

Attachment 2: Overview of Survey and Screen Shots (Revised, with tracked changes)

Overview of CRC Screening Survey

Background	A number of different screening tests for colorectal cancer are available, but many consumers do not obtain CRC screening as recommended. The factors that influence consumer decision making are not well understood.	
Objective	To obtain information about the factors that influence consumer preferences for different types of CRC screening tests, including consumer exposure to educational materials about CRC screening, and attributes of the CRC screening tests. We will assess the relative importance of each test attribute and the independent effect of the educational materials.	See Attachment 3 for Summary of Attributes and Levels
Methods	<p>We will conduct a discrete choice experiment. Each respondent will be asked to compare 2 hypothetical CRC tests, “A” and “B” and to state whether they would choose “A” or “B.” This process will be repeated 5 times for each respondent (i.e., each respondent will be asked to make 5 choices). The attributes of test “A” and test “B” will vary for each hypothetical scenario.</p> <p>Each group of 5 conjoint questions is called a block. The study design is based on 10 blocks. Each block will be viewed by approximately 200 respondents.</p> <p>The attributes of hypothetical tests A and B are defined based on a D-efficient, fractional factorial, orthogonal design created using NGene (ChoiceMetrics, 2012). Each respondent will be randomly assigned to a block and an information treatment.</p>	See Attachment 3 for 10 Blocks
Information Treatment	<ul style="list-style-type: none"> • Group A (Treatment) “No Excuses” educational flyer (<i>prepared by CDC Screen for Life campaign</i>) • Group B (Treatment) “CRC Fact Sheet” (<i>prepared by CDC Screen for Life campaign</i>) • Group C (Control) No additional information about CRC screening 	
Organization of the Web-based CRC Screening Survey	<p>The data collection instrument is comprised of</p> <ul style="list-style-type: none"> • Fixed sections that will be completed by all respondents • Variable sections that depend on the respondent’s assignment to information treatment and block <p>Due to the large number of screen shots required to display all information collection conditions, we are providing screen shots for all fixed questions; screen shots for all information treatments; and screen shots for respondents assigned to Block 1. Screen shots for blocks 2-10 are not provided, but the blocks are provided in Attachment 3).</p>	

Table of contents for survey screen shots

Section of survey	Fixed or Variable	Pages
OMB Number and Burden Statement	Fixed	3
Informed Consent	Fixed	4-6
Introducing the Survey Issues	Fixed	7-11
Features of CRC Screening Tests	Fixed	12-21
CRC Screening Information Sheets	Variable (3 versions, respondents randomly assigned to 1 version)	22-26
Stated Preference Questions	Variable (10 blocks of 5 questions, respondents randomly assigned to 1 block)	27-38
History with CRC screening and perceptions about tests	Fixed	39-52
Health and health behaviors	Fixed	53-65

Colorectal Cancer Screening Survey 2013: Online Survey Screenshots Sample

**Note: "Goto" and "Previous" buttons are for testing only, will not appear in production links.*

Questions presented in the same order as questionnaire (no logic filters in the following presentation).

Public Disclose Burden Statement:

Form Approved
OMB No.: 0920-1023
Expiration Date: 06/30/2015

PUBLIC Disclosure Burden Statement

Public reporting burden of this collection of information varies from 22 minutes to 25 minutes with an average of 24 minutes, 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 (0920-1023)

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Study Purpose and Rights: *Note: respondents can scroll down the page to read the entire page, screenshot scaled to fit in one shot.*

Study Purpose

You are one of about 2,000 people in the United States who are being asked to take this survey to help us understand preferences for cancer screening tests.

Study Duration

The survey will take about 22 to 25 minutes to complete.

Study Details

Research Triangle Institute (RTI) is doing this study for the U.S. Centers for Disease Control (the CDC). RTI is a non-profit research organization in Research Triangle Park, North Carolina. RTI has contracted with Knowledge Networks (KN) to collect data. If you have questions about this survey, please contact Panel Relations at 1-800-782-7699 (a toll-free number) and someone will direct your questions to a researcher at RTI.

Possible Risks or Discomforts

If any questions make you uncomfortable, you do not need to answer them.

KN will protect your responses under its Privacy Policy. RTI and the CDC will receive your survey responses without any personal identifiers. RTI will also make every effort to protect your responses. There is a potential risk of disclosure of the survey data, but the data could not be directly tied to you.

If you have any concerns about this survey, you may call the RTI Office of Research Protection at 1-866-214-2043 (a toll-free number).

Benefits

There are no direct benefits to you for participating in this study. Benefits of this survey apply to the broader population of people such that it will generate a better understanding of their preferences and potentially lead to better screening tests or better education about screening tests.

Confidentiality

Many steps have been taken to protect your information. KN will report only your responses to RTI, not your name or other contact information. If the results of this study are presented at scientific meetings or published in scientific journals, no information will be included that could identify you or your responses personally.

The Institutional Review Board (IRB) at RTI has reviewed this research. An IRB is a group of people who make sure that the rights of participants in research are protected. The IRB may check records of your activity in this research to see if proper procedures were followed.

Your Rights

Your decision to take part in this research study is completely voluntary. You can refuse to answer any question or stop at any point after you begin the survey and still receive your KN points for participating in the survey.

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Consent1.

*If you have read the previous screens and agree to participate, please click the **Yes** button, if not, click the **No** button.*

Select one answer only

- Yes, I agree to participate*
- No, I do not agree to participate*

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Consent2.

*Are you sure you don't want to participate? Your opinions are important to us. Please select the **Yes** button to continue this survey; if not, select the **No** button to exit.*

Select one answer only

- Yes, I agree to participate*
- No, I do not agree to participate*

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Display: Consent Confirmation

Thank you for agreeing to take this survey. In this survey, we are going to ask you some questions about your health and about cancer screening tests. The survey will present some information about colorectal cancer and describe some tests. Later we will ask you to think about different tests for colorectal cancer.

Let's start with some information about colorectal cancer.

Goto

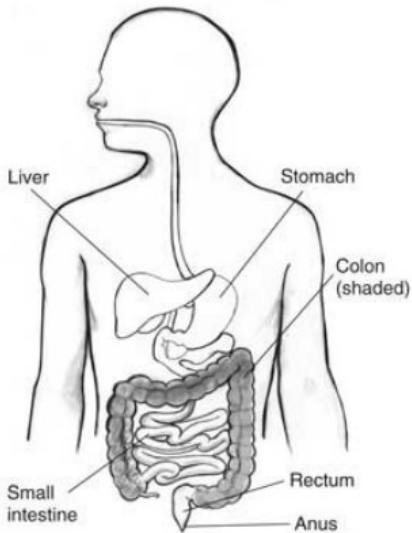
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Display: Colorectal Cancer

Colorectal cancer is one of the most common cancers in the United States today. It occurs in the colon (large intestine) or rectum (the last part of your large intestine) and is sometimes called “cancer of the colon and rectum.”



Colorectal cancer affects men and women of all racial and ethnic groups. Most cases occur in people aged 50 years or older. Risk factors include your family history, what you eat, and how much you exercise.

More than 50,000 people are estimated to die from colorectal cancer each year. However, many cases can be successfully treated if they are found early.

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Q1.

Think only about your biological mother and father, full brothers and sisters, and your biological sons or daughters. At any time in their lives, did any of these relatives ever have colorectal cancer?

Select one answer only

- Yes
- No
- I don't know

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Q2. [if Yes to Q1]

How many of these relatives had colorectal cancer?

Select one answer only

- 1
- 2 or more
- I don't know

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Q3.

Now thinking of your other relatives, friends, and neighbors, do you know anyone who has ever had colorectal cancer?

Select one answer only

- Yes
- No
- I don't know

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Q4.

Have you ever had any type of cancer (except for non-melanoma skin cancer)?

Select one answer only

- Yes
- No

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Q5.

Have you ever been told by a doctor or another healthcare professional that you have colorectal cancer?

Select one answer only

- Yes
- No

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Q6. [if No to Q5]

Have you ever been told by a doctor or another healthcare professional that you are at increased risk of developing colorectal cancer in the future?

Select one answer only

- Yes
- No

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Q7.

Compared to the average man or woman your age, would you say that you are more likely to get colorectal cancer, less likely, or about as likely? If you are a colorectal cancer survivor, we are asking about getting colorectal cancer again in the future.

Select one answer only

- More likely
- About as likely
- Less likely
- I don't know

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Display: Screening for Colorectal Cancer Information:

SCREENING FOR COLORECTAL CANCER

There are several tests for colorectal cancer, which are known as “screening tests.”

Colorectal cancer usually starts from pre-cancerous “polyps” that grow in the colon or rectum. A pre-cancerous polyp is a growth that shouldn't be there. Over time, some polyps can turn into cancer.

Screening tests can find polyps, so they can be removed before they turn into cancer. Screening tests also can find colorectal cancer.

The colonoscopy is the most common screening test for colorectal cancer in the U.S. In addition, there are other tests, including stool tests and tests using x-ray type equipment like CT scans. New tests are being developed that may be different from colonoscopies.

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Display: Features of Colorectal Cancer Screening Tests:

In the next few pages, we will describe characteristics of screening tests including what the test can find, how often you should get the test, how the test is administered, and whether you have to follow a special diet or take medication before the test.

Later we will ask you to choose between tests with different characteristics. We will describe some tests that may be different from the ones that you are familiar with or that are currently available.

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8.

What can the test find?

Tests differ in what they can find and diagnose. Some tests only find cancer and not pre-cancerous polyps. Remember, a polyp is a small growth that develops inside of the colon or rectum that may grow into cancer over time. Other tests find almost all cancers and pre-cancerous polyps.

In this survey, we will ask you to consider three types of tests:

- Detects **some** colorectal cancer (about 50%) and **very few** pre-cancerous polyps (less than 10%)
- Detects **some** colorectal cancer (about 50%) and **some** pre-cancerous polyps (about 50%)
- Detects **most** colorectal cancer (about 95%) and **most** pre-cancerous polyps (about 95%)

Below is a list of screening tests for other kinds of cancer (not colorectal cancer). Please check off all the tests you have ever had.

Select all answers that apply

- Mammogram for breast cancer
- Pap smear for cervical cancer
- PSA test for prostate cancer
- Skin cancer screening by a doctor (checking you for moles and other signs of skin cancer)
- X-ray or CT scan for lung cancer (do not include X-rays or CT scans done for some other reason)
- Others. Please specify:
- None

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9. Deleted Q10 (Are there any medical tests that you get once every year?)

How often do you take the test?

There are also recommendations for how often you should take each test. The recommendations depend on how well the screening test is able to find cancer and pre-cancerous growths and how fast the cancer grows.

In this survey, we will ask you to consider 3 different recommendations for how often you should get a specific test for colorectal cancer.

Test	Recommended Frequency
Detects some colorectal cancer (about 50%) and very few pre-cancerous polyps (less than 10%)	Once every year
Detects some colorectal cancer (about 50%) and some pre-cancerous polyps (about 50%)	Once every 5 years
Detects most colorectal cancer (about 95%) and most pre-cancerous polyps (about 95%)	Once every 10 years

Display: Test Capabilities

Can the test remove cancer and polyps?

During some tests, the doctor can actually remove cancer and polyps and take samples of your colon for a biopsy to test for cancer. Other tests just screen for indications of cancer or polyps, but a follow-up test is needed to remove them or take samples for biopsy.

In this survey, we will ask you to consider tests that do one of the following things:

- **Can remove cancer and polyps during the test**
 - During the test, the doctor **can** remove cancer and polyps and take samples for a biopsy to test for cancer.

- **Cannot remove cancer and polyps during the test**
 - During the test, the doctor **cannot** remove cancer or polyps or take samples for a biopsy.

 - If anything unusual is found, a follow-up test is needed to confirm and/or remove cancer and polyps.

Preparation before the test

Many colorectal cancer tests require that you prepare for them with a special diet and/or medication to clean the colon. The preparation may be uncomfortable and may limit what you can eat or drink, where you can go, and what you can do.

In this survey, we will ask you to consider these 3 different levels of preparation.

No preparation

- You can eat and drink as usual before the test.
- You can do all activities as usual before the test.

Diet restrictions

- You must be on a special diet of clear liquids (soft drinks, fruit juice, broth, jello) for **1 day before the test and the day of the test**.
- You can do all activities as usual before the test.

Diet restrictions and laxative use

- You must be on a special diet of clear liquids (soft drinks, fruit juice, broth, jello) for **1 day before the test and the day of the test**.
- The night before the test you may be asked to use laxative. It may cause loose, frequent stools, or diarrhea to empty your colon. You may have cramps and discomfort for several hours and will need to stay near a toilet.

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10.

Have you ever had a medical test that required you to follow a special diet or fast (not eat) for several hours before the test?

Select one answer only

- Yes
- No

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11.

How difficult would it be for you to have only clear liquids (soft drinks, fruit juice, broth, jello) for up to 2 days?

Select one answer only

- Very difficult
- Difficult
- Not very difficult
- Not at all difficult

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Display: Discomfort and activity limitations during and after the test

Discomfort and activity limitations during and after the test

Colorectal cancer screening tests differ in how much pain and discomfort they cause. Some tests also require medication to make you sleep through the test, and you are not able to drive home.

Other tests involve no discomfort or pain, and may involve taking a sample of your stool (bowel movement) or getting a procedure similar to a scan or x-ray.

In this survey, we will ask you to consider 3 levels of pain and discomfort associated with the tests and whether you have to take medication that will limit your activities after the test.

No Pain

- You feel no pain or discomfort during the test.
- You can do all activities as usual after the test.

Cramps

- You will feel pain or discomfort like intense cramps during the test.
- You can do all activities as usual during the test.

No Pain, but Sedative (no driving)

- You will be given medication so you will feel no pain during the test, you only feel pressure or mild discomfort and you will not remember the test.
- Because of the medication, someone **must** come with you to the test and drive you home after the test. You cannot take a taxi or bus by yourself to get home.
- After the test, you will need the rest of the day to recover and cannot work or do most other everyday activities that day.

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12.

Have you ever decided not to have a medical test or procedure because you were concerned about pain?

Select one answer only

- Yes
- No

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13.

How do you usually get to medical appointments, including both regular checkups and visits to the doctor for acute illnesses?

Select one answer only

- I drive myself
- Someone else drives me
- I take a taxi cab
- I take a bus
- I walk
- Other,

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14.

How likely are you to get a test if you have to find someone else to come to the test with you and drive you home afterwards? (Note that most clinics will not allow you to take a taxi or public transportation after sedation; you need a friend, relative, or assistant.)

Select one answer only

- Very likely
- Likely
- Unlikely
- Very unlikely

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15.

How likely are you to get a test that required you to take a full day off from work, caregiving or other activities? Assume you would need to take a full day off and get someone else to provide any caregiving responsibilities you have.

Select one answer only

- Very likely
- Likely
- Unlikely
- Very unlikely

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Display: Costs

Costs

The costs of a colorectal cancer screening tests may be covered by your health insurance. Depending on your insurance and the type of test, the test may be free to you, or you may be asked for a copay or fee.

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16.

What type of health insurance do you have?

Select all answers that apply

- Private health insurance (maybe purchased by an individual or provided by an employer or a family member's employer)
- Medicaid, medical assistance, or any kind of government assistance plan for those with low income or a disability
- Medicare
- TRICARE, VA or other military health care
- Indian Health Service
- Other,
- I do not have health insurance
- Not sure / Don't know

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17.

How much do you typically have to pay for a routine doctor visit? If you do not know exactly how much you pay, please make your best estimate possible. (If you have insurance, please report your co-pay for routine doctor visit.)

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[Note: Three information alternatives will be randomized across respondents]

Display: Alternative 1 - no additional information (skip to Introduction to Conjoint Section Block 1)

Display: Alternative 2:

Below is an information sheet about colorectal cancer and screening tests.

“I don’t have symptoms.”
FACT: Colorectal cancer doesn’t always cause symptoms, especially early on.

“It doesn’t run in my family.”
FACT: Most colorectal cancers occur in people with no family history.

“Why Should I Get Screened?”

“I’m only 53, I’m too young.”
FACT: Screening is recommended for men and women beginning at age 50.

“But that test...”
FACT: There are several kinds of screening tests for colorectal cancer.

Colorectal Cancer Screening Saves Lives

Colorectal cancer is the 2nd leading cancer killer in the U.S. But it can be prevented. Screening helps find precancerous polyps so they can be removed before they turn into cancer. Screening can also find colorectal cancer early, when treatment is most effective. **If you're 50 or older—don't wait. Talk to your doctor and get screened.**



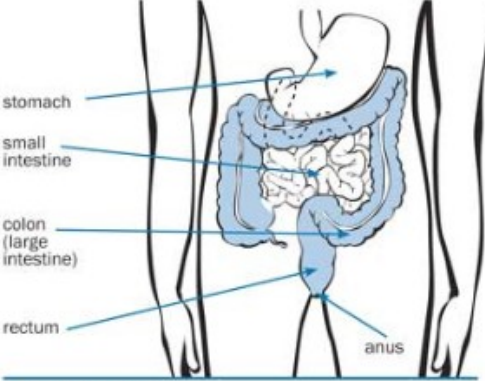
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

www.cdc.gov/screenforlife
1-800-CDC-INFO (1-800-232-4636)

Below is an information sheet about colorectal cancer and screening tests.

Colorectal Cancer Screening

Basic Fact Sheet



Colon and Rectum

Are You at High Risk?

Your risk for colorectal cancer may be higher than average if:

- You or a close relative have had colorectal polyps or colorectal cancer.
- You have inflammatory bowel disease.
- You have a genetic syndrome such as familial adenomatous polyposis (FAP) or hereditary nonpolyposis colorectal cancer.

People at high risk for colorectal cancer may need earlier or more frequent tests than other people. Talk to your doctor about when to begin screening and how often you should be tested.

What Is Colorectal Cancer?

Colorectal cancer is cancer that occurs in the colon or rectum. Sometimes it is called colon cancer. The colon is the large intestine or large bowel. The rectum is the passageway that connects the colon to the anus.

It's the Second Leading Cancer Killer

Colorectal cancer is the second leading cancer killer in the United States, but it doesn't have to be. If everyone aged 50 years or older had regular screening tests, at least 60% of deaths from this cancer could be avoided. So if you are 50 or older, start getting screened now.


Who Gets Colorectal Cancer?

- Both men and women can get it.
- It is most often found in people 50 or older.
- The risk increases with age.

Screening Saves Lives

If you're 50 or older, getting a colorectal cancer screening test could save your life. Here's how:


- Colorectal cancer usually starts from polyps in the colon or rectum. A polyp is a growth that shouldn't be there.
- Over time, some polyps can turn into cancer.
- Screening tests can find polyps, so they can be removed *before* they turn into cancer.
- Screening tests also can find colorectal cancer early. When it is found early, the chance of being cured is good.



Colon Polyp

Colorectal Cancer Can Start With No Symptoms

Precancerous polyps and early-stage colorectal cancer don't always cause symptoms, especially at first. This means that someone could have polyps or colorectal cancer and not know it. That is why having a screening test is so important.



1-800-CDC-INFO (1-800-232-4636)
www.cdc.gov/screenforlife

What Are the Symptoms?

Some people with colorectal polyps or colorectal cancer do have symptoms. They may include:

- Blood in or on your stool (bowel movement).
- Stomach pain, aches, or cramps that don't go away.
- Losing weight and you don't know why.

If you have any of these symptoms, talk to your doctor. These symptoms may be caused by something other than cancer. However, the only way to know what is causing them is to see your doctor.

Types of Screening Tests

Several different screening tests can be used to find polyps or colorectal cancer. Each can be used alone. Sometimes they are used in combination with each other. The U.S. Preventive Services Task Force (USPSTF) recommends colorectal cancer screening for men and women aged 50–75 using high-sensitivity fecal occult blood testing (FOBT), sigmoidoscopy, or colonoscopy. Talk to your doctor about which test or tests are right for you. The decision to be screened after age 75 should be made on an individual basis. If you are older than 75, ask your doctor if you should be screened.

• High-Sensitivity FOBT (Stool Test)

There are two types of FOBT: One uses the chemical guaiac to detect blood. The other—a fecal immunochemical test (FIT)—uses antibodies to detect blood in the stool. You receive a test kit from your health care provider. At home, you use a stick or brush to obtain a small amount of stool. You return the test to the doctor or a lab, where stool samples are checked for blood.

How Often: Once a year.

• Flexible Sigmoidoscopy

For this test, the doctor puts a short, thin, flexible, lighted tube into your rectum. The doctor checks for polyps or cancer inside the rectum and lower third of the colon.

How Often: Every five years. When done in combination with a High-Sensitivity FOBT, the FOBT should be done every three years.

• Colonoscopy

This is similar to flexible sigmoidoscopy, except the doctor uses a longer, thin, flexible, lighted tube to check for polyps or cancer inside the rectum and the entire colon. During the test, the doctor can find and remove most polyps and some cancers.

How Often: Every 10 years.

Colonoscopy also is used as a follow-up test if anything unusual is found during one of the other screening tests.

Other Screening Tests in Use or Being Studied

Although these tests are not recommended by the USPSTF, they are used in some settings and other groups may recommend them. Many insurance plans don't cover these tests, and if anything unusual is found during the test, you likely will need a follow-up colonoscopy.

- **Double Contrast Barium Enema**—You receive an enema with a liquid called barium, followed by an air enema. The barium and air create an outline around your colon, allowing the doctor to see the outline of your colon on an X-ray.
- **Virtual Colonoscopy**—Uses X-rays and computers to produce images of the entire colon. The images are displayed on the computer screen.
- **Stool DNA Test**—You collect an entire bowel movement and send it to a lab to be checked for cancer cells.

Will Insurance or Medicare Pay?

Many insurance plans and Medicare help pay for colorectal cancer screening tests. Check with your plan to find out which tests are covered for you. To find out about Medicare coverage, call 1-800-MEDICARE (1-800-633-4227) or visit www.medicare.gov.

The Bottom Line

If you're 50 or older, talk with your doctor about getting screened. For more information, visit www.cdc.gov/screenforlife or call 1-800-CDC-INFO (1-800-232-4636). For TTY, call 1-888-232-6348.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention



CDC Publication #99-6949 • Revised June 2009

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18.

Have you ever seen a fact sheet or announcement similar to this for colorectal cancer, for example, in a magazine, a healthcare provider's office, or in the mail?

Select one answer only

- Yes
- No
- I don't know

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19.

After reading this flyer, are you more likely to want to get screened for colorectal cancer, less likely or just as likely?

Select one answer only

- I am more likely to want to get screened
- I am just as likely to want to get screened
- I am less likely to want to get screened

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[Note: there will be 10 blocks of 5 conjoint choice questions each with varying levels of the attributes across the tests. The respondent will be randomly assigned to one of the 10 blocks of questions. The screen shots show Block 1. All 10 blocks are contained in Attachment 3.]

Display: Introduction to Conjoint Section Block 1

Now we will ask you a set of 5 questions. In each question, you will be asked to choose between 2 different colorectal cancer screening tests. Each test will be described by the characteristics we just reviewed. There is no right or wrong answers.

Some of the tests may be different from ones that you are familiar with or that are currently available. When you make your choices, assume that all the tests described in the survey are real tests that you could get. Assume that all the tests take place in a doctor's office or hospital or that you have to bring in samples to the doctor's office or hospital.

Please assume that the cost shown is your personal, out-of-pocket cost for the test; assume your health plan or insurance company would NOT pay these costs.

If you have recently had a colorectal cancer screening test, please consider what you would do for your next screening test when answering the following questions.

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Display: Introduction to Conjoint Section Block 1 Cont.

PLEASE HELP US

Before you tell us which test you prefer in the following questions, we need your help with a problem we have in studies like this one. People often do not think much about the cost shown because they do not really have to pay for the tests we describe. They do not think about whether the benefits of a test would be worth the cost.

For example, if the cost levels for the test in the questions are \$50, \$200, and \$500, people often think of them as just "low", "medium", and "high." They do not really think about what they would have to give up—such as a restaurant meal or some new clothes—if they pay for the test.

The results of this study will not be used to set test prices, but will help us understand the value of possible tests to people. If you do not pay attention to the costs shown, our results will be wrong. We will not get a true measure of how important the benefits and characteristics of these tests are.

Please help us understand your opinions by paying attention to the costs of the tests and how often you need to get the test before deciding which test you prefer. Your careful attention will help to improve public health and health care!

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Block 1 Screenshots:

Choice 1:

For the next 5 questions, please assume that the two colorectal cancer screening tests described below are the only ones available.

Test A and Test B do not necessarily describe tests that currently exist. We are interested in knowing what you would choose if they actually did exist.

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Choice 1: Which test do you prefer?

	Test A	Test B
What can the test find?	<ul style="list-style-type: none"> • Some colorectal cancer (50% - 70%) • Very few pre-cancerous polyps (10% - 25%) 	<ul style="list-style-type: none"> • Most colorectal cancer (90% - 95%) • Most pre-cancerous polyps (90% - 95%)
How often should you get the test?	Once every year	Every 10 years
Can the test remove cancer and polyps?	Yes	No
Preparation before the test	2 days diet restrictions and laxative use	2 days diet restrictions and laxative use
Discomfort and activity limitations during and after the test	<ul style="list-style-type: none"> • During test, sedative so no discomfort. • After test, no driving and limited activity rest of day. 	<ul style="list-style-type: none"> • No pain or discomfort during the test. • All activities as usual after the test.
Out-of-pocket cost to you	\$0 (no cost to you)	\$200 per test
Which test would you choose?	<input type="radio"/>	<input type="radio"/>

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[Note: After each of the 5 conjoint choice questions there will be 2 or 3 follow-up questions depending on the content of the choice question and the respondent's answer. These questions will be programmed when the survey instrument is finalized.]

Q1.1. If [insert test selected] was available, would you get the test? [if cost>\$0]
Remember, the test costs [insert cost] and you need to get the test every [number of years]? These two tests are your only choices, so if you do not get the test, you will not be screened for colorectal cancer.

- Yes, I would get the test
- No, I would not get the test

Q1.2. How certain are you of your answer?

- Very certain
- Somewhat certain

Not at all certain

Q1.3 *[if yes to Q1 and if selected test with recommended frequency of every year and cost >\$0]*
Doctors recommend you get *[insert name of test selected]* every year. If *[insert name of test]*
cost *[insert cost]*, how likely is it that you would you get the test every year?

*[if yes to Q21 and if selected test with recommended frequency of every year and
cost = \$0]* Doctors recommend you get *[insert name of test selected]* every year.
How likely is it that you would you get the test every year?

- Very likely, I would get the test every year
- Somewhat likely, I might get the test every year
- Not likely, I would not get the test every year

Choice2:

Choice 2: Which test do you prefer?

	Test A	Test B
What can the test find?	<ul style="list-style-type: none"> • Most colorectal cancer (90% - 95%) • Most pre-cancerous polyps (90% - 95%) 	<ul style="list-style-type: none"> • Some colorectal cancer (50% - 70%) • Some pre-cancerous polyps (50% - 70%)
How often should you get the test?	Every 10 years	Every 5 years
Can the test remove cancer and polyps?	No	No
Preparation before the test	No preparation	2 days diet restrictions and laxative use
Discomfort and activity limitations during and after the test	<ul style="list-style-type: none"> • No pain or discomfort during the test. • All activities as usual after the test. 	<ul style="list-style-type: none"> • During test, sedative so no discomfort. • After test, no driving and limited activity rest of day.
Out-of-pocket cost to you	\$200 per test	\$0 (no cost to you)
Which test would you choose?	<input type="radio"/>	<input type="radio"/>

Q1.1. If [insert test selected] was available, would you get the test? [if cost>\$0]
 Remember, the test costs [insert cost] and you need to get the test every [number of years]? These two tests are your only choices, so if you do not get the test, you will not be screened for colorectal cancer.

- Yes, I would get the test
- No, I would not get the test

Q1.2. How certain are you of your answer?

- Very certain
- Somewhat certain
- Not at all certain

Q1.3 [if yes to Q1 and if selected test with recommended frequency of every year and cost >\$0]
Doctors recommend you get [insert name of test selected] every year. If [insert name of test]
cost [insert cost], how likely is it that you would you get the test every year?

[if yes to Q21 and if selected test with recommended frequency of every year and
cost = \$0] Doctors recommend you get [insert name of test selected] every year.
How likely is it that you would you get the test every year?

- Very likely, I would get the test every year
- Somewhat likely, I might get the test every year
- Not likely, I would not get the test every year

Choice 3:

Choice 3: Which test do you prefer?

	Test A	Test B
What can the test find?	<ul style="list-style-type: none"> • Some colorectal cancer (50% - 70%) • Very few pre-cancerous polyps (10% - 25%) 	<ul style="list-style-type: none"> • Some colorectal cancer (50% - 70%) • Some pre-cancerous polyps (50% - 70%)
How often should you get the test?	Once every year	Every 5 years
Can the test remove cancer and polyps?	No	No
Preparation before the test	2 days diet restrictions	2 days diet restrictions
Discomfort and activity limitations during and after the test	<ul style="list-style-type: none"> • Discomfort like intense cramps during the test. • All activities as usual after the test. 	<ul style="list-style-type: none"> • No pain or discomfort during the test. • All activities as usual after the test.
Out-of-pocket cost to you	\$50 per test	\$200 per test
Which test would you choose?	<input type="radio"/>	<input type="radio"/>

Q1.1. If [insert test selected] was available, would you get the test? [if cost>\$0]
Remember, the test costs [insert cost] and you need to get the test every [number of years]? These two tests are your only choices, so if you do not get the test, you will not be screened for colorectal cancer.

- Yes, I would get the test
- No, I would not get the test

Q1.2. How certain are you of your answer?

- Very certain
- Somewhat certain
- Not at all certain

Q1.3 [if yes to Q1 and if selected test with recommended frequency of every year and cost >\$0]
Doctors recommend you get [insert name of test selected] every year. If [insert name of test]
cost [insert cost], how likely is it that you would you get the test every year?

[if yes to Q21 and if selected test with recommended frequency of every year and
cost = \$0] Doctors recommend you get [insert name of test selected] every year.
How likely is it that you would you get the test every year?

- Very likely, I would get the test every year
- Somewhat likely, I might get the test every year
- Not likely, I would not get the test every year

Choice 4:

Choice 4: Which test do you prefer?

	Test A	Test B
What can the test find?	<ul style="list-style-type: none"> • Most colorectal cancer (90% - 95%) • Most pre-cancerous polyps (90% - 95%) 	<ul style="list-style-type: none"> • Some colorectal cancer (50% - 70%) • Some pre-cancerous polyps (50% - 70%)
How often should you get the test?	Every 10 years	Every 5 years
Can the test remove cancer and polyps?	No	Yes
Preparation before the test	No preparation	No preparation
Discomfort and activity limitations during and after the test	<ul style="list-style-type: none"> • Discomfort like intense cramps during the test. • All activities as usual after the test. 	<ul style="list-style-type: none"> • During test, sedative so no discomfort. • After test, no driving and limited activity rest of day.
Out-of-pocket cost to you	\$200 per test	\$500 per test
Which test would you choose?	<input type="radio"/>	<input type="radio"/>

Q1.1. If [insert test selected] was available, would you get the test? [if cost>\$0]
 Remember, the test costs [insert cost] and you need to get the test every [number of years]? These two tests are your only choices, so if you do not get the test, you will not be screened for colorectal cancer.

- Yes, I would get the test
- No, I would not get the test

Q1.2. How certain are you of your answer?

- Very certain
- Somewhat certain
- Not at all certain

Q1.3 *[if yes to Q1 and if selected test with recommended frequency of every year and cost >\$0]*
Doctors recommend you get *[insert name of test selected]* every year. If *[insert name of test]*
cost *[insert cost]*, how likely is it that you would you get the test every year?

*[if yes to Q21 and if selected test with recommended frequency of every year and
cost = \$0]* Doctors recommend you get *[insert name of test selected]* every year.
How likely is it that you would you get the test every year?

- Very likely, I would get the test every year
- Somewhat likely, I might get the test every year
- Not likely, I would not get the test every year

Choice 5:

Choice 5: Which test do you prefer?

	Test A	Test B
What can the test find?	<ul style="list-style-type: none"> • Some colorectal cancer (50% - 70%) • Very few pre-cancerous polyps (10% - 25%) 	<ul style="list-style-type: none"> • Most colorectal cancer (90% - 95%) • Most pre-cancerous polyps (90% - 95%)
How often should you get the test?	Once every year	Every 10 years
Can the test remove cancer and polyps?	Yes	No
Preparation before the test	2 days diet restrictions	No preparation
Discomfort and activity limitations during and after the test	<ul style="list-style-type: none"> • Discomfort like intense cramps during the test. • All activities as usual after the test. 	<ul style="list-style-type: none"> • No pain or discomfort during the test. • All activities as usual after the test.
Out-of-pocket cost to you	\$500 per test	\$200 per test
Which test would you choose?	<input type="radio"/>	<input type="radio"/>

Q1.1. If [insert test selected] was available, would you get the test? [if cost>\$0]
Remember, the test costs [insert cost] and you need to get the test every [number of years]? These two tests are your only choices, so if you do not get the test, you will not be screened for colorectal cancer.

- Yes, I would get the test
- No, I would not get the test

Q1.2. How certain are you of your answer?

- Very certain
- Somewhat certain
- Not at all certain

Q1.3 [if yes to Q1 and if selected test with recommended frequency of every year and cost >\$0]
Doctors recommend you get [insert name of test selected] every year. If [insert name of test] cost [insert cost], how likely is it that you would you get the test every year?

[if yes to Q21 and if selected test with recommended frequency of every year and cost = \$0] Doctors recommend you get [insert name of test selected] every year. How likely is it that you would you get the test every year?

- Very likely, I would get the test every year
- Somewhat likely, I might get the test every year
- Not likely, I would not get the test every year

Display: Intro to next section

Now we have a few questions about your experience with colorectal cancer screening tests.

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40.

A polyp is a small growth that develops on the inside of the colon or rectum. During the past 10 years did a doctor tell you that you had a polyp in your colon or rectum?

Select one answer only

- Yes
- No
- I don't know

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41.

Has a doctor or other health professional ever recommended that you get a test for colorectal cancer?

Select one answer only

- Yes
- No
- I don't know

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42. [if Yes to Q41]

In the last 12 months, has a doctor or other health professional recommended that you get a test for colorectal cancer?

Select one answer only

- Yes
- No
- I don't know

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43. [if Yes to Q41]

Why did the doctor or another healthcare professional recommend that you be tested? If there are multiple reasons, please pick the most important reason.

Select one answer only

- It was part of a standard exam
- My age
- My own medical history or my family's medical history
- There was a problem
- It was a follow-up to another test
- Other,
- I don't know

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44.

Which tests did your doctor or other healthcare professional recommend to you for colon cancer screening? Please check all the tests that have been recommended even if you did not get the test.

Select all answers that apply

- Stool blood or fecal occult blood test or FOBT
(You collect a sample of your stool at home and deliver it to a healthcare provider to test for blood in your stool)
- Fecal Immunochemical Test (FIT)
(You collect a sample of your stool at home and deliver it to a healthcare provider to test for blood in your stool)
- Flexible Sigmoidoscopy
(The doctor puts a short, thin, flexible, lighted tube into the rectum and checks the bottom third of your colon for cancer and polyps. It does **not** require medication to make you sleep during the test.)
- Colonoscopy
(The doctor puts a short, thin, flexible, lighted tube into the rectum and checks your entire colon for cancer and polyps. You are given medication to make you sleepy and someone must drive you home.)
- CT colonography or virtual colonoscopy
(A thin tube will be inserted into the rectum. Then you are moved through a CT scanner or MRI unit to produce a series of pictures of your colon.)
- Stool DNA test
(You collect an entire bowel movement at home and deliver it to a healthcare provider to test for cancer cells in your stool)
- Other,
- I don't know

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Display: Introduction to colonoscopy and sigmoidoscopy

Colonoscopy and sigmoidoscopy are exams in which a doctor inserts a tube into the rectum to look for polyps or cancer. For a colonoscopy, the doctor checks the entire colon, and you are given medication through a needle in your arm to make you sleepy, and told to have someone drive you home. For a sigmoidoscopy, the doctor checks only part of the colon and you are fully awake. Before these tests, you are asked to take a medication that causes diarrhea.

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45.

Have you ever had a colonoscopy?

Select one answer only

- Yes
- No
- I don't know

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46. [if Yes to Q45]

When did you have your MOST RECENT colonoscopy?

Select one answer only

- A year ago or less
- More than 1 year but not more than 2 years
- More than 2 years but not more than 3 years
- More than 3 years but not more than 5 years
- More than 5 years but not more than 10 years
- Over 10 years ago
- I don't know

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47. [if No to Q45 or over 10 years ago for Q46]

What is the most important reason why you have not had a colonoscopy or not had one in the last 10 years?

Select one answer only

- No reason; I never thought about it
- Too hard to take time off from work or caregiving
- Doctor didn't say I needed it
- I haven't had any problems
- I put it off and didn't get around to it
- Too expensive
- Preparation was too hard (diet and/or laxative to clean colon)
- Too painful and unpleasant
- I had another type of colorectal exam
- I don't have doctor
- I don't have anyone who can drive me home
- Other

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48.

There are other tests besides colonoscopies that look for colorectal cancer. Please check off all the other tests you have had for colorectal cancer.

Select all answers that apply

- Stool blood or fecal occult blood test or FOBT
- Fecal Immunochemical Test (FIT)
- Flexible Sigmoidoscopy
- CT colonography or virtual colonoscopy
- Stool DNA test
- Other,
- I have never had any of these tests for colorectal cancer
- I don't know

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49. [If more than one test selected. Items presented vary based on selection in Q48, below shows all possible selections for Q49]

What was the most recent test you had?

Select one answer only

- Stool blood or fecal occult blood test or FOBT
- Fecal Immunochemical Test (FIT)
- Flexible Sigmoidoscopy
- CT colonography or virtual colonoscopy
- Stool DNA test
- Other,
- I don't know

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50. [if selected at least one test in Q48]

When did you have your most recent test?

Select one answer only

- A year ago or less
- More than 1 year but not more than 2 years
- More than 2 years but not more than 3 years
- More than 3 years but not more than 5 years
- More than 5 years but not more than 10 years
- Over 10 years ago
- I don't know

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51. [if never had any of the tests in Q48 or test more than 5 years ago in Q50]

What is the most important reason why you have not had any of these other tests or had a test within the last 5 years?

Select one answer only

- No reason, I never thought about it
- Too hard to take time off from work or caregiving
- I didn't need it or didn't know I needed it
- Doctor didn't say I needed it
- I haven't had any problems
- I put it off and didn't get around to it
- Too expensive
- I don't have insurance
- Too painful and unpleasant
- I had another type of colorectal exam
- I don't have doctor
- I don't have anyone who can drive me home
- Other

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52. [if Yes to Q45 or selected a test in Q48]

How did you learn about the screening test you had for colorectal cancer or who recommended it?
Check all that apply.

Select one answer only

- Doctor or nurse
- Family or friend
- Insurance company
- Internet
- Magazine or book
- Television
- Other, Please specify:

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53. [if No or I don't know to Q45]

Based on what you know about colonoscopies, tell us what you think a colonoscopy would be like for you. For each item, select the level that best matches what you think your experience with the test would be.

What I think a colonoscopy would be like

<p>Preparation before the test</p>	<ul style="list-style-type: none"> <input type="radio"/> No preparation <input type="radio"/> Diet restriction <input type="radio"/> Diet restriction and laxative use <input type="radio"/> Other, <input type="text"/> <input type="radio"/> I don't know
<p>During the test, you will be given a sedative (medicine to make you sleep)</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
<p>Discomfort during the test</p>	<ul style="list-style-type: none"> <input type="radio"/> None <input type="radio"/> Mild pain and discomfort during the test <input type="radio"/> Moderate pain and discomfort during the test <input type="radio"/> Severe pain and discomfort during the test <input type="radio"/> Other, <input type="text"/> <input type="radio"/> I don't know
<p>Activity limitations after the test that you will experience</p>	<ul style="list-style-type: none"> <input type="radio"/> None <input type="radio"/> Will not be able to drive after the test, but will be able to do regular activities <input type="radio"/> Will not be able to drive or do regular activities the rest of the day after the test <input type="radio"/> Will not be able to do regular activities for more than 1 day after the test <input type="radio"/> Other, <input type="text"/> <input type="radio"/> I don't know
<p>Out-of-pocket cost to you</p>	<ul style="list-style-type: none"> <input type="radio"/> No cost <input type="radio"/> \$25 or less <input type="radio"/> \$26 to \$50 <input type="radio"/> \$51 to \$75 <input type="radio"/> \$76 to \$100 <input type="radio"/> \$101 to \$200 <input type="radio"/> More than \$200 <input type="radio"/> I don't know

54. [if Yes to Q45]

How would you rate your own experience with the colonoscopy using the description from the choices you just made between Test A and Test B? For each item, select the level that best matches your own experience with the test.

What my colonoscopy was like

<p>Preparation before the test</p>	<ul style="list-style-type: none"> <input type="radio"/> No preparation <input type="radio"/> Diet restriction <input type="radio"/> Diet restriction and laxative use <input type="radio"/> Other, <input type="text"/> <input type="radio"/> I don't remember
<p>During the test, did you get a sedative (medicine to make you sleep)?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't remember
<p>Discomfort during the test</p>	<ul style="list-style-type: none"> <input type="radio"/> None <input type="radio"/> Mild pain and discomfort during the test <input type="radio"/> Moderate pain and discomfort during the test <input type="radio"/> Severe pain and discomfort during the test <input type="radio"/> Other, <input type="text"/> <input type="radio"/> I don't remember
<p>Activity limitations you experienced after the test</p>	<ul style="list-style-type: none"> <input type="radio"/> None <input type="radio"/> Could not drive after the test, but could do regular activities <input type="radio"/> Could not drive or do regular activities the rest of the day after the test <input type="radio"/> Could not do regular activities for more than 1 day after the test <input type="radio"/> Other, <input type="text"/> <input type="radio"/> I don't remember
<p>Out-of-pocket cost to you</p>	<ul style="list-style-type: none"> <input type="radio"/> No cost <input type="radio"/> \$25 or less <input type="radio"/> \$26 to \$50 <input type="radio"/> \$51 to \$75 <input type="radio"/> \$76 to \$100 <input type="radio"/> \$101 to \$200 <input type="radio"/> More than \$200 <input type="radio"/> I don't remember

55-58.

Please indicate whether you “strongly agree”, “agree”, “neither agree nor disagree”, “disagree” or “strongly disagree” with the following statements:

Getting tested for colorectal cancer takes too much time.

Select one answer only

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Getting tested for colorectal cancer is reassuring.

Select one answer only

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I am worried that if I get tested for colorectal cancer, I might find out that I have cancer.

Select one answer only

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I am worried about getting tested for colorectal cancer because I do not understand what the test will involve.

Select one answer only

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

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59.

Before today, had you ever heard of a colonoscopy?

Select one answer only

- Yes
- No
- I don't know

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60.

In the future, how likely are you to get a colonoscopy if you have never had one or get another colonoscopy if you have had one?

Select one answer only

- Very likely
- Likely
- Unlikely
- Very unlikely
- I'm not sure

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61.

Studies suggest 8 people out of 10,000 or fewer get a serious complication from a colonoscopy or sigmoidoscopy. Complications include risk of bleeding or perforation of the colon (a hole is poked in the colon) and are more likely if a polyp is removed and when performed by a less experienced doctor. Knowing this information, how likely are you to get a colonoscopy if you have never had one or get another colonoscopy if you have had one?

Select one answer only

- Very likely
- Likely
- Unlikely
- Very unlikely
- I'm not sure

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62.

Has a family member or close friend ever had a colorectal cancer screening test, such as a stool test like an FOBT, a flexible sigmoidoscopy, or a colonoscopy?

Select one answer only

- Yes
- No
- Don't know / Not sure

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63.

At what age should you get your first colon cancer screening test?

Type in the number for the answer

years old

I don't know

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64.

Would you say that in general your health is...?

Select one answer only

- Excellent
- Very good
- Good
- Fair
- Poor

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65.

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

Type in the number for the answer

days

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66.

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Type in the number for the answer

days

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67.

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Type in the number for the answer

days

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68.

Is there a place that you usually go to when you are sick or need advice about your health?

Select one answer only

- Yes
- There is NO place
- There is MORE THAN ONE place

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69. [if Yes to Q68]

What kind of place is it - a clinic, doctor's office, emergency room, or some other place?

Select all answers that apply

- Clinic or healthcare center
- Doctor's office
- Hospital emergency room
- Hospital outpatient department
- Urgent care clinic
- Some other place,

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70. [if checked more than 1 place in Q69. Question text varies based on selection in Q69]

What kind of place do you go to most often - a clinic, doctor's office, emergency room, or some other place?

Select one answer only

- Doctor's office
- Hospital emergency room
- I don't go anyplace most often

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71. [Question text varies based on selection in Q70. Name of place will be inserted or "this place" will be inserted if selected "I don't go anyplace most often" or "Some other place" in Q70]

Is that hospital outpatient department the same place you usually go when you need routine or preventive care, such as a physical examination or check up?

Select one answer only

- Yes
- No
- I don't know

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72. [if No or I don't know to Q71]

What kind of place do you usually go to when you need routine or preventive care, such as a physical examination or check-up?

Select one answer only

- I do not get preventative care anywhere
- Clinic or healthcare center
- Doctor's office
- Hospital emergency room
- Hospital outpatient department
- Urgent care clinic
- I don't go anyplace most often
- Some other place,

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Display: Introduction to next section

Now we will ask some questions about your activities and diet.

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73.

Do you walk (or do other moderate activity) for at least 30 minutes on most days, or at least 3 hours per week?

Select one answer only

- Yes
- No

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74.

Do you eat 3 or more servings of red meat a week? 1 serving is 4 ounces - about the size of a deck of cards.

Select one answer only

- Yes
- No

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75.

How many servings of alcohol do you have on a typical day? One serving is a can of beer, a glass of wine or a shot of hard liquor.

Select one answer only

- 0
- 1
- 2

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76.

How many servings of milk or dairy products do you have on most days? One serving is a cup of milk, a cup of yogurt or about 1 ½ oz of cheese.

Select one answer only

- Less than 1
- 1-2
- 3 or more

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77.

Do you take calcium supplements on most days?

Select one answer only

- Yes
- No

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78.

Do you take a multivitamin 4 or more days a week?

Select one answer only

- Yes
- No

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79.

Do you take vitamin D supplements or calcium + vitamin D supplements on most days (apart from a standard multivitamin)?

Select one answer only

- Yes
- No

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80.

Have you taken aspirin every day for 15 or more years?

Select one answer only

- Yes
- No

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81.

Have you had chronic inflammatory bowel disease for 10 or more years? This includes Crohn's disease and ulcerative colitis.

Select one answer only

- Yes
- No

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82.

What is your height?

Feet Inches

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83.

What is your weight (in pounds)?

Type in the number for the answer

pounds

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84. [if woman]

What's the total amount of time you've ever taken birth control pills?

Select one answer only

- I've never taken birth control pills?
- Less than 5 years
- 5 or more years

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85. [if woman]

What's the total amount of time you've ever taken post-menopausal hormones? Post-menopausal hormones are medications to ease the symptoms of menopause.

Select one answer only

- I've never taken post-menopausal hormones
- Less than 5 years
- 5 or more years

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Thank you for participating in our survey. If you would like to know more about colon cancer and the recommended screening tests, please see <http://www.cdc.gov/cancer/colorectal/>

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