




 Previewing Survey

 Restart Survey

 Place Bookmark 



Form Approved
 OMB No: 0920-xxxx
 Exp. Date: xx/xx/xx

Welcome to CDC's Women's Health Study Survey!
 The survey is being conducted to help the Centers for Disease Control and Prevention (CDC) better understand the health of women in your metropolitan area, identify effective strategies to address women's health issues, and improve the health of women around the nation. Your participation in this survey will help CDC better communicate with women about their health. Your participation is very important and is completely voluntary. You may refuse to answer any of the survey items you wish. We anticipate it should take no more than 20 minutes to complete the survey. If you need to stop the survey and come back to it later, you may exit the survey and log in again later to complete it. All of your responses will be saved.

Please call <<PHONE>>, visit <<WEBLINK TO INFORMATION SHEET>>, or email <<EMAIL>> if you have any questions or want more information. If you have technical problems or questions about the survey items, please contact [NAME] at Battelle at [PHONE] or [email]. If you agree to participate and are ready to begin the Women's Health Study Survey, please click on the Agree to Participate and begin survey link below to proceed. Thanks again for your time and input! Please complete and submit your survey responses on or before [DATE].

Public Reporting burden of this collection of information varies from 3 to 20 minutes with an average of average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx).

- Agree to participate and begin survey
- Decline to participate

>>

Near which city do you live?

- Cincinnati
- Las Vegas
- Milwaukee
- San Antonio
- Other

>>

How long have you lived at this area?

- Less than 6 months
- 6-12 months
- More than a year

>>

How old are you?

>>

What is your gender?

- Female
- Male
- Transgender
- Other

>>

To begin, we'd like to ask you some questions about health in general.

In general, how would you describe your own health?

- Excellent
- Very Good
- Good
- Fair
- Poor
- Don't Know

Have you heard of any of the following? (SELECT ALL THAT APPLY)

	Yes
Colposcopy (close-up examination of cervix)	<input type="radio"/>
Human papillomavirus (HPV) infection	<input type="radio"/>
HPV test	<input type="radio"/>
HPV vaccine	<input type="radio"/>
Hysterectomy	<input type="radio"/>
Mammogram	<input type="radio"/>
Pap test (Pap smear)	<input type="radio"/>
Pelvic examination	<input type="radio"/>
Transvaginal ultrasound (probe inserted into vagina)	<input type="radio"/>
Anal Cancer	<input type="radio"/>
Bladder Cancer	<input type="radio"/>
Cervical cancer	<input type="radio"/>
Colorectal cancer	<input type="radio"/>
Colorectal polyps	<input type="radio"/>
Endometrial cancer	<input type="radio"/>
Fallopian tube cancer	<input type="radio"/>
Gynecologic cancer	<input type="radio"/>
Ovarian cancer	<input type="radio"/>
Ovarian cysts	<input type="radio"/>
Uterine cancer	<input type="radio"/>
Uterine Fibroids	<input type="radio"/>
Vaginal cancer	<input type="radio"/>
Vulvar cancer	<input type="radio"/>

To the best of your knowledge, which of the following are types of gynecologic cancer? (SELECT ALL THAT APPLY)

- Anal Cancer
- Bladder cancer
- Breast cancer
- Cervical cancer
- Colorectal cancer
- Endometrial cancer
- Fallopian tube cancer
- Ovarian cancer

- Uterine cancer
- Vaginal cancer
- Vulvar cancer
- None of these

How concerned are you about getting the following diseases in the future?

	Not at all Concerned	Not Very Concerned	Somewhat Concerned	Very Concerned
Breast cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cervical cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colorectal cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Endometrial cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fallopian tube cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ovarian cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uterine cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaginal cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vulvar cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To the best of your knowledge, the reason to have a Pap test or Pap smear is to check for which of the following? (SELECT ALL THAT APPLY)

- Anal cancer
- Bladder cancer
- Cervical cancer
- Colorectal cancer
- Endometrial cancer
- Fallopian tube cancer
- Human papillomavirus (HPV)
- Pregnancy
- Ovarian cancer
- Ovarian cysts
- Sexually transmitted diseases/infections (other than HPV)
- Uterine cancer
- Uterine fibroids
- Vaginal cancer
- Vulvar cancer
- None of these

Which, if any, of the following may be a warning sign or symptom of gynecologic cancer?

	Yes	No	Not Sure
A period that lasts for an unusually long time or is heavier than usual for you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change in bathroom habits, such as constipation or diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling full after eating a small amount of food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A rash or sore on your genitals, or the skin on your genitals becoming redder or whiter in color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unexplained pelvic or abdominal pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unexplained back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Not Sure
Unexplained bloating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unexplained vaginal bleeding between periods or after you have gone through menopause	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urinating more often or more urgently than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaginal bleeding (not related to your period) after sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaginal itching that does not get better with over-the-counter treatments/creams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you began experiencing any of the following and it was not normal for you, when would you contact a doctor or other health professional?

	Within a few days	Within 1-2 Weeks	After several weeks	After several months	I would probably not contact a doctor
A period that lasts for an unusually long time or is heavier than usual for you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change in bathroom habits, such as constipation or diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling full after eating a small amount of food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A rash or sore on your genitals, or the skin on your genitals becoming redder or whiter in color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unexplained pelvic or abdominal pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unexplained back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unexplained bloating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unexplained vaginal bleeding between periods or after you have gone through menopause	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urinating more often or more urgently than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaginal bleeding (not related to your period) after sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaginal itching that does not get better with over-the-counter treatments/creams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you ever experienced any of the following symptoms for two or more weeks: bloating, pelvic or abdominal pain, difficulty eating or feeling full quickly, or having to go to the bathroom more often and more urgently?

- Yes
- No
- Not Sure

>>

When you experienced these symptoms, did you speak with your healthcare provider?

- Yes, I made an appointment to find out what was causing the symptoms
- Yes, I had an appointment already scheduled
- Yes, I had a telephone consultation
- No
- Not sure

Approximately how long were you experiencing the symptoms before you spoke with your healthcare provider?

- Within a 1 to 6 days
- Within 1-2 weeks
- Within 1 month
- Within 2 to 5 months
- Within 6 months to a year
- After a year or more

For the next series of questions, please indicate how strongly you agree or disagree with the following statements.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I am familiar with my body and know what is normal for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I noticed any changes in my body that lasted for two weeks or longer and were not normal for me, I would talk to a healthcare provider and ask about possible causes including gynecologic cancers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The symptoms of gynecologic cancer may be caused by something other than cancer, but the only way to know is to see a doctor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend that my friend see the doctor if she were experiencing any of the following symptoms for two weeks or longer: bloating, pelvic or abdominal pain, difficulty eating or feeling full quickly, vaginal bleeding between periods or after menopause, and urinary urgency or frequency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would see my healthcare provider if I experienced any of the following symptoms for two or more weeks: bloating, pelvic or abdominal pain, difficulty eating or feeling full quickly, or having to go to the bathroom more often and more urgently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the next 6 months I will look for more information on the signs and symptoms of gynecologic cancers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

>>

On average, how many hours a day do you spend:

	0	2	4	6	8	10	12	14	16	18	20	22	24
Watching television, weekdays													
Watching television, weekends													
Using the internet for personal reasons													

In the past 30 days have you seen, heard, or read any TV, radio, newspaper, or online advertising or messages about any of the following? (Select all that apply)

- Encouraging women to see a doctor if they have symptoms that are not normal for them
- Encouraging women to know their body and what is normal for them
- Urging women to listen to their bodies
- Encouraging women to learn the signs and symptoms of gynecologic cancers
- None of these

Thinking of the messages that you saw or heard in the past 30 days that encouraged women to speak to a doctor if they are experiencing symptoms not normal for their bodies, where did you see or hear them? Please select all that apply.

- Newspapers or magazines
- Billboards or posters
- TV or radio
- Web sites
- Online ads
- Facebook
- Twitter
- Materials at work (e.g. posters, pamphlets, etc.)
- Materials at a doctor's office (e.g. posters, pamphlets, etc.)
- Somewhere else not listed (please specify)
- Don't remember

>>

Have you seen any advertisements about gynecologic cancer in the past 30 days?

- Yes
- No
- Not Sure

>>

In the past 30 days, how often have you seen or heard advertising about gynecologic cancer?

- About every day
- Several times a week
- About once a week
- Less than once a week
- Not at all
- Don't know

Have you ever heard of the Inside Knowledge Campaign?

- Yes
- No
- Not Sure

Have you ever seen this logo?



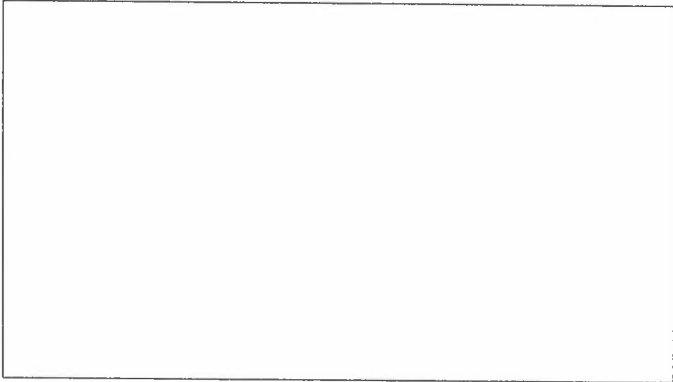
- Yes
- No
- Not Sure

Who sponsored this ad?

- Please enter the ad name of the sponsor in the box below
- I don't remember

>>

Now, we would like you to view a television advertisement that has been shown in the U.S. When you are ready, please click on the link below to view the advertisement. After you view the ad, there will be a few questions that ask about your opinions of the ad.



>>

As you viewed this ad, were the sound and video clear enough for you to rate the ad?

- Yes
- No

>>

Have you seen this ad before today?

Yes

No

>>

Did you speak with any of the following people about this ad? (Select all that apply)

- Yes, a friend
- Yes, a family member
- Yes, a healthcare provider
- Yes, someone else
- No, I didn't speak to anyone

Please tell us how strongly you agree or disagree with the following statements.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
This ad is convincing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This ad is informative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This ad told me something new.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This ad is meaningful to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This ad was irritating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This ad made me afraid.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

After watching this ad, how likely are you to do the following:

	Very Unlikely	Unlikely	Undecided	Likely	Very Likely
Schedule an appointment to talk with my healthcare provider.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Track any symptoms that are not normal for you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learn about the signs and symptoms of gynecologic cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Call a healthcare provider if you experience, or have been experiencing, symptoms that are not normal for you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

>>

Lastly, we'd like to ask you some questions for classification purposes.

Do you consider yourself to be Hispanic, Latina, or of Spanish origin?

- Yes
- No

What is your race? (SELECT ALL THAT APPLY)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

What is the highest level of school you have completed or the highest degree you have received?

- No schooling completed, or less than 1 year
- Nursery, kindergarten, and elementary (grades 1-8)
- High school (grades 9-12, no degree)
- High school graduate (or equivalent)
- Some college (1-4 years, no degree)
- Associate's degree (including occupational or academic degrees)
- Bachelor's degree (BA, BS, AB, etc)
- Master's degree (MA, MS, MENG, MSW, etc)
- Professional school degree (MD, DDC, JD, etc)
- Doctorate degree (PhD, EdD, etc)

The next question is about the total income of YOUR HOUSEHOLD for the PAST 12 MONTHS. Please include your income PLUS the income of all members living in your household (including cohabiting partners and armed forces members living at home). Please count income BEFORE TAXES and from all sources (such as wages, salaries, tips, net income from a business, interest, dividends, child support, alimony, and Social Security, public assistance, pensions, or retirement benefits).

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

Are you currently ...?

- Married
- Living with a partner
- Divorced
- Widowed
- Separated
- Single (that is, never married and not currently living with a partner)

Which statement best describes your current employment status?

- Working full time (35 or more hours per week)
- Working part time (less than 35 hours per week)
- Unemployed
- Retired
- Student
- Homemaker

>>

Has anyone in your family (i.e., any blood relative) ever had any of the following (PLEASE SELECT ALL THAT APPLY):

- Breast cancer
- Cervical cancer
- Endometrial cancer
- Gynecologic cancer
- Ovarian cancer
- Uterine cancer
- Vaginal cancer
- Vulvar cancer
- Fallopian tube cancer
- Other cancer
- None of the above
- Don't know

Doctors often cannot explain why one person develops cancer and another does not. Research shows that certain risk factors increase the chance that a person will develop cancer. Has a doctor or other health care provider/professional ever told you are at increased risk for any type of cancer?

- Yes
- No
- Not sure

>>

Have you been told that you were at increased risk for any of the following cancers (PLEASE SELECT ALL THAT APPLY.)

- Breast cancer
- Cervical cancer
- Endometrial cancer
- Gynecologic cancer
- Ovarian cancer
- Uterine cancer
- Vaginal cancer
- Vulvar cancer
- Fallopian tube cancer
- Other type of cancer

Has a doctor or other healthcare provider/professional ever told you that you have any of the following? (PLEASE SELECT ALL THAT APPLY)

- Breast cancer
- Cervical cancer
- Endometrial cancer
- Gynecologic cancer
- Ovarian cancer
- Uterine cancer
- Vaginal cancer
- Vulvar cancer
- Fallopian tube cancer
- Abnormal Pap test (Pap smear)
- Endometriosis
- Human papillomavirus (HPV) infection
- Other type of cancer
- I have never been told I have any of these

Have you gone through menopause (end of menstruation)?

- Yes
- No
- I'm going through it now
- Not sure

Do you have any kind of health care coverage, including health insurance or government plans such as Medicare or Medicaid?

- Yes
- No
- Not sure

Thank you for your time today.
We appreciate you sharing your opinions!

Please click submit to finish your survey.

To learn more about Gynecologic cancer please visit the website below:

<http://www.cdc.gov/cancer/knowledge/>

Submit

>>