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

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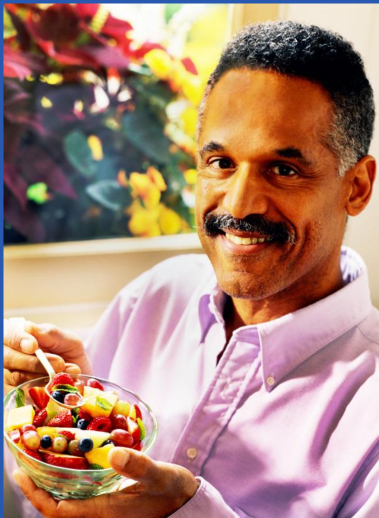
Health Information
National Trends Survey



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

STATEMENT OF PRIVACY: 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). The purpose of this data collection is to evaluate whether the survey questions are easy to understand. The results of the data collection will be used to improve the survey instrument. 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.

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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 <u>each</u> 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	☐	☐	☐	☐

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?

	Not at all	A little	Some	A lot
a. A doctor	☐	☐	☐	☐
b. Family or friends	☐	☐	☐	☐
c. Online newspapers	☐	☐	☐	☐
d. Print newspapers	☐	☐	☐	☐
e. In special health or medical magazies or newsletters	☐	☐	☐	☐
f. Radio	☐	☐	☐	☐
g. Internet	☐	☐	☐	☐
h. Local television	☐	☐	☐	☐
i. National or cable television news programs	☐	☐	☐	☐
j. Government health agencies	☐	☐	☐	☐
k. Charitable organizations	☐	☐	☐	☐
l. Religious organizations and leaders	☐	☐	☐	☐

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. Do family members and friends ask you for information or advice on health topics?

- ☐ 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 B6 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. Sometimes people use the Internet to connect with other people online through social channels like Facebook or Twitter. This is often called "social media."

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

	Yes	No
a. Visited a social networking site, such as Facebook or LinkedIn	☐	☐
b. Wrote in an online diary or blog (i.e., Web log)	☐	☐
c. Participated in an online forum or support group for people with a similar health or medical issue	☐	☐
d. Shared health information on social media sites, such as Facebook or Twitter	☐	☐
e. Watched a health-related video on YouTube	☐	☐

B5. Sometimes people use the Internet specifically for health-related reasons.

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

	Yes	No
a. Looked for health or medical information for yourself	☐	☐
b. Looked for health or medical information for someone else	☐	☐
c. Looked for information about quitting smoking	☐	☐
d. Bought medicine or vitamins online	☐	☐
e. Looked for a health care provider	☐	☐
f. Downloaded health information to a mobile device, such as a cell phone, tablet computer or electronic book device	☐	☐
g. Kept track of personal health information such as care received, test results, or upcoming medical appointments	☐	☐
h. Used e-mail or the Internet to communicate with a doctor or a doctor's office	☐	☐

B6. In the past 12 months, have you used any of the following to exchange medical information with a health care professional?

Mark ☒ all that apply.

- ☐ E-mail
- ☐ Text message
- ☐ App on a smart phone or mobile device
- ☐ Video conference (e.g., Skype, Facetime, etc.)
- ☐ Social media (e.g., Facebook, Google+, CaringBridge, etc.)
- ☐ Fax
- ☐ None

B7. Please indicate if you have each of the following.

Mark ☒ all that apply.

- ☐ Tablet computer like an iPad, Samsung Galaxy, Motorola Xoom, or Kindle Fire
- ☐ Smartphone, such as an iPhone, Android, Blackberry, or Windows phone
- ☐ Cell phone
- ☐ I do not have any of the above

B8. How willing would you be to exchange the following types of medical information with a health care provider electronically through your mobile phone or tablet?

	Not at all	A little	Some	A lot
a. Appointment reminders	☐	☐	☐	☐
b. General health tips	☐	☐	☐	☐
c. Medication reminders	☐	☐	☐	☐
d. Lab/test results	☐	☐	☐	☐
e. Diagnostic information (i.e., medical illnesses or diseases)	☐	☐	☐	☐
f. Vital signs (e.g., heart rate, blood pressure, glucose levels, etc.)	☐	☐	☐	☐
g. Lifestyle behaviors (e.g., physical activity, food intake, sleep patterns, etc.)	☐	☐	☐	☐
h. Symptoms (e.g., nausea, pain, dizziness, etc.)	☐	☐	☐	☐
i. Digital images/video (e.g., photos of skin lesions)	☐	☐	☐	☐

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.

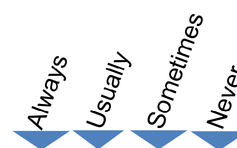
- ☐ Within past year (anytime less than 12 months ago)
- ☐ Within past 2 years (1 year but less than 2 years ago)
- ☐ Within past 5 years (2 years but less than 5 years ago)
- ☐ 5 or more years ago
- ☐ Don't know
- ☐ Never

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 Treatment

Medical decisions are choices you make with a health care professional like which tests to have, which medications to take or whether to have surgery.

D1. When was the last time you made a medical decision?

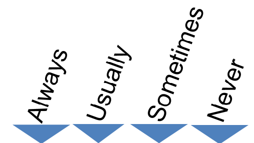
- ☐ Within the past 12 months
- ☐ More than 12 months ago
- ☐ I have never made a medical decision → **GO TO D3 in the next column**

D2. Other than your main health care professional, which of the following people played an important role in your last medical decision?

Mark ☒ all that apply.

- ☐ Spouse or partner
- ☐ Parent
- ☐ Child
- ☐ Other family member
- ☐ Friend or co-worker
- ☐ Additional health care professional
- ☐ No one else played an important role in my decision
- ☐ Other - Specify →

D3. In general, how often do you do each of the following?



	Always	Usually	Sometimes	Never
a. Take with you to your doctor visits a list of questions or concerns you want to cover	☐	☐	☐	☐
b. Take a list of all of your prescribed medicines to your doctor visits	☐	☐	☐	☐
c. Ask your doctor to explain a test, treatment, or procedure to you in detail	☐	☐	☐	☐
d. Read information about a new prescription, such as side effects and precautions	☐	☐	☐	☐
e. Do your own research on a health or medical topic after seeing your doctor	☐	☐	☐	☐
f. Take with you to your doctor visit any kind of health information you have found	☐	☐	☐	☐

E: Medical Records

E1. 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

E2. 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	☐	☐	☐

E3. How much do you agree or disagree with the following statement?

Scientists doing research should be able to review my medical information if the information cannot be linked to me personally.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

F: Genetics and Family History

F1. 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 → **GO TO F3 in the next column**

F2. From which of the following sources did you read or hear anything about genetic tests?

Mark ☒ all that apply.

- ☐ Newspaper
- ☐ Magazine
- ☐ Radio
- ☐ Health professional
- ☐ Family member
- ☐ Social media
- ☐ Television
- ☐ Internet
- ☐ Other
- ☐ Have not heard of such a test
- ☐ Not sure

F3. Have you ever had any of the following type(s) of genetic tests?

Mark ☒ all that apply.

- ☐ **Paternity testing:** to determine if a man is the father of a child
- ☐ **Ancestry testing:** to determine the background or geographic/ethnic origin of an individual's ancestors
- ☐ **DNA fingerprinting:** to distinguish between or match individuals using hair, blood, or other biological material
- ☐ **Cystic Fibrosis (CF) carrier testing:** to determine if a person is at risk of having a child with cystic fibrosis
- ☐ **BRCA 1/2 testing:** to determine if a person has more than an average chance of developing breast cancer or ovarian cancer
- ☐ **Lynch syndrome testing:** to determine if a person has more than an average chance of developing colon cancer
- ☐ None of the above
- ☐ Not sure
- ☐ Other-Specify → ________
- ☐ Have never had a genetic test

F4. If you had a genetic test, with whom did you personally share the results?

Mark ☒ all that apply.

- ☐ Health professional
- ☐ Family member
- ☐ Friend
- ☐ Other
- ☐ Did not have this type of test
- ☐ Did not communicate the results

F5. How important is it to know your family's health history for our own health?

- ☐ Very important
- ☐ Moderately important
- ☐ Slightly important
- ☐ Not at all important

G: Medical Research

G1. How much do you agree or disagree with the following statement?

Medical research provides information that people need to make medical decisions.

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

G2. More and more, people are getting involved in research in new ways beyond being a research subject. They are *partnering* with medical researchers to help decide *what* research is done and *how* it is done. For example, people can suggest important topics to study or how to report results to the public. This is sometimes called "patient engagement" in research.

	Yes	No	Not sure
a. Have you ever heard about "patient engagement" in medical research? .	☐	☐	☐
b. Have you ever engaged in medical research in this way?	☐	☐	☐
c. Would you ever be interested in engaging in research this way?	☐	☐	☐

H: Your Health, Nutrition and Physical Activity

H1. In general, would you say your health is...

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

H2. 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

H3. In the past 30 days, how often have you felt…

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Happy?	☐	☐	☐	☐	☐
b. Angry?	☐	☐	☐	☐	☐
c. Anxious?	☐	☐	☐	☐	☐
d. Hopeful?	☐	☐	☐	☐	☐
e. Sad?	☐	☐	☐	☐	☐

H4. How much do you agree or disagree with each of the following statements?

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
a. When I feel threatened or anxious I find myself thinking about my strengths	☐	☐	☐	☐
b. When I feel threatened or anxious I find myself thinking about my values........................	☐	☐	☐	☐
c. I'm always optimistic about my future	☐	☐	☐	☐

Nutrition Facts	
Serving Size	1/2 cup
Servings per container	4
Amount per serving	
Calories 250	Fat Cal 120
	%DV
Total Fat 13g	20%
Sat Fat 9g	40%
Cholesterol 28mg	12%
Sodium 55mg	2%
Total Carbohydrate 30g	12%
Dietary Fiber 2g	
Sugars 23g	
Protein 4g	8%

* Percent Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

The food label above can be found on the back of a container of a pint of ice cream. We would like to know how easy it is to use this information. Use the food label above to answer questions H7-H10.

H5. If you eat the entire container, how many calories will you eat?

_____ calories

H6. If you are allowed to eat 60g of carbohydrates as a snack, how much ice cream could you have?

_____ cup(s) or _____ serving(s)

H7. Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42g of saturated fat each day, which includes 1 serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day?

_____ grams

H8. If you usually eat 2,500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving?

_____ percent

H9. When available, how often do you use menu information on calories in deciding what to order?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

H10. 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

H11. 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

H12. Not counting any diet soda or pop, about how often do you drink regular soda or pop in a typical week?

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

H13. 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 H17 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

H14. 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

H15. 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

H16. 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

H17. About how tall are you without shoes?

☐ Feet ***and*** ☐☐ Inches

H18. About how much do you weigh, in pounds, without shoes?

☐☐☐ Pounds

H19. 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)?	☐☐	☐☐

H20. 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

H21. 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?	☐	☐	☐	☐	☐
e. Wear sunscreen?	☐	☐	☐	☐	☐

I: Tobacco Products

I1. Have you smoked at least 100 cigarettes in your entire life?

- ☐ Yes
- ☐ No → **GO TO I7 in the next column**

I2. How often do you now smoke cigarettes?

- ☐ Everyday
- ☐ Some days
- ☐ Not at all → **GO TO I7 in the next column**

I3. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

- ☐ 1-10
- ☐ 11-19
- ☐ 20
- ☐ 21-39
- ☐ 40+

I4. At any time in the past year, have you stopped smoking for one day or longer because you were trying to quit?

- ☐ Yes
- ☐ No

I5. Are you seriously considering quitting smoking in the next six months?

- ☐ Yes
- ☐ No

GO TO I7 in the next column.

I6. About how long has it been since you completely quit smoking cigarettes?

- ☐ Less than 1 month ago
- ☐ 1 month to less than 3 months ago
- ☐ 3 months to less than 6 months ago
- ☐ 6 months to less than 1 year ago
- ☐ 1 year to less than 5 years ago
- ☐ 5 years to less than 15 years ago
- ☐ 15 years ago

I7. 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, or
- ☐ I've never heard of electronic cigarettes

I8. A hookah pipe (or shisha) is a large water pipe. People smoke tobacco using hookah pipes in groups at cafes or bars. Compared to smoking cigarettes, would you say that smoking tobacco using a hookah is…

- ☐ Much less harmful,
- ☐ Less harmful,
- ☐ Just as harmful,
- ☐ More harmful,
- ☐ Much more harmful, or
- ☐ I've never heard of Hookah

I9. Do you believe that the United States Food and Drug Administration (FDA) regulates tobacco products in the U.S.?

- ☐ Yes
- ☐ No
- ☐ Don't know

I10. How much do you think quitting cigarette smoking can help reduce the harmful effects of smoking?

- ☐ Not at all
- ☐ A little
- ☐ Some
- ☐ A lot

I11. How much do you think each of the following help a current smoker reduce the harmful effects of smoking if the person continues to smoke?

	Not at all	A little	Somewhat	A lot
a. Exercising	☐	☐	☐	☐
b. Eating fruits and vegetables	☐	☐	☐	☐
c. Taking vitamins	☐	☐	☐	☐
d. Sleeping at least 8 hours per night	☐	☐	☐	☐

I12. Which statement best describes the rules about smoking inside your home?

- ☐ Smoking is not allowed anywhere inside your home
- ☐ Smoking is allowed some places or at some times
- ☐ Smoking is allowed anywhere inside your home
- ☐ There are no rules about smoking inside your home

J: Women and Cancer

J1. Are you male or female?

- ☐ Male → **GO TO SECTION K in the next column**
- ☐ Female

J2. Has a doctor ever told you that you could choose whether or not to have the Pap test?

- ☐ Yes
- ☐ No

J3. 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

J4. A mammogram is an x-ray of each breast to look for breast cancer. During the past 12 months, did a doctor, nurse, or other health professional advise you to get a mammogram?

- ☐ Yes
- ☐ No
- ☐ Not sure

J5. Has a doctor ever told you that you could choose whether or not to have a mammogram?

- ☐ Yes
- ☐ No

J6. 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

K: Screening for Cancer

K1. 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

K2. Have you ever heard of HPV? HPV stands for Human Papillomavirus. It is not HIV, HSV, or herpes.

- ☐ Yes
- ☐ No
- ☐ Not sure

K3. Do you think HPV can cause cervical cancer?

- ☐ Yes
- ☐ No
- ☐ Not sure

K4. Do you think that HPV is a sexually transmitted disease (STD)?

- ☐ Yes
- ☐ No
- ☐ Not sure

K5. Do you think that HPV will often go away on its own without treatment?

- ☐ Yes
- ☐ No
- ☐ Not sure

K6. 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

K7. Have you ever had one of these tests to check for colon cancer?

- ☐ Yes
- ☐ No

Males, continue to K8.
Females, GO TO L1 on the next page.

K8. 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

K9. Has a doctor ever discussed with you whether or not you should have the PSA test?

- ☐ Yes
- ☐ No → **GO TO K12 below**

K10. In that discussion, did the doctor ask you whether or not you wanted to have the PSA test?

- ☐ Yes
- ☐ No

K11. Did a doctor ever tell you that some experts disagree about whether men should have PSA tests?

- ☐ Yes
- ☐ No

K12. 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. Treating any type of prostate cancer can lead to serious side-effects, such as problems with urination or having sex?....	☐	☐

L: Your Cancer History

L1. Have you ever been diagnosed as having cancer?

- ☐ Yes
- ☐ No → **GO TO L4 below**

L2. 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 → ______

L3. At what age were you first told that you had cancer?

☐☐☐ Age

L4. Have any of your family members ever had cancer?

- ☐ Yes
- ☐ No
- ☐ Not sure

If you've been diagnosed with cancer at any time in your life, please GO TO M4 in the next column

M: Beliefs About Cancer

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

M1. How likely are you to get cancer in your lifetime?

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

M2. 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

M3. 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

M4. How worried are you about getting cancer?

- ☐ Not at all
- ☐ Slightly
- ☐ Somewhat
- ☐ Moderately
- ☐ Extremely

M5. 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. In adults, cancer is more common than heart disease	☐	☐	☐	☐
e. When I think about cancer, I automatically think about death	☐	☐	☐	☐

M6. How likely are you to get heart disease in your lifetime?

- ☐ I have heart disease
- ☐ Very unlikely
- ☐ Unlikely
- ☐ Neither unlikely or likely
- ☐ Likely
- ☐ Very likely

N: You and Your Household

N1. What is your age?

☐☐☐ Years old

N2. What is your current occupational status?

Mark ☒ only one.

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

N3. 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 N5 below

N4. In the past 12 months, have you received some or all of your health care from a VA hospital or clinic?

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

N5. What is your marital status?

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

N6. 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

N7. Were you born in the United States?

- ☐ Yes → **GO TO N9 below**
- ☐ No

N8. In what year did you come to live in the United States?

☐☐☐☐ Year

N9. How well do you speak English?

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

N10. Are you of Hispanic, Latino/a, or Spanish origin? One or more categories may be selected.

Mark ☒ all that apply.

- ☐ 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

N11. What is your race? One or more categories may be selected.

Mark ☒ all that apply.

- ☐ *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*

N12. Including yourself, how many people live in your household?

☐☐ Number of people

N13. Starting with 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)*
SELF	☐ *Male* ☐ *Female*	☐☐☐	☐☐
Adult 2	☐ *Male* ☐ *Female*	☐☐☐	☐☐
Adult 3	☐ *Male* ☐ *Female*	☐☐☐	☐☐
Adult 4	☐ *Male* ☐ *Female*	☐☐☐	☐☐
Adult 5	☐ *Male* ☐ *Female*	☐☐☐	☐☐

N14. How many children under the age of 18 live in your household?

[ ][ ] Number of children under 18

N15. Do you currently rent or own your home?

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

N16. Does anyone in your family have a working cell phone?

- ☐ Yes
- ☐ No

N17. Is there at least one telephone inside your home that is currently working and is not a cell phone?

- ☐ Yes
- ☐ No

N18. 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

N19. Are you deaf or do you have serious difficulty hearing?

- ☐ Yes
- ☐ No

N20. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- ☐ Yes
- ☐ No

N21. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- ☐ Yes
- ☐ No

N22. Do you have serious difficulty walking or climbing stairs?

- ☐ Yes
- ☐ No

N23. Do you have difficulty dressing or bathing?

- ☐ Yes
- ☐ No

N24. 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

N25. About how long did it take you to complete the survey?

Write a number in one box below.

[ ][ ] Minutes [ ][ ] Hours

N26. 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 within 2 weeks.

- If you have lost the envelope, mail the completed questionnaire to:

HINTS Study, TC 1046F
Westat
1600 Research Boulevard
Rockville, MD 20850