OMB #0920-xxxx
Exp. Date xx-xx-20xx

Women's Preventive Health Services Survey (WPHSS) Questionnaire – English Version

SCREENER QUESTIONS

SCREENER1. First, we need to confirm you are eligible for the study. Do you now have health insurance?

- € YES [CONTINUE]
- € NO [GO TO INELIGIBLE]

SCREENER2. Have you received a publically funded Pap test between [insert dates not less than 1 year but not more than 4 years from study implementation] or received a publicly funded Pap/HPV co-test between [insert dates not less than 3 years but not more than 5 years from study implementation]?

- € YES [CONTINUE]
- € NO [GO TO INELIGIBLE]

SCREENER3. Have you received a publically funded mammogram between [insert dates not less than 1 year but not more than 3 years from study implementation]?

- € YES [CONTINUE]
- € NO [GO TO INELIGIBLE]

SCREENER4. Are you a US citizen or do you have a green card?

- € YES [CONTINUE]
- € NO [GO TO INELIGIBLE]

SCREENER5. Are you a [Insert state] resident?

- € YES [CONTINUE]
- € NO [GO TO INELIGIBLE]

SCREENER6. Are you between the ages 30 and 62?

- € YES [CONTINUE]
- € NO [GO TO INELIGIBLE]

ELIGIBLE. Okay, great! It sounds like you are eligible for the survey. We would like to continue now unless you have any questions.

- € CONTINUE [GO TO CONSENT]

INELIGBLE. Unfortunately, you are not eligible for the study at this time. Thank you for your time and your interest.

CONSENT

The Women's Preventive Health Services Survey (WPHSS), sponsored by the Centers for Disease Control and Prevention (CDC), is a three-year study to examine the facilitators and barriers to receiving clinical preventive services among newly insured medically underserved women. Thank you for agreeing to share your experience with us.

We are asking you to take part in the study because program staff identified you as someone who can tell us about the screening tests you received. Each year of the study we will contact you about completing a survey. We would also like to know if there have been any gaps in health insurance coverage, problems accessing health care, and if you are getting follow-up care. Your answers are valuable to our project. There are no right or wrong answers. This interview is not meant to evaluate you. Rather, it is meant to learn about your experience with your new health insurance policy.

The survey will take about 20 – 25 minutes. There are no expected risks to participating in the survey.

The information we learn from this study will help us understand if women are getting the cancer prevention services they need. Study results will be shared with the project team at CDC.

Your participation is voluntary. You may choose not to answer any of the questions or you may choose not to participate without penalty. You can choose to stop the survey at any time for any reason.

Upon completion of this first survey, we will send you a $10 gift card. We will contact you next year to complete this survey again.

If you would like more information about this study, if you would like to withdraw from this study, or if you would like to know more about your rights as a participant, you may contact the principal investigator.

I have read the above information. I consent voluntarily to be a participant in this study.

☐ YES
☐ NO

CONTACT INFORMATION

Before we start the survey, we would like to confirm your contact information. This will allow us to mail your incentive to the right place and to contact you for future studies.

[IF ADDRESS IS KNOWN, PRELOAD AND ASK:] We have recorded the address below for you. If all is correct, please hit 'Next' to continue. If you need to make updates, please do so in the fields below.

[IF ADDRESS IS NOT KNOWN:] Please enter your current home address.

Street Address

Apt.#

City

State

Zip code

[IF PHONE NUMBER IS KNOWN, PRELOAD AND ASK:] We have the following phone number for you. Is this the best phone number to reach you? If so, please hit 'Next' to continue. If not, please enter the best phone number for you.

[IF PHONE NUMBER IS NOT KNOWN:] Please enter the best phone number where you can be reached.

___ - ___ - ____

Phone Number

Please provide a name of a person who can serve as a point of contact if we cannot reach you.

First Name

Last Name

Please enter your point of contact's phone number.

___ - ___ - ____

Point of Contact's Phone Number

DEMOGRAPHICS

1. What is your date of birth?

Month	Day	Year
☐☐ /	☐☐ /	☐☐☐☐

2a. Are you of Hispanic, Latina, or Spanish origin?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Refused

2b. Which of these groups represents your race? (MARK ALL THAT APPLY)

- ☐ Alaska Native or American Indian
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Don't Know
- ☐ Refused

3. What is the highest grade or year of school you completed?

- ☐ Never attended school or only attended kindergarten
- ☐ Grades 1 through 8 (Elementary)
- ☐ Grades 9 through 11 (Some high school)
- ☐ Grade 12 or GED (High school graduate)
- ☐ College 1 year to 3 years (Some college or technical school)
- ☐ College 4 years or more (College graduate)
- ☐ Graduate school (Masters, Doctorate)
- ☐ Don't Know
- ☐ Refused

4. Are you currently…? *If more than one category applies, please select the best option.*

☐ Employed for wages	☐ A Student
☐ Self-employed	☐ Retired
☐ Out of work for 1 year or more	☐ Unable to work
☐ Out of work for less than 1 year	☐ Don't Know
☐ A Homemaker	☐ Refused

5. Are you…?

☐ Married	☐ Never been married
☐ Divorced	☐ A member of an unmarried couple
☐ Widowed	☐ Don't Know
☐ Separated	☐ Refused

6a. How many children less than 18 years of age live in your household?

☐ Number of children

☐ Don't Know

☐ Refused

6b. How many adults, 18 years of age and older, live in your household?

☐ Number of adults

☐ Don't Know

☐ Refused

6c. Are you currently pregnant?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Refused

6d. Have you given birth in the past 12 months?

- ☐ Yes
- ☐ No
- ☐ Refused

7. Thinking about members of your family living in your household, what is your combined annual income, meaning the total pre-tax income from all sources earned *in the past year*? *Please include the income of anyone you consider a member of your family living in your household.*

- ☐ $0-9,999
- ☐ $10,000 – 14,999
- ☐ $15,000 – 19,999
- ☐ $20,000 – 34,999
- ☐ $35,000 – 49,999
- ☐ $50,000 – 74,999
- ☐ $75,000 – 99,999
- ☐ $100,000 – 199,999
- ☐ $200,000 OR MORE
- ☐ Don't Know
- ☐ Refused

IF NEEDED: Please answer weekly or monthly below.

- ☐ WEEKLY *(Please specify)* $ _____
- ☐ MONTHLY *(Please specify)* $ _____

8. Do you own your home, rent it, or is there some other arrangement?

- ☐ Own
- ☐ Rent
- ☐ Some other arrangement
- ☐ Don't Know
- ☐ Refused

HEALTH INSURANCE STATUS

9a. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- ☐ Yes
- ☐ No → **SKIP TO QUESTION 9e**
- ☐ Don't Know → **SKIP TO QUESTION 9e**
- ☐ Refused → **SKIP TO QUESTION 9e**

9b. If Yes to question 9a, what type of insurance or health care plan are you currently covered by?

- ☐ Private health insurance (i.e., UnitedHealth, Aetna, Cigna, Blue Cross Blue Shield, etc.)
- ☐ Medicare
- ☐ Medicaid
- ☐ Military health care (TRICARE/VA/CHAMP-VA)
- ☐ Indian Health Service
- ☐ Other (*Please specify*)
- ☐ Don't know
- ☐ Refused

9c. If Yes to question 9a, is this plan for yourself only or for you and your family?

- ☐ Self only plan
- ☐ Family plan through you
- ☐ Family plan through spouse or other family member
- ☐ Don't Know
- ☐ Refused
- ☐ Other (*Please specify*)

9d. If Yes to question 9a, about how long have you had this coverage?

- ☐ 6 months or less
- ☐ More than 6 months, but not more than 1 year ago
- ☐ More than 3 years
- ☐ Don't Know

☐ Refused

☐ More than 1 year, but not more than 3 years ago

9e. If No to question 9a, you are not currently covered, for what reason are you not enrolled in health insurance?

		Yes	No	Don't Know	Refused
	The costs are too high	€	€	€	€
	I didn't understand the plans that were offered	€	€	€	€
	The plans do not cover the benefits I am looking for	€	€	€	€
	The choice of doctors, hospitals, and other providers in the plans' networks is too limited	€	€	€	€
	I am still weighing my options and I am not ready to enroll	€	€	€	€
	I would rather pay the penalty for not having health insurance	€	€	€	€
	I do not have enough money right now	€	€	€	€
	Other (please specify)	€	€	€	€

10. Before you had this coverage or became uninsured, what type of insurance or health care plan were you previously covered by?

☐ Private health insurance (i.e., UnitedHealth, Aetna, Cigna, Blue Cross Blue Shield, etc.)

☐ Medicare

☐ Medicaid

☐ Military health care (TRICARE/VA/CHAMP-VA)

☐ Indian Health Service

☐ Other (*Please specify*)

☐ No coverage of any type

☐ Don't Know

☐ Refused

11a. In the past 12 months, was there any time when you did not have any health insurance?

☐ Yes

☐ No → **SKIP TO QUESTION 11d**

☐ Don't Know → **SKIP TO QUESTION 11d**

☐ Refused → **SKIP TO QUESTION 11d**

11b. If Yes to question 11a, about how many months were you without coverage?

Months

11c. If Yes to question 11a, what was the main reason for not having coverage?

- ☐ Could not afford cost of insurance
- ☐ You or your spouse/other family member lost job or working less hours
- ☐ You or your spouse/other family member got a job or working more Hours
- ☐ You or your spouse/other family member changed jobs
- ☐ Got married
- ☐ Got divorced
- ☐ Had a child
- ☐ You or your spouse/other family member got sick or injured
- ☐ Other *(Please specify)*
- ☐ Don't Know
- ☐ Refused

11d. In the past 12 months, have you continued to receive any assistance with clinical services such as screening, education or follow-up tests through the [STATE'S] BCCCP?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Refused

ENROLLMENT PATTERNS

PROGRAMMER: IF 9A = NO, DON'T KNOW OR REFUSED, SKIP TO QUESTION 16.

12a. How did you enroll in your current health insurance?

		Yes	No	Don't Know	Refused
	Website	€	€	€	€
	Call center	€	€	€	€
Assistance from navigators, application assisters, certified application counselors, or community health workers		€	€	€	€
Assistance from an insurance agent or broker		€	€	€	€
	Assistance from family or friends	€	€	€	€
	Assistance from an employer	€	€	€	€
	Assistance from a tax preparer	€	€	€	€
Assistance from a hospital, doctor's office, or clinic		€	€	€	€
Through new job		€	€	€	€
Through marriage or a family member's insurance		€	€	€	€
	Other (please specify)	€	€	€	€

12b. We would now like to ask you about how easy or how difficult it was to enroll. First, what made it easy to enroll?

		Yes	No	Don't Know	Refused
	Website easy to use	€	€	€	€
	Telephone help available	€	€	€	€
Translator available		€	€	€	€
Information easy to understand		€	€	€	€
	Plan choices met my needs	€	€	€	€
	In person assistance	€	€	€	€
	Very affordable	€	€	€	€
	Other (please specify)	€	€	€	€

12c. What made it difficult to enroll?

		Yes	No	Don't Know	Refused
	Tried to enroll in a plan but the website was not working	€	€	€	€
	Website was too difficult to move through	€	€	€	€
Information was too difficult to understand		€	€	€	€
Information was not available in my native language		€	€	€	€
	No telephone help was available	€	€	€	€
	There were too many plan choices	€	€	€	€
	Costs were too high	€	€	€	€
	Other (please specify)	€	€	€	€

13a. A premium is how much you spend to have health insurance. Do you pay a premium for your health insurance?

☐ Yes ☐ Don't Know → **SKIP TO QUESTION 14a**

☐ No → **SKIP TO QUESTION 14a** ☐ Refused → **SKIP TO QUESTION 14a**

13b. If Yes to question 13a, would you say that the cost of your premium is a financial burden to you/your family?

☐ Yes ☐ No ☐ Don't Know ☐ Refused

14a. A deductible is the amount you have to pay before your health insurance or health coverage plan will start paying your medical bills. Do you pay a deductible for your health insurance?

☐ Yes ☐ Don't Know → **SKIP TO QUESTION 15a**

☐ No → **SKIP TO QUESTION 15a** ☐ Refused → **SKIP TO QUESTION 15a**

14b. If Yes to question 14a, would you say that the cost of the deductible is a financial burden to you/your family?

☐ Yes ☐ No ☐ Don't Know ☐ Refused

15a. Out-of-pocket health care costs are costs that are not covered by your health insurance plan, such as limits on the number of refills for certain drugs, the number of visits to certain specialists, or the number of days covered for certain benefits. Do you have out of pocket costs that are not covered by your health plan?

☐ Yes ☐ Don't Know → **SKIP TO QUESTION 16**

☐ No → **SKIP TO QUESTION 16** ☐ Refused → **SKIP TO QUESTION 16**

15b. If Yes to question 15a, would you say that out of pocket health care costs are a financial burden to you/your family?

☐ Yes ☐ No ☐ Don't Know ☐ Refused

16. Because of the amount that you (or your family) have spent on different types of health care over the last 12 months, have you (or your family) done any of the following?

		Yes	No	Don't Know	Refused
	Cut back on seeking health care	€	€	€	€
	Cut back on other types of spending	€	€	€	€
Cut	back on savings or taken money out of savings	€	€	€	€
Add	ed hours at current job or took another job to help cover the cost of health care	€	€	€	€
	Had to borrow or take on credit card debt	€	€	€	€
	Had to declare bankruptcy	€	€	€	€
	Made some other changes (Please specify)	€	€	€	€

17. Was there a time in the past 12 months when you needed to see a doctor or health care provider but could not because of cost?

☐ Yes ☐ No ☐ Don't Know ☐ Refused

18. Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? This could include skipping doses, taking less medicine, delaying filling a prescription, buying prescription drugs from another country, or using alternative therapies. *Do not include over-the-counter medication.*

- ☐ Yes
- ☐ No
- ☐ No medication was prescribed
- ☐ Don't Know
- ☐ Refused

ACCESS TO PREVENTIVE HEALTH SERVICES

19. Do you have one person you think of as your personal doctor or health care provider, including your OB/GYN?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Refused

20. What kind of place do you go to most often for healthcare services?

- ☐ Private doctor's office or HMO
- ☐ Community Health Center
- ☐ Health Department
- ☐ Family Planning Clinic
- ☐ Urgent Care/Walk-in clinic
- ☐ Hospital Emergency Room
- ☐ Free Local Clinic
- ☐ Don't Know
- ☐ Refused
- ☐ Other (please specify) _____

21a. Have you had a routine health check or exam in the past 12 months? *A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.*

- ☐ Yes
- ☐ No → **SKIP TO QUESTION 22**
- ☐ Don't Know → **SKIP TO QUESTION 22**
- ☐ Refused → **SKIP TO QUESTION 22**

21b. If Yes to 21a, during your last routine check-up, did staff do any of the following? (MARK ALL THAT APPLY)

		Yes	No	Don't Know	Refused
	Provide education	€	€	€	€
	Provide support or counseling	€	€	€	€
Help you schedule an appointment		€	€	€	€
Help you with transportation		€	€	€	€
	Provide a translator/translation	€	€	€	€
	Arrange child or eldercare	€	€	€	€
	Call to remind you of the appointment	€	€	€	€
Follow up with you to make sure you got your test results		€	€	€	€
Helped you get any follow up test or treatment needed		€	€	€	€

21c. If Yes to 21a, in the last 12 months, how often did your healthcare provider give you an easy to understand explanation about the next steps for your health questions or concerns?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Don't Know
- ☐ Refused

21d. If Yes to 21a, in the last 12 months, did you feel you could trust your healthcare provider with your medical care?

- ☐ Yes, definitely
- ☐ Yes, somewhat
- ☐ No
- ☐ Don't Know
- ☐ Refused

PROGRAMMER: IF 21A=YES, SKIP TO Q23.

22. If you have not had a routine health check or exam in the past 12 months, what is the main reason?

- ☐ Seldom or never get sick
- ☐ Recently moved to area
- ☐ Don't know where to go for care
- ☐ Usual source for preventive care is no longer available
- ☐ Can't find a provider who speaks my language
- ☐ Like to go to different places for different health needs
- ☐ Just changed insurance plans
- ☐ Don't think preventive healthcare is important
- ☐ Other *(Please specify)*
  ___ _____
- ☐ Don't Know
- ☐ Refused

23. In the past 12 months, did you experience any of the following difficulties getting a routine check-up?

		Yes	No	Don't Know	Refused
	You couldn't get through on the telephone	€	€	€	€
	You couldn't get an appointment soon enough	€	€	€	€
No one to translate		€	€	€	€
Once you got there, you had to wait too long to see the doctor		€	€	€	€
	The clinic/doctor's office wasn't open when you got there	€	€	€	€
	You didn't have transportation	€	€	€	€
	You didn't have childcare or eldercare	€	€	€	€
You had trouble getting off work		€	€	€	€
You didn't have insurance		€	€	€	€
Previous doctor is not available/moved		€	€	€	€
Too expensive/cost		€	€	€	€
Other (Please Specify)		€	€	€	€

		€	€	€	€

24. In general, how satisfied are you with the health care you received at your routine check-up in the past 12 months?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Don't Know
- ☐ Refused

PARTICIPATION IN SCREENING SERVICES

25a. A mammogram is an x-ray of each breast to look for breast cancer. During the last 12 months, has your healthcare provider recommended you receive a mammogram?

☐ Yes ☐ No ☐ Don't Know ☐ Refused

25b. Have you had a mammogram in the last 12 months?

- ☐ Yes
- ☐ Don't Know → **SKIP TO QUESTION 26a**
- ☐ No → **SKIP TO QUESTION 26a**
- ☐ Refused → **SKIP TO QUESTION 26a**

25c. If Yes to 25b, did health care staff do any of the following related to your mammogram?

		Yes	No	Don't Know	Refused
	Provide education	€	€	€	€
	Provide support or counseling	€	€	€	€
Help you schedule an appointment		€	€	€	€
Help you with transportation		€	€	€	€
	Provide a translator/translation	€	€	€	€
	Arrange child or eldercare	€	€	€	€
	Call to remind you of the appointment	€	€	€	€
Follow up with you to make sure you got your test results		€	€	€	€
Help you get any follow up test or treatment needed		€	€	€	€

25d. If Yes to 25b, was it recommended for you to have follow-up tests?

- ☐ Yes
- ☐ No → **SKIP TO QUESTION 26a**
- ☐ Don't Know → **SKIP TO QUESTION 26a**
- ☐ Refused → **SKIP TO QUESTION 26a**

25e. If Yes to 25d, did you follow the recommendation to have the follow-up tests?

- ☐ Yes
- ☐ No → **SKIP TO QUESTION 25g**
- ☐ Don't Know → **SKIP TO QUESTION 25g**
- ☐ Refused → **SKIP TO QUESTION 25g**

25f. If Yes to 25e, how much did <u>you</u> pay for the follow-up tests? *Please also include co-pay costs, if applicable, when answering this question.*

- ☐ No cost
- ☐ **<u>Less</u>** than $100
- ☐ **<u>More</u>** than $100
- ☐ Don't Know
- ☐ Refused

PROGRAMMER: AFTER 25f, GO TO QUESTION 26a.

25g. If No to 25e, what is the most important reason you did not follow the recommendation to have follow-up tests?

- ☐ No reason/never thought about it
- ☐ Put it off/didn't get around to it
- ☐ Too expensive/cost
- ☐ Worried tests would be too painful/unpleasant/embarrassing
- ☐ Don't have a doctor
- ☐ Fear of finding cancer
- ☐ Other *(Please specify)* _____
- ☐ Don't Know
- ☐ Refused

26a. A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you had a clinical breast exam in the last 12 months?

☐ Yes ☐ Don't Know → **SKIP TO QUESTION 27a**

☐ No → **SKIP TO QUESTION 27a** ☐ Refused → **SKIP TO QUESTION 27a**

26b. If Yes to 26a, did health care staff do any of the following related to your breast exam?

		Yes	No	Don't Know	Refused
	Provide education	€	€	€	€
	Provide support or counseling	€	€	€	€
Help you schedule an appointment		€	€	€	€
Help you with transportation		€	€	€	€
	Provide a translator/translation	€	€	€	€
	Arrange child or eldercare	€	€	€	€
	Call to remind you of the appointment	€	€	€	€
Follow up with you to make sure you got your test results		€	€	€	€
Helped you get any follow up test or treatment needed		€	€	€	€

27a. A Pap test is a test for cervical cancer. During the last 12 months, has your healthcare provider recommended you receive a Pap test?

☐ Yes ☐ No ☐ Don't Know ☐ Refused

27b. Have you had a Pap test in the last 12 months?

☐ Yes ☐ Don't Know → **SKIP TO QUESTION 28a**

☐ No → **SKIP TO QUESTION 28a** ☐ Refused → **SKIP TO QUESTION 28a**

27c. If Yes to 27b, did health care staff do any of the following related to your Pap test

		Yes	No	Don't Know	Refused
	Provide education	€	€	€	€
	Provide support or counseling	€	€	€	€
Help you schedule an appointment		€	€	€	€
Help you with transportation		€	€	€	€
	Provide a translator/translation	€	€	€	€
	Arrange child or eldercare	€	€	€	€
	Call to remind you of the appointment	€	€	€	€
Follow up with you to make sure you got your test results		€	€	€	€
Helped you get any follow up test or treatment needed		€	€	€	€

27d. If Yes to 27b, was it recommended for you to have follow-up tests?

☐ Yes	☐ Don't Know → **SKIP TO QUESTION 28a**
☐ No → **SKIP TO QUESTION 28a**	☐ Refused → **SKIP TO QUESTION 28a**

27e. If Yes to 27d, did you follow the recommendation to have the follow-up tests?

☐ Yes	☐ Don't Know → **SKIP TO QUESTION 27g**
☐ No → **SKIP TO QUESTION 27g**	☐ Refused → **SKIP TO QUESTION 27g**

27f. If Yes to 27e, how much did <u>you</u> pay for the follow-up tests? *Please also include co-pay costs, if applicable, when answering this question.*

☐ No cost	☐ Don't Know
☐ **<u>Less</u>** than $100	☐ Refused
☐ **<u>More</u>** than $100	

PROGRAMMER: AFTER 27f, GO TO QUESTION 28a.

27g. If No to 27e, what is the most important reason you did not follow the recommendation to have follow-up tests?

☐ No reason/never thought about it	☐ Fear of finding cancer
☐ Put it off/didn't get around to it	☐ Other *(Please specify)*
☐ Too expensive/cost	
☐ Worried tests would be too painful/unpleasant/embarrassing	☐ Don't Know
☐ Don't have a doctor	☐ Refused

28a. A home blood stool test is a test to determine whether you have blood in your stool or bowel movement. The blood stool test is done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab. Has your healthcare provider recommended you receive a blood stool test in the last 12 months?

☐ Yes ☐ No ☐ Don't Know ☐ Refused

28b. Have you had this test using a home kit in the last 12 months?

☐ Yes ☐ Don't Know → **SKIP TO QUESTION 29a**

☐ No → **SKIP TO QUESTION 29a** ☐ Refused → **SKIP TO QUESTION 29a**

28c. If Yes to 28b, did health care staff do any of the following related to your results of this home kit test?

		Yes	No	Don't Know	Refused
	Provide education	€	€	€	€
	Provide support or counseling	€	€	€	€
Help you schedule an appointment		€	€	€	€
Help you with transportation		€	€	€	€
	Provide a translator/translation	€	€	€	€
	Arrange child or eldercare	€	€	€	€
	Call to remind you of the appointment	€	€	€	€
Follow up with you to make sure you got your test results		€	€	€	€
Helped you get any follow up test or treatment needed		€	€	€	€

28d. If Yes to 28b, was it recommended for you to have follow-up tests?

☐ Yes ☐ Don't Know → **SKIP TO QUESTION 29a**

☐ No → **SKIP TO QUESTION 29a** ☐ Refused → **SKIP TO QUESTION 29a**

28e. If Yes to 28d, did you follow the recommendation to have the follow-up tests?

☐ Yes ☐ Don't Know → **SKIP TO QUESTION 28g**

☐ No → **SKIP TO QUESTION 28g** ☐ Refused → **SKIP TO QUESTION 28g**

28f. If Yes to 28e, how much did <u>you</u> pay for the follow-up tests? *Please also include co-pay costs, if applicable, when answering this question.*

- ☐ No cost
- ☐ **<u>Less</u>** than $100
- ☐ **<u>More</u>** than $100
- ☐ Don't Know
- ☐ Refused

PROGRAMMER: AFTER 28f, GO TO QUESTION 29a.

28g. If No to 28e, what is the most important reason you did not follow the recommendation to have follow-up tests?

- ☐ No reason/never thought about it
- ☐ Put it off/didn't get around to it
- ☐ Too expensive/cost
- ☐ Worried tests would be too painful/unpleasant/embarrassing
- ☐ Don't have a doctor
- ☐ Fear of finding cancer
- ☐ Other *(Please specify)* _____
- ☐ Don't Know
- ☐ Refused

29a. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Has your healthcare provider recommended you receive a sigmoidoscopy or colonoscopy in the last 12 months?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Refused

29b. Have you had either a sigmoidoscopy or colonoscopy in the last 12 months?

- ☐ Yes
- ☐ No → **SKIP TO QUESTION 30**
- ☐ Don't Know → **SKIP TO QUESTION 30**
- ☐ Refused → **SKIP TO QUESTION 30**

29c. If Yes to 29b, did health care staff do any of the following related to your sigmoidoscopy or colonoscopy?

		Yes	No	Don't Know	Refused
	Provide education	€	€	€	€
	Provide support or counseling	€	€	€	€
Help you schedule an appointment		€	€	€	€
Help you with transportation		€	€	€	€
	Provide a translator/translation	€	€	€	€
	Arrange child or eldercare	€	€	€	€
	Call to remind you of the appointment	€	€	€	€
Follow up with you to make sure you got your test results		€	€	€	€
Helped you get any follow up test or treatment needed		€	€	€	€

29d. If Yes to 29b, was it recommended for you to have follow-up tests?

☐ Yes
☐ Don't Know → **SKIP TO QUESTION 30**
☐ No → **SKIP TO QUESTION 30**
☐ Refused → **SKIP TO QUESTION 30**

29e. If Yes to 29d, did you follow the recommendation to have the follow-up tests?

☐ Yes
☐ Don't Know → **SKIP TO QUESTION 29g**
☐ No → **SKIP TO QUESTION 29g**
☐ Refused → **SKIP TO QUESTION 29g**

29f. If Yes to 29e, how much did <u>you</u> pay for the follow-up tests? *Please also include co-pay costs, if applicable, when answering this question.*

☐ No cost
☐ Don't Know
☐ **<u>Less</u>** than $100
☐ Refused
☐ **<u>More</u>** than $100

PROGRAMMER: AFTER 29f, GO TO QUESTION 30.

29g. If No to 29e, what is the most important reason you did not follow the recommendation to have follow-up tests?

- ☐ No reason/never thought about it
- ☐ Put it off/didn't get around to it
- ☐ Too expensive/cost
- ☐ Worried tests would be too painful/unpleasant/embarrassing
- ☐ Don't have a doctor
- ☐ Fear of finding cancer
- ☐ Other *(Please specify)* _____
- ☐ Don't Know
- ☐ Refused

30. Have you had your blood pressure checked by a doctor, nurse, pharmacist, or other health professional in the last 12 months?

☐ Yes ☐ No ☐ Don't Know ☐ Refused

31. Have you had a flu vaccination (shot or nasal spray) in the last 12 months?

☐ Yes ☐ No ☐ Don't Know ☐ Refused

32. Have you had a test for high blood sugar or diabetes within the last 12 months?

☐ Yes ☐ No ☐ Don't Know ☐ Refused

33. In terms of the screening services you have received, how satisfied are you with your health care provider?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Don't Know
- ☐ Refused

HEALTH OUTCOMES

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

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

35. Do you have any medical conditions that require you to visit a doctor or health care provider (including specialists) regularly (e.g., quarterly, monthly, weekly)?

☐ Yes ☐ No ☐ Don't Know ☐ Refused

36a. Have you ever been diagnosed with cancer?

☐ Yes ☐ No ☐ Don't Know ☐ Refused

36b. If yes to 36a, which of the following cancers have you been diagnosed with?

		Yes	No	Don't Know	Refused
	Breast cancer	€	€	€	€
	Cervical cancer	€	€	€	€
Colorectal cancer		€	€	€	€
Lung cancer		€	€	€	€
	Ovarian cancer	€	€	€	€
	Skin cancer	€	€	€	€
Blood cancer		€	€	€	€
Bone cancer		€	€	€	€
Lymphoma		€	€	€	€
	Other (Please Specify)	€	€	€	€

37. This last question is about your family history of cancer. Has your biological father, mother, or sibling(s) ever been diagnosed with any of the following cancers:

		Yes	No	Don't Know	Refused
	Breast cancer	€	€	€	€
	Cervical cancer	€	€	€	€
Colorectal cancer		€	€	€	€
Lung cancer		€	€	€	€
	Ovarian cancer	€	€	€	€
Prostate cancer		€	€	€	€
	Skin cancer	€	€	€	€
Blood cancer		€	€	€	€
Bone cancer		€	€	€	€
Lymphoma		€	€	€	€
	Other (Please Specify)	€	€	€	€

THANK YOU FOR PARTICIPATING IN THIS SURVEY!

We appreciate your time in providing us with this important information.

We will send out this survey to you again next year for follow-up purposes.