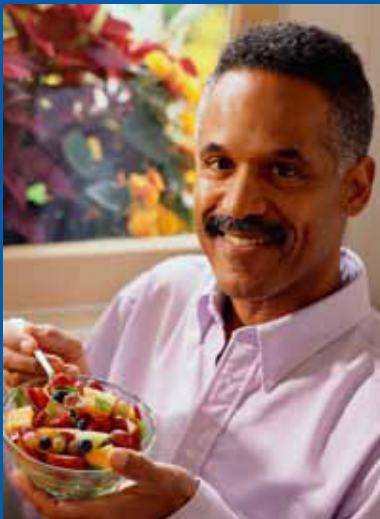
# Appendix B2-Short Version of Instrument

National Institutes of Health  
U.S. Department of Health and Human Services

OMB # 0925-0538  
Expiration Date: March 30, 2009



# Health Information National Trends Survey



## A: Looking For Health Information

A1. Have you ever looked for information about health or medical topics from any source?

- Yes  
 No → **GO TO A6 in the next column**

A2. The most recent time you looked for information about health or medical topics, where did you go first?

Mark  only 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 →

A3. Did you look or go anywhere else that time?

- Yes  
 No

A4. The most recent time you looked for information about health or medical topics, who was it for?

- Myself
- Someone else
- Both myself and someone else

A5. 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           | Somewhat agree           | Somewhat disagree        | Strongly disagree        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. It took a lot of effort to get the information you needed .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. You felt frustrated during your search for the information ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. You were concerned about the quality of the information .....    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The information you found was hard to understand .....           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

A6. Overall, how confident are you that you could get advice or information about health or medical topics if you needed it?

- Completely confident
- Very confident
- Somewhat confident
- A little confident
- Not confident at all

A7. In general, how much would you trust information about health or medical topics from each of the following?

- |   | None                     | A little                 | Some                     | A lot                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. A doctor .....                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Family or friends .....                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Newspapers or magazines .....            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Radio .....                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Internet.....                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Television.....                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Government health agencies.....          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Charitable organizations .....           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Religious organizations and leaders..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

A8. Imagine that you had a strong need to get information about health or medical topics. Where would you go first?

Mark  only 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 →

A9. Have you ever looked for information about cancer from any source?

- Yes
- No

A10. How much attention do you pay to information about health or medical topics from each of the following sources?

	<i>None</i>	<i>A little</i>	<i>Some</i>	<i>A lot</i>
a. In online newspapers .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. In print newspapers .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. In special health or medical magazines or newsletters.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. On the Internet .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. On the radio.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. On local television news programs .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. On national or cable television news programs .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A11. Genetic tests that analyze your DNA, diet and lifestyle for potential health risks are currently being marketed by companies directly to consumers. Have you heard or read about these genetic tests?

- Yes
- No

**B: Using the Internet to Find Information**

B1. Do you ever go on-line to access the Internet or World Wide Web, or to send and receive e-mail?

- Yes
- No → **GO TO C1 on the next page**

B2. When you use the Internet, do you access it through...

	<b>Yes</b>	<b>No</b>
a. A regular dial-up telephone line.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Broadband such as DSL, cable or FiOS..	<input type="checkbox"/>	<input type="checkbox"/>
c. A cellular network (i.e., telephone, 3G/4G).....	<input type="checkbox"/>	<input type="checkbox"/>
d. A wireless network (Wi-Fi).....	<input type="checkbox"/>	<input type="checkbox"/>

B3. Do you access the Internet any other way?

- Yes- Specify →
- No

B4. In the past 12 months, have you used the Internet to look for health or medical information for yourself?

- Yes
- No

B5. Is there a specific Internet site you like to go to for health or medical information?

- Yes
- No → **GO TO C1 on the next page**

B6. Specify which Internet site you especially like as a source of health or medical information:

## C: Your Health Care

C1. 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

C2. Do you have any of the following health insurance or health coverage plans:

	Yes	No
a. Insurance through a current or former employer or union (of you or another family member).....	<input type="checkbox"/>	<input type="checkbox"/>
b. Insurance purchased directly from an insurance company (by you or another family member).....	<input type="checkbox"/>	<input type="checkbox"/>
c. Medicare.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability .....	<input type="checkbox"/>	<input type="checkbox"/>
e. TRICARE or other military health care .....	<input type="checkbox"/>	<input type="checkbox"/>
f. VA (including those who have ever used or enrolled for VA health care) .....	<input type="checkbox"/>	<input type="checkbox"/>
g. Indian Health Service .....	<input type="checkbox"/>	<input type="checkbox"/>

C3. Do you have any other health care coverage plan for yourself (please do not include dental or vision plans)?

- Yes-Specify   
 No

C4. 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

C5. 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 **▶ GO TO D1 on the next page**  
 1 time  
 2 times  
 3 times  
 4 times  
 5-9 times  
 10 or more times

C6. The following questions are about your communication with all doctors, nurses, or other health professionals you saw during the past 12 months...

	Always	Usually	Sometimes	Never
How often did they do each of the following:				
a. Give you the chance to ask all the health-related questions you had? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Give the attention you needed to your feelings and emotions?...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Involve you in decisions about your health care as much as you wanted? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Make sure you understood the things you needed to do to take care of your health? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Explain things in a way you could understand? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Spend enough time with you? ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Help you deal with feelings of uncertainty about your health or health care? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C7. 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?

- Always  
 Usually  
 Sometimes  
 Never

C8. Overall, how would you rate the quality of health care you received in the past 12 months?

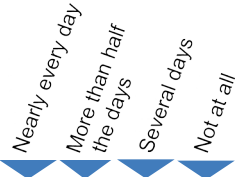
- Excellent
- Very good
- Good
- Fair
- Poor

**D: Your Health, Nutrition and Physical Activity**

D1. In general, would you say your health is...

- Excellent,
- Very good,
- Good,
- Fair, or
- Poor?

D2. Over the past 2 weeks, how often have you been bothered by any of the following problems?



- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Little interest or pleasure in doing things ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Feeling down, depressed or hopeless .....         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Feeling nervous, anxious or on edge .....         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Not being able to stop or control worrying .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D3. Overall, how confident are you about your ability to take good care of your health?

- Completely confident
- Very confident
- Somewhat confident
- A little confident
- Not confident at all

D4. 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

D5. When available, how often do you use menu information on calories in deciding what to order?

- Always
- Often
- Sometimes
- Rarely
- Never

D6. About how many cups of fruit (including 100% pure fruit juice) do you eat or drink each day?

- None
- ½ cup or less
- ½ cup to 1 cup
- 1 to 2 cups
- 2 to 3 cups
- 3 to 4 cups
- 4 or more cups

1 cup of fruit could be:

- 1 small apple
- 1 large banana
- 1 large orange
- 8 large strawberries
- 1 medium pear
- 2 large plums
- 32 seedless grapes
- 1 cup (8 oz.) fruit juice
- ½ cup dried fruit
- 1 inch-thick wedge of

D7. About how many cups of vegetables (including 100% pure vegetable juice) do you eat or drink each day?

- None
- ½ cup or less
- ½ cup to 1 cup
- 1 to 2 cups
- 2 to 3 cups
- 3 to 4 cups
- 4 or more cups

1 cup of vegetables could be:

- 3 broccoli spears
- 1 cup cooked leafy greens
- 2 cups lettuce or raw greens
- 12 baby carrots
- 1 medium potato
- 1 large sweet potato
- 1 large ear of corn
- 1 large raw tomato
- 2 large celery sticks
- 1 cup of cooked beans

D8. How much sugar-sweetened soda or pop do you usually drink each day? Do not include diet sodas or diet pop.

- None
- 12 ounces (1 can) or less
- 13 to 24 ounces (2 cans)
- 25 to 36 ounces (3 cans)
- 37 to 48 ounces (4 cans)
- more than 48 ounces

D9. 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 → **GO TO D11 below**
- 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

D10. On the days that you do any physical activity or exercise of at least moderate intensity, how long are you typically doing these activities?

Write a number in one box below.

		Minutes			Hours
--	--	---------	--	--	-------

D11. In a typical week, outside of your job or work around the house, how many days do you do leisure-time physical activities specifically designed to strengthen your muscles such as lifting weights or circuit training (do not include cardio exercise such as walking, biking, or swimming)?

- None
- 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

D12. Over the past 30 days, in your leisure time, how many hours per day, on average, did you sit and watch TV or movies, surf the web, or play computer games? Do not include "active gaming" such as Wii.

		Hours per day
--	--	---------------

D13. About how tall are you without shoes?

		Feet	<i>and</i>			Inches
--	--	------	------------	--	--	--------

D14. About how much do you weigh, in pounds, without shoes?

			Pounds
--	--	--	--------

D15. How many times in the past 12 months have you used a tanning bed or booth?

- 0 times
- 1 to 2 times
- 3 to 10 times
- 11 to 24 times
- 25 or more times

D16. When you are outside for more than one hour on a warm, sunny day, how often do you wear sunscreen?

- Always
- Often
- Sometimes
- Rarely
- Never
- Do not go out on sunny days

D17. Have you smoked at least 100 cigarettes in your entire life?

- Yes
- No → **GO TO D19 on the next page**

D18. How often do you now smoke cigarettes?

- Everyday
- Some days
- Not at all

D19. 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?

- 0 days ► **GO TO D21 below**
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

D20. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

		Drink(s)
--	--	----------

D21. How much sleep do you usually get...

	Hours	Minutes				
a. On a workday or school day? (i.e., weekday)? .....	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
b. On a non-work or non-school day (i.e., weekend)? .....	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		

**E: Women and Cancer**

E1. Are you male or female?  
 Male ► **GO TO F1 on the next page**  
 Female

E2. Has a doctor ever told you that you could choose whether or not to have the Pap test?  
 Yes  
 No

E3. How long ago did you have your most recent Pap test to check for cervical cancer?

- A year ago or less
- More than 1<sub>+</sub> up to 2 years ago
- More than 2<sub>+</sub> up to 3 years ago
- More than 3<sub>+</sub> up to 5 years ago
- More than 5 years ago
- I have never had a Pap test

E4. A mammogram is an x-ray of each breast to look for cancer.

Has a doctor ever told you that you could choose whether or not to have a mammogram?

- Yes
- No

E5. When did you have your most recent mammogram to check for breast cancer, if ever?

- A year ago or less
- More than 1<sub>+</sub> up to 2 years ago
- More than 2<sub>+</sub> up to 3 years ago
- More than 3<sub>+</sub> up to 5 years ago
- More than 5 years ago
- I have never had a mammogram

Please continue on to the next page  
↓

## F: Screening for Cancer

- F1. 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?

- Yes  
 No

- F2. There are a few different tests 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.

Has a doctor ever told you that you could choose whether or not to have a test for colon cancer?

- Yes  
 No

- F3. Have you ever had a test to check for colon cancer?

- Yes  
 No

- F4. (Females **GO TO G1** in the next column. Males continue with **F4**.) 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.

Has a doctor ever told you that you could choose whether or not to have the PSA test?

- Yes  
 No

- F5. Have you ever had a PSA test?

- Yes  
 No  
 Not sure

- F6. Has a doctor or other health care professional ever told you that some doctors recommend the PSA test and others do not?

- Yes  
 No  
 Not sure

- F7. Has a doctor or other health care professional ever told you that no one is sure if using the PSA test actually saves lives?

- Yes  
 No  
 Not sure

## G: Beliefs About Cancer

► Think about cancer in general when answering the questions in this section.

- G1. How likely are you to get cancer in your lifetime?

- Very unlikely  
 Unlikely  
 Neither unlikely nor likely  
 Likely  
 Very likely

- G2. Compared to other people your age, how likely are you to get cancer in your lifetime?

- Very unlikely  
 Unlikely  
 Neither unlikely nor likely  
 Likely  
 Very likely

- G3. How worried are you about getting cancer?

- Not at all  
 Slightly  
 Somewhat  
 Moderately  
 Extremely



G4. How much do you agree or disagree with each of the following statements?

Strongly agree
Somewhat agree
Somewhat disagree
Strongly disagree

- 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.....

### H: Your Cancer History

H1. Have you ever been diagnosed as having cancer?

- Yes
- No → **GO TO H4 in the next column**

H2. What type of cancer did you have?

**Mark  all that apply.**

- Bladder cancer
- Bone cancer
- Breast cancer
- Cervical cancer (cancer of the cervix)
- Colon cancer
- Endometrial cancer (cancer of the uterus)
- Head and neck cancer
- Hodgkin's lymphoma
- Leukemia/Blood cancer
- Liver cancer
- Lung cancer
- Melanoma
- Non-Hodgkin lymphoma
- Oral cancer
- Ovarian cancer
- Pancreatic cancer
- Pharyngeal (throat) cancer
- Prostate cancer
- Rectal cancer
- Renal (kidney) cancer
- Skin cancer, non-melanoma
- Stomach cancer
- Other-Specify →

H3. At what age were you first told that you had cancer?

		Age
--	--	-----

H4. Have any of your family members ever had cancer?

- Yes
- No
- Not sure

### I: Medical Research and Medical Records

I1. As far as you know, do any of your doctors or other health care providers maintain your medical information in a computerized system?

- Yes
- No

I2. Please indicate how important each of the following statements is to you.

Very important
Somewhat important
Not at all important

- a. Doctors and other 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.....

I3. Have you ever kept information from your health care provider because you were concerned about the privacy or security of your medical record?

- Yes
- No

## J: You and Your Household

J1. What is your age?

--	--	--

Years old

J2. What is your current occupational status?

**Mark  only one.**

- Employed
- Unemployed
- Homemaker
- Student
- Retired
- Disabled
- Other-Specify →

J3. 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 duty
- Yes, on active duty in the last 12 months but not now
- Yes, on active duty in the past, but not in the last 12 months
- No, training for Reserves or National Guard only
- No, never served in the military

}

**GO TO J4**

J3a. In the past 12 months, have you received some or all of your health care from a VA hospital or clinic?

- Yes, all my health care
- Yes, some of my health care
- No, no VA health care received

J4. What is your marital status?

- Married
- Living as married
- Divorced
- Widowed
- Separated
- Single, never been married

J5. What is the highest grade or level of schooling you completed?

- Less than 8 years
- 8 through 11 years
- 12 years or completed high school
- Post high school training other than college (vocational or technical)
- Some college
- College graduate
- Postgraduate

J6. Were you born in the United States?

- Yes → **GO TO J8 below**
- No

J7. In what year did you come to live in the United States?

--	--	--	--

Year

J8. How comfortable do you feel speaking English?

- Completely comfortable
- Very comfortable
- Somewhat comfortable
- A little comfortable
- Not at all comfortable

J9. Are you Hispanic or Latino?

- Yes
- No

J10. Which one or more of the following would you say is your race?

**Mark  one or more boxes.**

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

J11. Including yourself, how many people live in your household?

--	--

Number of people

J12. Including yourself, please mark the gender, and write in the age and month of birth for each adult 18 years of age or older living at this address.

	Gender	Age	Month Born (01-12)
Adult 1	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>
Adult 2	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>
Adult 3	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>
Adult 4	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>
Adult 5	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>

J13. How many children under the age of 18 live in your household?

Number of children under 18

J14. Do you currently rent or own your home?

- Own
- Rent
- Occupied without paying monetary rent

J15. Does anyone in your family have a working cell phone?

- Yes
- No

J16. Is there at least one telephone inside your home that is currently working and is not a cell phone?

- Yes
- No

J17. 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

J18. 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.

J19. Did anyone help you complete this survey?

- Yes
- No

J20. About how long did it take you to complete the survey?

Write a number in one box below.

Minutes  Hours

J21. 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 R Us, and Mailboxes Etc.)

## Thank you!

- ▶ Please return this questionnaire in the postage-paid envelope at your earliest convenience.
  
- ▶ If you have lost the envelope, mail the completed questionnaire to:  
HINTS Study, TC 1046F  
Westat  
1600 Research Boulevard  
Rockville, MD 20850