

Appendix A

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Public reporting burden for this collection of information is estimated to average 30 minutes, including 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 the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0589). Do not return the completed form to this address.

Health Opinion Survey

Welcome to the Health Opinion Survey, which will ask questions on health-related topics. You will be asked to respond to multiple choice and open-ended questions. The survey takes approximately 30 minutes to complete. Please try to answer all of the questions. If any question makes you uncomfortable, it is okay to skip it.

If you are at least 18 years old and would like to continue to the survey, please click on the agree button below.

- Yes, I agree to participate and am at least 18 years of age
- No, I do not agree to participate

Looking for Health Information Module

Looking for Health Information

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

- Yes
- No

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Looking for Health Information

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

- | | |
|--|--|
| <input type="radio"/> Books | <input type="radio"/> Internet |
| <input type="radio"/> Brochures, pamphlets, etc. | <input type="radio"/> Library |
| <input type="radio"/> Cancer organization | <input type="radio"/> Magazines |
| <input type="radio"/> Family | <input type="radio"/> Newspapers |
| <input type="radio"/> Friend/Co-worker | <input type="radio"/> Telephone information number |
| <input type="radio"/> Doctor or health care provider | <input type="radio"/> Complementary, alternative, or unconventional practitioner |
| <input type="radio"/> Other (please specify) | |

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Looking for Health Information

Based on the results of your most recent search for information about health or medical topics, how much do you agree or disagree with **each** of the following statements?

| | Strongly agree | Somewhat agree | Somewhat disagree | Strongly disagree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| It took a lot of effort | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You felt frustrated | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You were concerned about the quality of the information | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The information you found was hard to understand | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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Using the Internet to Find Information Module

Using the Internet to Find Information

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 |
|--|-----------------------|-----------------------|
| Looked for health or medical information for yourself | <input type="radio"/> | <input type="radio"/> |
| Looked for health or medical information for someone else | <input type="radio"/> | <input type="radio"/> |
| Looked for information about quitting smoking | <input type="radio"/> | <input type="radio"/> |
| Bought medicine or vitamins on line | <input type="radio"/> | <input type="radio"/> |
| Looked for a health care provider | <input type="radio"/> | <input type="radio"/> |
| Downloaded health-related information to a mobile device, such as an MP3 player, cell phone, tablet computer or electronic book device | <input type="radio"/> | <input type="radio"/> |
| Kept track of personal health information, such as care received, test results, or upcoming medical appointments | <input type="radio"/> | <input type="radio"/> |
| Used e-mail or the Internet to communicate with a doctor or doctor's office | <input type="radio"/> | <input type="radio"/> |

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Using the Internet to Find Information

Sometimes people use the Internet to connect with other people online through social networks 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 |
|--|-----------------------|-----------------------|
| Visited a social networking site, such as Facebook or LinkedIn | <input type="radio"/> | <input type="radio"/> |
| Shared health information on social networking sites, such as Facebook or Twitter | <input type="radio"/> | <input type="radio"/> |
| Wrote in an online diary or blog (i.e., Web log) | <input type="radio"/> | <input type="radio"/> |
| Participated in an online forum or support group for people with a similar health or medical issue | <input type="radio"/> | <input type="radio"/> |
| Watched a health-related video on YouTube | <input type="radio"/> | <input type="radio"/> |

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Your Health Care

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 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Give you a chance to ask all health-related questions you had? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Give you the attention you needed to your feelings and emotions? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Involve you in decisions about your health care as much as you wanted? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Make sure you understood the things you needed to do to take care of your health? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Explain things in a way you could understand? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Spend enough time with you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Help you deal with feelings of uncertainty about your health or health care? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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Your Health Care

Overall, how would you rate the quality of healthcare you received **in the past 12 months**?

- Excellent
- Very good
- Good
- Fair
- Poor

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Medical Records

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

| | Very important | Somewhat important | Not at all important |
|---|-----------------------|-----------------------|-----------------------|
| Doctors and other health care providers should be able to share your medical information with each other electronically | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You should be able to get to your own medical information electronically | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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Cancer Screening Module

Screening for Cancer

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

- Yes
 No

A vaccine to prevent HPV infection is available and is called the cervical cancer vaccine or HPV shot. Before today, have you ever heard of the cervical cancer vaccine or HPV shot?

- Yes
 No

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Cancer History and Beliefs Module

Your Cancer History

Have you ever been diagnosed as having cancer?

- Yes
 No

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Your Cancer History

What type of cancer did you have? **Mark all that apply.**

- | | |
|--|---|
| <input type="checkbox"/> Bladder cancer | <input type="checkbox"/> Melanoma |
| <input type="checkbox"/> Bone cancer | <input type="checkbox"/> Non-Hodgkin's lymphoma |
| <input type="checkbox"/> Breast cancer | <input type="checkbox"/> Oral cancer |
| <input type="checkbox"/> Cervical cancer (cancer of the cervix) | <input type="checkbox"/> Ovarian cancer |
| <input type="checkbox"/> Colon cancer | <input type="checkbox"/> Pancreatic cancer |
| <input type="checkbox"/> Endometrial cancer (cancer of the uterus) | <input type="checkbox"/> Pharyngeal (throat) cancer |
| <input type="checkbox"/> Head and neck cancer | <input type="checkbox"/> Prostate cancer |
| <input type="checkbox"/> Hodgkin's lymphoma | <input type="checkbox"/> Rectal cancer |
| <input type="checkbox"/> Leukemia/Blood cancer | <input type="checkbox"/> Renal (kidney) cancer |
| <input type="checkbox"/> Liver cancer | <input type="checkbox"/> Skin cancer, non-melanoma |
| <input type="checkbox"/> Lung cancer | <input type="checkbox"/> Stomach cancer |
| <input type="checkbox"/> Other (please specify) | |

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Your Cancer History and Beliefs About Cancer

Have any of your family members ever had cancer?

- Yes
- No
- Not Sure

How likely are you to get cancer in your lifetime?

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

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Physical Activity and Nutrition Module

Your Health, Nutrition and Physical Activity

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

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Your Health, Nutrition and Physical Activity

About how tall are you without shoes?

Inches

Feet

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

Pounds

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Your Health, Nutrition and Physical Activity

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 regular pace?

- 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

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Your Health, Nutrition and Physical Activity

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

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Your Health, Nutrition and Physical Activity

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

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

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Your Health, Nutrition and Physical Activity

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

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

- 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

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Your Health, Nutrition and Physical Activity

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

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

- 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

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Tobacco Products

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

- Yes
- No

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Tobacco Products

How often do you now smoke cigarettes?

- Everyday
- Some days
- Not at all

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Tobacco Products

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

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Tobacco Products

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

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Demographic Questions

You and Your Household

Are you male or female?

- Male
 Female

What is your age?

Years old

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You and Your Household

What is your current occupational status? **Mark only one.**

- Employed
 Unemployed
 Homemaker
 Student
 Retired
 Disabled
 Other (please specify)

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You and Your Household

What is your marital status?

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

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You and Your Household

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

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You and Your Household

Including yourself, how many people live in your household?

Number of people

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

Number of children under 18

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You and Your Household

Were you born in the United States?

Yes

No

How well do you speak English?

Very well

Well

Not Well

Not at all

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Which of these best describes your ethnicity (choose one)?

- Hispanic or Latino
- Not Hispanic or Non-Latino

Which of these best describes your race (choose one or more)?

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

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You and Your Household

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

What is your zip code?

Zip code

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Cognitive Probes

Questions About the Survey

In this next section we want to ask you a little bit about the questions in this survey and how you answered them. All of the feedback you give will help us to understand how well the questions are working. The more you can tell us, the better.

Earlier in the survey, you were asked the following question:

Sometimes people use the Internet to connect with other people online through social networks 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 |
|--|-----------------------|-----------------------|
| Visited a social networking site, such as Facebook or LinkedIn | <input type="radio"/> | <input type="radio"/> |
| Shared health information on social networking sites, such as Facebook or Twitter | <input type="radio"/> | <input type="radio"/> |
| Wrote in an online diary or blog (i.e., Web log) | <input type="radio"/> | <input type="radio"/> |
| Participated in an online forum or support group for people with a similar health or medical issue | <input type="radio"/> | <input type="radio"/> |
| Watched a health-related video on YouTube | <input type="radio"/> | <input type="radio"/> |

What types of websites were you thinking about when you answered this question? Can you give some examples besides Facebook and Twitter?

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Questions About the Survey

Earlier in the survey, you were asked the following questions:

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

| | Very important | Somewhat important | Not at all important |
|---|-----------------------|-----------------------|-----------------------|
| Doctors and other health care providers should be able to share your medical information with each other electronically | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You should be able to get to your own medical information electronically | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

What types of medical information were you thinking about when you answered these questions? Can you give some examples?

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Questions About the Survey

Earlier in the survey, you were asked the following question:

How likely are you to get cancer in your lifetime?

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

You said you were likely to get cancer in your lifetime. Why do you think that?

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Questions About the Survey

Earlier in the survey, you were asked the following question:

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

- Yes
 No

When you were asked this survey question, how did you mentally calculate the answer?

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Questions About the Survey

Earlier in the survey, you were asked the following question

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

When answering questions like these, some people already know the answer, some people mentally calculate, and some people just guess. How did you arrive at your answer to the question?

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Done

You have indicated that you decline to participate in the Health Opinion Survey. If you have reached this page in error, please hit the back button on your browser now.

Thank you for your interest in the Health Opinion Survey.

Done

You have completed the Health Opinion Survey. Thank you for your participation

Done