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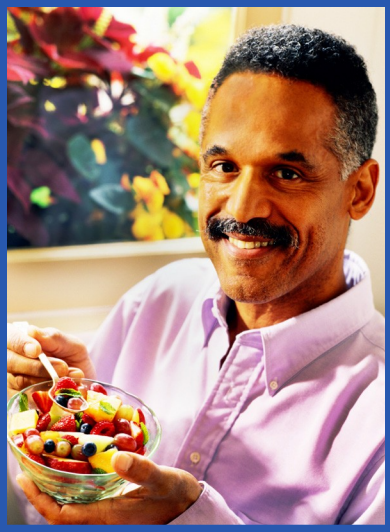
Health Information

National Trends Survey



START HERE:

1. Is there more than one person age 18 or older living in this household?

☐ Yes
☐ No → **GO TO A1 on the next page**

2. Including yourself, how many people age 18 or older live in this household?

☐☐

3. **The adult with the next birthday should complete this questionnaire**. This way, across all households, HINTS will include responses from adults of all ages.

4. Please write the first name, nickname or initials of the adult with the next birthday. This is the person who should complete the questionnaire.

Si prefiere recibir la encuesta en español, por favor llame 1-888-738-6812

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V1

A: Looking For Health Information

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

- ☐ Yes
- ☐ No → **GO TO A7 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. Have you ever looked for information about cancer from any source?

- ☐ Yes
- ☐ No → **GO TO A7 in the next column**

A6. Based on the results of your most recent search for information about cancer, 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	☐	☐	☐	☐
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	☐	☐	☐	☐

A7. Overall, how confident are you that you could get advice or information about cancer if you needed it?

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

A8. In general, how much would you trust information about cancer from each of the following?

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

A9. Imagine that you had a strong need to get information about cancer. 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 → ☐

A10. How much attention do you pay to information about cancer from each of the following sources?

	None	A little	Some	A lot
a. In online newspapers	☐	☐	☐	☐
b. In print newspapers	☐	☐	☐	☐
c. In special health or medical magazines or newsletters	☐	☐	☐	☐
d. On the Internet	☐	☐	☐	☐
e. On the radio	☐	☐	☐	☐
f. On local television news programs	☐	☐	☐	☐
g. On national or cable television news programs	☐	☐	☐	☐

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...

	Yes	No
a. A regular dial-up telephone line	☐	☐
b. Broadband such as DSL, cable or FiOS	☐	☐
c. A cellular network (i.e., phone, 3G/4G)	☐	☐
d. A wireless network (Wi-Fi)	☐	☐

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 information about cancer for yourself?

- ☐ Yes
- ☐ No

B5. Is there a specific Internet site you like to go to for information about cancer?

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

B6. Specify which Internet site you especially like as a source of information about cancer:

☐

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)	☐	☐
b. Insurance purchased directly from an insurance company (by you or another family member)	☐	☐
c. Medicare	☐	☐
d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	☐	☐
e. TRICARE or other military health care	☐	☐
f. VA (including those who have ever used or enrolled for VA health care)	☐	☐
g. Indian Health Service	☐	☐

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…

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

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: Medical Records

D1. 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

D2. 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	☐	☐	☐

D3. 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

E: Medical Research

E1. 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?

- ☐ Yes
- ☐ No
- ☐ Don't know

E2. 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

E3. How much do you think health behaviors like diet, exercise and smoking determine whether or not a person will develop each of the following conditions? (Not at all, A little, Somewhat, Very / Don't know)

a. Diabetes/High blood sugar	☐	☐	☐	☐	☐
b. Obesity	☐	☐	☐	☐	☐
c. Heart disease	☐	☐	☐	☐	☐
d. High Blood Pressure/Hypertension	☐	☐	☐	☐	☐
e. Cancer	☐	☐	☐	☐	☐

E4. How much do you think genetics, that is characteristics passed from one generation to the next, determine whether or not a person will develop each of the following conditions? (Not at all, A little, Somewhat, Very / Don't know)

a. Diabetes/High blood sugar.....
b. Obesity.....
c. Heart disease.....
d. High Blood Pressure/Hypertension.....
e. Cancer.....

E5. Has a doctor or other health professional ever told you that you had any of the following medical conditions:

	Yes	No
a. Diabetes or high blood sugar?	☐	☐
b. High blood pressure or hypertension?	☐	☐
c. A heart condition such as heart attack, angina, or congestive heart failure?	☐	☐
d. Chronic lung disease, asthma, emphysema, or chronic bronchitis?	☐	☐
e. Arthritis or rheumatism?	☐	☐
f. Depression or anxiety disorder?	☐	☐

F: Your Overall Health

F1. In general, would you say your health is...

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

F2. 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

F3. How much sleep do you usually get…

	Hours	Minutes
a. On a weekday (e.g., workday or school day)?	☐☐	☐☐
b. On a weekend (e.g., non-work or non-school day)?	☐☐	☐☐

F4. About how tall are you without shoes?

☐☐ Feet ***and*** ☐☐ Inches

F5. About how much do you weigh, in pounds, without shoes?

☐☐☐ Pounds

F6. At any time in the past year, have you intentionally tried to…

- ☐ lose weight,
- ☐ maintain your weight,
- ☐ gain weight, or
- ☐ you haven't really paid attention to your weight

F7. How much do you agree or disagree with this statement: Body weight is something basic about you that you can't change very much?

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Somewhat disagree
- ☐ Strongly disagree

F8. Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Nearly every day	More than half the days	Several days	Not at all
a. Little interest or pleasure in doing things	☐	☐	☐	☐
b. Feeling down, depressed, or hopeless	☐	☐	☐	☐
c. Feeling nervous, anxious, or on edge	☐	☐	☐	☐
d. Not being able to stop or control worrying	☐	☐	☐	☐

F9. Is there anyone you can you count on to provide you with emotional support when you need it – such as talking over problems or helping you make difficult decisions?

- ☐ Yes
- ☐ No

F10. Do you have friends or family members that you talk to about your health?

- ☐ Yes
- ☐ No

F11. If you needed help with your daily chores is there someone who can help you?

- ☐ Yes
- ☐ No

G: Health and Nu

G1. When available, how ofte information on calories in order?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never → **GO TO G3**

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

G2. When available, how helpful do you find menu information on calories in deciding what to order?

- ☐ Not at all helpful
- ☐ A little helpful
- ☐ Helpful
- ☐ Very helpful
- ☐ Extremely helpful

G3. 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

G4. 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 watermelon

G5. At any time in the past year, have you intentionally tried to . . .

- ☐ INCREASE the amount of fruit or 100% fruit juice you eat or drink
- ☐ MAINTAIN the same amount of fruit or 100%fruit juice you eat or drink, or
- ☐ you haven't really paid attention to the amount of fruit or 100% fruit juice you eat or drink each day

G6. 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

G9. At any time in the past year, have you intentionally tried to . . .

- ☐ INCREASE the amount of vegetables or 100% vegetable juice you eat or drink
- ☐ MAINTAIN the same amount of vegetables or 100% vegetable juice you eat or drink, or
- ☐ you haven't really paid attention to the amount of vegetables or 100% vegetable juice you eat or drink each day

G10. Not counting any diet soda or pop, how much regular soda or pop do you usually drink in a typical week?

- ☐ Every day
- ☐ 5-6 days a week
- ☐ 3-4 days a week
- ☐ 1-2 days a week
- ☐ Less than 1 day a week
- ☐ I don't drink any regular soda or pop

G12. At any time in the past year have you intentionally tried to . . .

- ☐ DECREASE the amount of regular soda or pop you usually drink a week,
- ☐ MAINTAIN the same amount of regular soda or pop you usually drink a week, or
- ☐ you haven't really paid attention to amount of regular soda or pop you usually drink a week

H: Physical Activity and Exercise

H1. 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 H3 in the next column**
- ☐ 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

H2. On the days that you do any physical activity or exercise of at least moderate intensity, how long do you typically do these activities?

Write a number in one box below.

☐☐ Minutes ☐☐ Hours

H3. 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

H4. At any time in the past year, have you intentionally tried to. . .

- ☐ INCREASE the amount of exercise you get in a typical week,
- ☐ MAINTAIN the amount of exercise you get in a typical week, or
- ☐ you haven't really paid much attention to the amount of exercise you get

H5. People choose to start or continue exercising regularly for lots of reasons. How much do each of the following motivate you to start or continue exercising regularly?

	Not at all	A little	Some	A lot
a. Pressure from others	☐	☐	☐	☐
b. Concern over the way you look	☐	☐	☐	☐
c. Feeling guilty when you skip exercising	☐	☐	☐	☐
d. Getting enjoyment from exercise	☐	☐	☐	☐

H6. 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

I: Health and the Environment

I1. How much do you worry that each of the following will harm your health?

	Not at all	A little	Some	A lot
a. Outdoor air pollution	☐	☐	☐	☐
b. Indoor air pollution	☐	☐	☐	☐
c. Man-made chemicals in the water	☐	☐	☐	☐
d. Pesticides and other chemicals on food	☐	☐	☐	☐

I2. How much do you worry that each of the following will harm your health?

	Not at all	A little	Some	A lot
a. Radiation from cell phones	☐	☐	☐	☐
b. Radiation from medical imaging tests such as x-rays, mammography, radioactive dyes, etc.	☐	☐	☐	☐
c. Chemicals in household items such as plastic containers, furniture, paint, etc.	☐	☐	☐	☐
d. Chemicals in personal care products such as make-up, fragrances, hair products, etc.	☐	☐	☐	☐

I3. 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

I4. When you are outside for more than one hour on a warm, sunny day, how often do you wear sunscreen?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always
- ☐ Don't go out on sunny days → **GO TO J1**

I5. When you are outside for more than one hour on a warm, sunny day, how often do you ...

	Never	Rarely	Sometimes	Often	Always
a. wear long pants?	☐	☐	☐	☐	☐
b. wear a hat that shades your face, ears and neck?	☐	☐	☐	☐	☐
c. wear a shirt with sleeves that cover your shoulders?	☐	☐	☐	☐	☐
d. stay in the shade or under an umbrella?	☐	☐	☐	☐	☐

J: Tobacco and Alcohol

J1. Have you smoked at least 100 cigarettes in your entire life?

- ☐ Yes
- ☐ No → **GO TO J6 on the next page**

J2. How often do you now smoke cigarettes?

- ☐ Everyday
- ☐ Some days
- ☐ Not at all

J3. At any time in the past year, have you stopped smoking for one day or longer because you were trying to quit?

- ☐ Yes
- ☐ No

J4. Are you seriously considering quitting smoking in the next six months?

- ☐ Yes
- ☐ No

J5. At any time in the past year, have you talked with your doctor or other health professional about having a test to check for lung cancer?

- ☐ Yes
- ☐ No
- ☐ Don't know

J6. How much do you agree or disagree with this statement: "Smoking behavior is something basic about you that you can't change very much."

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Somewhat disagree
- ☐ Strongly disagree

J7. In your opinion, do you think that some types of cigarettes are less harmful to a person's health than other types?

- ☐ Yes
- ☐ No
- ☐ Don't know

J8. In your opinion, do you think that some smokeless tobacco products, such as chewing tobacco, snus and snuff are less harmful to a person's health than cigarettes?

- ☐ Yes
- ☐ No
- ☐ Don't know

J9. Compared to people who smoke every day, do you think people who smoke just some days have less or more risk of getting health problems in their lifetime?

- ☐ Much less risk
- ☐ Less risk
- ☐ About the same risk
- ☐ More risk
- ☐ Much more risk

J10. New types of cigarettes are now available called electronic cigarettes (also known as e-cigarettes or personal vaporizers). These products deliver nicotine through a vapor. Compared to smoking cigarettes, would you say that electronic cigarettes are …

- ☐ Much less harmful
- ☐ Less harmful
- ☐ Just as harmful
- ☐ More harmful
- ☐ Much more harmful
- ☐ I've never heard of electronic cigarettes

J11. Do you believe that the United States Food and Drug Administration (FDA) regulates tobacco products in the U.S.?

- ☐ Yes
- ☐ No
- ☐ Don't know

J12. 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 J16 on the next page**
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 7 days

J13. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

☐☐ Drink(s)

K: Women and Cancer

K1. Are you male or female?

- ☐ Male → **GO TO L1 on the next page**
- ☐ Female

K2. Has a doctor ever told you that you could choose whether or not to have the Pap test?

- ☐ Yes
- ☐ No

K3. 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

K4. If your doctor told you that getting a Pap test less often than you do now would give you the same health benefits, would you...

- ☐ Agree to have Pap tests less often
- ☐ Keep having Pap tests as often as you do now

K5. 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

K6. 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

L: Screening for Cancer

L1. 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

L2. Including yourself, is anyone in your immediate family between the ages of 9 and 27 years old?

- ☐ Yes
- ☐ No → GO TO L4

L3. In the last 12 months, has a doctor or health care professional recommended that you or someone in your immediate family get an HPV shot or vaccine?

- ☐ Yes
- ☐ No
- ☐ Don't know

L4. In your opinion, how successful is getting a Pap test on a regular basis at detecting cervical cancer in its earliest stages?

- ☐ Not at all successful
- ☐ A little successful
- ☐ Pretty successful
- ☐ Very successful
- ☐ Don't know

L5. In your opinion, how successful is receiving the HPV vaccine at preventing cervical cancer?

- ☐ Not at all successful
- ☐ A little successful
- ☐ Pretty successful
- ☐ Very successful
- ☐ Don't know

L6. 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

L7. Have you ever had a test to check for colon cancer?

- ☐ Yes
- ☐ No

L8. (Females go to M1 on the next page. Males continue with L8). 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?

- ☐ Yes
- ☐ No

L9. Would you prefer your doctor involve you in the decision about whether or not you should have the PSA test, or would you prefer the doctor decide for you?

- ☐ I would like to be involved in the decision
- ☐ I would rather the doctor decide

L10. Regardless of your preference, has a doctor ever discussed with you whether or not you should have the PSA test?

- ☐ Yes
- ☐ No → GO TO L12

L11. Did you have as much involvement as you wanted in the decision whether to have a PSA test?

- ☐ Yes
- ☐ No, I would have preferred more involvement

L12. Has a doctor or other health care professional ever told you that some doctors recommend the PSA test and others do not?

- ☐ Yes
- ☐ No

L13. 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

L14. Has a doctor or other health care professional ever told you that...

	Yes	No
a. The PSA test is not always accurate?	☐	☐
b. Some types of prostate cancer are slow-growing and need no treatment?	☐	☐
c. The results of the PSA test cannot tell the difference between slow-growing and fast-growing prostate cancer?	☐	☐
d. Treating any type of prostate cancer can lead to serious side-effects, such as problems with urination or having sex?	☐	☐

M: Your Cancer History

M1. Have you ever been diagnosed as having cancer?

- ☐ Yes
- ☐ No → **GO TO N1 on page 20**

M2. 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 → ☐

M3. At what age were you first told that you had cancer?

☐☐☐ Age

M4. Did you ever receive any treatment for your cancer?

- ☐ Yes
- ☐ No → **GO TO M7 in the next column**

M5. Which of the following cancer treatments have you ever received?

	Yes	No
a. Chemotherapy (IV or pills).....	☐	☐
b. Radiation.....	☐	☐
c. Surgery.....	☐	☐
d. Other.....	☐	☐

M6. About how long ago did you receive your last cancer treatment?

- ☐ Still receiving treatment ➔ **GO TO M9**
- ☐ Less than 1 year ago
- ☐ 1 year ago to less than 5 years ago
- ☐ 5 years ago to less than 10 years ago
- ☐ 10 or more years ago

M7. Did you ever receive a summary document from your doctor or other health care professional that listed <u>all</u> of the treatments you received for you cancer?

- ☐ Yes
- ☐ No

M8. Have you ever received instructions from a doctor or other health care professional about where you should return or who you should see for routine cancer check-ups after completing your cancer treatment?

- ☐ Yes
- ☐ No

M9. Were you ever denied health insurance coverage because of your cancer?

- ☐ Yes
- ☐ No

M10. Looking back, since the time you were first diagnosed with cancer, how much of an impact has cancer and its treatment had on your financial situation?

- ☐ No impact at all
- ☐ A small impact
- ☐ A moderate impact
- ☐ A large impact

M11. Have you ever participated in a clinical trial for treatment of your cancer?

- ☐ Yes
- ☐ No
- ☐ Not sure

M12. Has a doctor or other member of your medical team discussed clinical trials as a treatment option for your cancer?

- ☐ Yes
- ☐ No

If you have ever had a cancer diagnosis, please GO TO N7

N: Beliefs About Cancer

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

N1. How likely are you to get cancer in your lifetime?

- ☐ Very unlikely
- ☐ Unlikely
- ☐ Neither unlikely nor likely
- ☐ Likely
- ☐ Very likely

N2. Compared to other people your age, how likely are you to get cancer in your lifetime?

- ☐ Much less likely
- ☐ Less likely
- ☐ About the same
- ☐ More likely
- ☐ Much more likely

N3. Select one answer that best represents your opinion about the statement: “I feel like I could easily get cancer in my lifetime.”

- ☐ I feel very strongly that this will NOT happen
- ☐ I feel somewhat strongly that this will NOT happen
- ☐ I feel I am just as likely to get cancer as I am to not get cancer
- ☐ I feel somewhat strongly that this WILL happen
- ☐ I feel very strongly that this WILL happen

N5. How much to you agree or disagree with the statement: "I'd rather not know my chance of getting cancer."

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Somewhat disagree
- ☐ Strongly disagree

N7. 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	☐	☐	☐	☐
d. Some cancers are slow growing and need no treatment	☐	☐	☐	☐
e. In adults, cancer is more common than heart disease	☐	☐	☐	☐
f. In women, breast cancer is more common than lung cancer	☐	☐	☐	☐

N8. As far as you know, who has a greater chance of getting cancer – a person with a 1 in 1,000 chance of getting cancer, or a person with a 1 in 100 chance?

- ☐ 1 in 1,000 is a greater chance of getting cancer
- ☐ 1 in 100 is a greater chance of getting cancer

N9. Have any of your family members ever had cancer?

- ☐ Yes
- ☐ No
- ☐ Not sure

O: You and Your Household

O1. What is your age?

☐☐☐ Years old

O2. What is your current occupational status?

Mark ☒ only one.

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

O3. 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 **GO TO O5**
- ☐ No, never served in the military

O4. 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

O5. What is your marital status?

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

O6. 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

O7. Were you born in the United States?

- ☐ Yes → **GO TO O10 in the next column**
- ☐ No

O8. In what year did you come to live in the United States?

☐☐☐☐ Year

O9. How well do you speak English?

- ☐ Very well
- ☐ Well
- ☐ Not well
- ☐ Not at all

O10. Are you Hispanic, Latino/a, or Spanish origin? One or more categories may be selected.

Mark ☒ one or more.

- ☐ No, not of Hispanic, Latino/a, or Spanish origin
- ☐ Yes, Mexican, Mexican American, Chicano/a
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino/a, or Spanish origin

O11. What is your race? One or more categories may be selected.

Mark ☒ one or more.

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander

O12. Including yourself, how many people live in your household?

☐☐ Number of people

O13. Including yourself, please mark the sex, and write in the age and month of birth for each adult 18 years of age or older living at this address.

	Sex	Age	Month Born (01-12)
Adult 1	☐ Male ☐ Female	☐☐☐	☐☐
Adult 2	☐ Male ☐ Female	☐☐☐	☐☐
Adult 3	☐ Male ☐ Female	☐☐☐	☐☐
Adult 4	☐ Male ☐ Female	☐☐☐	☐☐
Adult 5	☐ Male ☐ Female	☐☐☐	☐☐

O14. How many children under the age of 18 live in your household?

☐☐ Number of children under 18

O15. Do you currently rent or own your home?

- ☐ Own
- ☐ Rent
- ☐ Occupied without paying monetary rent

O16. Does anyone in your family have a working cell phone?

- ☐ Yes
- ☐ No

O17. Is there at least one telephone inside your home that is currently working and is not a cell phone?

- ☐ Yes
- ☐ No

O18. 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

O19. Are you deaf or do you have serious difficulty hearing?

- ☐ Yes
- ☐ No

O20. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- ☐ Yes
- ☐ No

O21. Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?

- ☐ Yes
- ☐ No

O22. Do you have serious difficulty walking or climbing stairs?

- ☐ Yes
- ☐ No

O23. Do you have difficulty dressing or bathing?

- ☐ Yes
- ☐ No

O24. Because of a physical, mental or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- ☐ Yes
- ☐ No

O25. 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.

O26. Did anyone help you complete this survey?

- ☐ Yes
- ☐ No

O27. About how long did it take you to complete the survey?

Write a number in one box below.

☐☐ Minutes ☐☐ Hours

O28. 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