

SEX



Are you male or female?

- Male
- Female
- Prefer not to answer

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GENHEALTHSTATGP



Now we would like to ask some general questions about your health and lifestyle.

In general would you say your health is...

- Excellent
- Very good
- Good
- Fair
- Poor
- Prefer not to answer

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QUALITYLIFE/PHYSICALHEALTH/MENTALHEALTH/SOCIALHEALTHA/SOCIALHEALTHB



|  | Excellent             | Very Good             | Good                  | Fair                  | Poor                  | Prefer not to answer  |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| In general, would you say your quality of life is...   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| In general, how would you rate your physical health?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| In general, how would you rate your mental health, including your ability to think?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| In general, how would you rate your satisfaction with your social activities and relationships?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| In general, please rate how well you carry out your usual social activities and roles (this includes activities at home, at work, and in your community, and your responsibilities as a parent, child, spouse, employee, friend, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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PHYSICALACT



To what extent are you able to carry out your everyday physical activities such as walking, climbing, stairs, carrying groceries, or moving a chair?

- Completely
- Mostly
- Moderately
- A little
- Not at all
- Prefer not to answer

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EMOTPROB



In the past 7 days, how often have you been bothered by emotional problems, such as feeling anxious, depressed, or irritable?

- Always
- Often
- Sometimes
- Rarely
- Never
  
- Prefer not to answer

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## FATIGUE



In the past 7 days, how would you rate your fatigue on average?

- Very severe
- Severe
- Moderate
- Mild
- None
  
- Prefer not to answer

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## PAIN



How would you rate your pain, on average?

None       High

Prefer not to answer

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HYPERTENSION/HYPERCHOLESTEROLEMIA/HEARTCOND/DIABETES/ARTHRITIS/ASTHMA



We are now going to ask you about specific medical conditions you may or may not have.

Have you ever been told by a doctor or other health professional that you had...

|   | Yes                   | No                    | Don't know            | Prefer not to answer  |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Hypertension (high blood pressure)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| High cholesterol  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Heart condition (heart attack, coronary heart disease, angina, or congestive heart failure) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Diabetes or high blood sugar  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Arthritis   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Asthma  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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COPD/CKD/DEPRESSION/CIRRHOSIS/STOMACHPROB



Have you ever been told by a doctor or other health professional that you had...

|  | Yes                   | No                    | Don't know            | Prefer not to answer  |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Emphysema or chronic bronchitis  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Kidney disease   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Depression or anxiety  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Chronic liver condition  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stomach and/or intestinal problems (Crohn's, ulcers, inflammatory bowel disease) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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DOCTORVISIT



We know that people have very different experiences with access to and satisfaction with the kind of medical care they have received. We would like to ask you a few questions about your experiences to help us understand this issue.

About how long has it been since you last saw or talked to a doctor or other health care professional about your own health?

- Never
- 6 months or less
- More than 6 months, but not more than 1 year ago
- More than 1 year, but not more than 2 years ago
- More than 2 years, but not more than 5 years ago
- More than 5 years ago
- Don't know
  
- Prefer not to answer

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PRIPLACEHADVGP



Is there a place that you usually go to when you need routine or preventive care, such as a physical examination or check-up?

- Yes
- No
  
- Prefer not to answer

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PRIPLACEHADVB



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

- Clinic or health center
- Doctor's office or HMO
- Hospital emergency room
- Hospital outpatient department
- Urgent care clinic
- Some other place
- Don't know
  
- Prefer not to answer

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TREATPROB



During the last 12 months, did you have any trouble finding a general doctor or provider who would see you?

- Yes
- No
- Didn't need to see a doctor or provider
- Prefer not to answer

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PHONE/APPOINTMENT/WAITTIME/OFFICEHOURS/TRANSPORT/COSTPAYMENT



Have you delayed getting medical care for any of the following reasons in the PAST 12 MONTHS?

|  | Yes                   | No                    | Don't know            | Prefer not to answer  |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| You couldn't get through on the telephone                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You couldn't get an appointment soon enough                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Once you get there, you had to wait too long to see the doctor | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The office wasn't open when you could get there                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You didn't have transportation                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Out of pocket costs or copayments                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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GENERALDOCTOR



In the past 12 months, have you seen or talked to a general doctor who treats a variety of illnesses (a doctor in general practice, family medicine, or internal medicine)?

- Yes
- No
- Don't know
  
- Prefer not to answer

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OBGYN



In the past 12 months, have you seen or talked to a doctor who specializes in women's health (an obstetrician/gynecologist)?

- Yes
- No
- Don't know
  
- Prefer not to answer

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SPECIALIST





In the past 12 months, have you seen a medical doctor who specializes in a particular medical disease or problem?

- Yes
- No
- Don't know
  
- Prefer not to answer

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CONFIDENCE



All things considered, how much confidence do you have in being able to get good medical care for you and your family when you need it?

- Completely confident
- Very confident
- Somewhat confident
- A little confident
- Not at all confident
  
- Prefer not to answer

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ABILITYDOC/KNOWLEDGEHC/EMERGENCYCARE/OFFICECONVEN/APPTWAIT



In general, how satisfied are you with each of the following:

|   | Very satisfied        | Fairly satisfied      | Neither satisfied nor dissatisfied | Fairly dissatisfied   | Very dissatisfied     | Prefer not to answer  |
|---|-----------------------|-----------------------|------------------------------------|-----------------------|-----------------------|-----------------------|
| Your ability to find a good doctor to treat the whole family? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Your knowledge of where to get health care?                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Your ability to get medical care in an emergency?             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How convenient your physician's offices are to your home?     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How long you have to wait to get an appointment?              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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OFFICEHOURS/WAITTIME/CONTACTMD/INSURANCE/BILLING



|   | Very satisfied        | Fairly satisfied      | Neither satisfied nor dissatisfied | Fairly dissatisfied   | Very dissatisfied     | Prefer not to answer  |
|---|-----------------------|-----------------------|------------------------------------|-----------------------|-----------------------|-----------------------|
| How convenient physician's office hours are?        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How long you have to wait in the waiting room?      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How easy it is to get in touch with your physician? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Your health insurance?                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Your doctor's billing practices?                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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PAYMENTCOSTS/APPEARANCEOFFICE/NEIGHBORHOODMD/OTHERPTS



|   | Very satisfied        | Fairly satisfied      | Neither satisfied nor dissatisfied | Fairly dissatisfied   | Very dissatisfied     | Prefer not to answer  |
|---|-----------------------|-----------------------|------------------------------------|-----------------------|-----------------------|-----------------------|
| Your out-of-pocket costs and co-payments when you see a doctor? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The appearance of the doctor's office?                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The neighborhood the doctor's office is in?                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The other patients you usually see at the doctor's offices?     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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DIFFICULTOFFICE



How difficult is it for you to get to your doctor's office?

- Very difficult
- Somewhat difficult
- Not difficult, but not easy
- Somewhat easy
- Not at all difficult
- Does not apply
- Prefer not to answer

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ASKQUESTIONS/ATTENTIONEMOT/INVOLVEDECIS/UNDERSTOOD

We'd now like to ask about your communication with all of the doctors, nurses, or other health professional you saw during the last 12 months.

During the last 12 months, how often did they do each of the following:

|   | Always                           | Usually                          | Sometimes             | Never                 | Don't know            | Prefer not to answer  |
|---|----------------------------------|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Give you the chance to ask all the health-related questions you had?              | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Give the attention you needed to your feelings and emotions?                      | <input checked="" type="radio"/> | <input type="radio"/>            | <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 checked="" type="radio"/> | <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 checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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#### EXPLANATION/TIMESPENT/UNCERTAINTYHEALTH



During the last 12 months, how often did they do each of the following:

|  | Always                | Usually                          | Sometimes             | Never                 | Don't know            | Prefer not to answer  |
|--|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Explain things in a way you could understand?                                | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Spend enough time with you?  | <input type="radio"/> | <input checked="" type="radio"/> | <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 checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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#### RELYONMD



In the past 12 months, how often did you feel you could rely on your doctors and nurses, or other health professionals, to take care of your health care needs?

- Always
- Often
- Sometimes
- Rarely
- Never
  
- Prefer not to answer

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## QUALITYCARE



Overall, how would you rate the quality of health care you received in the past 12 months?

- Excellent
- Very good
- Good
- Fair
- Poor
  
- Prefer not to answer

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## BREASTEXAM



We would like to ask you some specific questions about your experiences with breast and cervical cancer screening.

Have you ever had a breast exam done by a doctor or other health professional to check for lumps or other signs of breast cancer? *A breast exam is when the breasts are felt by a doctor or other health professional to check for lumps or other signs of breast cancer.*

- Yes
- No
- Don't know
  
- Prefer not to answer

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BREASTEXAMYEAR



When did you have your MOST RECENT breast exam?

- A year ago or less
- More than 1 but not more than 2 years ago
- More than 2 but not more than 3 years ago
- More than 3 but not more than 5 years ago
- More than 5 but not more than 10 years ago
- Over 10 years ago
- Don't know
  
- Prefer not to answer

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MAMMOGRAMHADGP



Have you ever had a mammogram? *A mammogram is an x-ray taken only of the breast by a machine that presses against the breast.*

- Yes
- No
- Don't know
  
- Prefer not to answer

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NUMMAMMO



How many mammograms have you had in the last 6 years?

- 
- Don't know
  
- Prefer not to answer

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MAMMOGRAMDATE





When did you have your MOST RECENT mammogram?

- A year ago or less
- More than 1 but not more than 2 years ago
- More than 2 but not more than 3 years ago
- More than 3 but not more than 5 years ago
- More than 5 but not more than 10 years ago
- Over 10 years ago
- Don't know
  
- Prefer not to answer

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RECOMMENDMAMMOGRAM



Did your doctor or other health care provider recommend that you have a mammogram?

- Yes
- No
- Don't know
  
- Prefer not to answer

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PAYMENTMAMMO



How much did you pay out of pocket for this mammogram?

- I did not pay anything out of pocket
- I paid part of the costs out of pocket
- I paid all of the costs out of pocket
- Don't know
  
- Prefer not to answer

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REASONMAMMO



What was the MAIN reason you had this mammogram – was it part of a routine exam, because of a problem, or some other reason?

- Part of a routine exam
- Because of a problem
- Other reason - please specify:
- Don't know
- Prefer not to answer

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DENSEMAMMO



Were you informed that your mammogram showed that you have dense breast tissue?

- Yes
- No
- Don't know
  
- Prefer not to answer

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MORETESTSGP



After your MOST RECENT mammogram, were you advised to have more tests?

*More tests may include another mammogram, a sonogram, an MRI, a biopsy, or something else to check for problems in your breast.*

- Yes
- No
- Don't know
  
- Prefer not to answer

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BREASTTESTSGP



Which tests did you actually have?

|                         | Yes                   | No                    | Don't know            | Prefer not to answer  |
|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Ultrasound              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Breast MRI              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Additional mammogram(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Biopsy                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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PAPTEST



Have you ever had a pap smear or a pap test? A pap smear or pap test is a routine test for women in which the doctor examines the cervix, takes a cell sample from the cervix with a small stick or brush, and sends it to the lab.

- Yes
- No
- Don't know
  
- Prefer not to answer

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PAPTESTDATE



When did you have your MOST RECENT Pap test?

- A year ago or less
- More than 1 but not more than 2 years ago
- More than 2 but not more than 3 years ago
- More than 3 but not more than 5 years ago
- More than 5 but not more than 10 years ago
- Over 10 years ago
- Don't know
  
- Prefer not to answer

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HPVTEST



An HPV test is sometimes given with the Pap test for cervical cancer screening. HPV stands for Human Papilloma Virus. Did you have an HPV test with your most recent Pap?

- Yes
- No
- Don't know
  
- Prefer not to answer

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PAPHPVREASON



What was the MAIN reason you had this Pap and HPV co-test?

- Part of a routine exam
- Because of a problem
- Other reason
- Don't know
  
- Prefer not to answer

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PAPHPVNORMAL



Have you had a Pap and HPV co-test? in the LAST 3 YEARS where the results were NOT normal?

- Yes, Pap test not normal
- Yes, HPV test not normal
- Yes, both were not normal
- No
- Don't know
  
- Prefer not to answer

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PAPHPVREC



Was your most recent Pap and HPV co-test recommended by a doctor or other health professional?

- Yes
- No
- Don't know
  
- Prefer not to answer

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PAPHPVCOST



How much did you pay out-of-pocket for this Pap and HPV co-test?

- None of the cost
- Part of the cost
- All of the cost
- Don't know
  
- Prefer not to answer

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HYSTERECTOMY



Have you ever had a hysterectomy?

- Yes
- No
- Don't know
  
- Prefer not to answer

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COLONDOC



We would like to ask you some specific questions about your experiences with colorectal cancer screening

There are several kinds of tests to check for colon and rectal cancer. Colonoscopy and sigmoidoscopy are exams in which a doctor inserts a tube into the rectum to look for polyps for cancer. For a colonoscopy the doctor checks the entire colon, and you are given a 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.

Another type of test to check for colorectal cancer – the blood stool test, or fecal immunochemical or FIT test – determines whether you have blood in your stool or bowel movement. These tests can be 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.

Have you and your doctor or other health professional ever discussed getting a test to check for colon cancer?

- Yes
- No
- Don't know
  
- Prefer not to answer

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RECCOLONTEST





Did your doctor or health professional recommend any particular test to you?

- Yes
- No
- Don't know
  
- Prefer not to answer

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COLONTEST



Which tests did your doctor or health professional discuss with you?

|                                    | Yes                   | No                    | Prefer not to answer  |
|------------------------------------|-----------------------|-----------------------|-----------------------|
| Colonoscopy                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sigmoidoscopy                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stool test/Fecal occult blood test | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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COLONCNRTSTGP



Have you ever had a colonoscopy?

- Yes
- No
- Don't know
  
- Prefer not to answer

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COLONDATE



When did you have your most recent colonoscopy?

- A year ago or less
- More than 1 but not more than 2 years ago
- More than 2 but not more than 3 years ago
- More than 3 but not more than 5 years ago
- More than 5 but not more than 10 years ago
- Over 10 years ago
- Don't know
  
- Prefer not to answer

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COLONREASON



What was the MAIN reason you had this colonoscopy – was it part of a routine exam, because of a problem, as a follow-up test of an earlier test or screening exam, or some other reason?

- Part of a routine exam
- Because of a problem
- Follow-up test of an earlier test or screening exam
- Other reason
- Don't know
  
- Prefer not to answer

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## COLONCOST



How much did you pay out of pocket for this colonoscopy?

- I did not pay anything out of pocket
- I paid part of the costs out of pocket
- I paid all of the costs out of pocket
- Don't know
  
- Prefer not to answer

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## SIGMOID



What do you have to  
say about cancer?

Recall that a sigmoidoscopy is similar to a colonoscopy, but the doctor checks only part of the colon and you are fully awake. Have you EVER had a sigmoidoscopy?

- Yes
- No
- Don't know
  
- Prefer not to answer

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SIGMOIDDATE



What do you have to  
say about cancer?

When did you have your most RECENT sigmoidoscopy?

- A year ago or less
- More than 1 but not more than 2 years ago
- More than 2 but not more than 3 years ago
- More than 3 but not more than 5 years ago
- More than 5 but not more than 10 years ago
- Over 10 years ago
- Don't know
  
- Prefer not to answer

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SIGMOIDREASON



What was the MAIN reason you had this sigmoidoscopy – was it part of a routine exam, because of a problem, as a follow-up test of an earlier test or screening exam, or some other reason?

- Part of a routine exam
- Because of a problem
- Follow-up test of an earlier test or screening exam
- Other reason
- Don't know
  
- Prefer not to answer

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SIGMOIDCOST



How much did you pay out of pocket for this sigmoidoscopy?

- I did not pay anything out of pocket
- I paid part of the costs out of pocket
- I paid all of the costs out of pocket
- Don't know
  
- Prefer not to answer

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FITTEST



The following questions are about another type of test to check for colon cancer - the blood stool test, or fecal immunochemical or FIT test. Recall that these tests determine whether you have blood in your stool or bowel movement. These tests can be 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.

Have you EVER had a blood stool or FIT test, using a HOME kit? Do not include kits done at the doctor's office.

- Yes
- No
- Don't know
  
- Prefer not to answer

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FITDATE



When did you have your most RECENT blood stool or FIT test using a home kit?

- A year ago or less
- More than 1 but not more than 2 years ago
- More than 2 but not more than 3 years ago
- More than 3 but not more than 5 years ago
- More than 5 but not more than 10 years ago
- Over 10 years ago
- Don't know
  
- Prefer not to answer

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FITREASON



What was the MAIN reason you had this home blood stool or FIT test – was it part of a routine exam, because of a problem, as a follow-up test of an earlier test or screening exam, or some other reason?

- Part of a routine exam
- Because of a problem
- Follow-up test of an earlier test or screening exam
- Other reason
- Don't know
  
- Prefer not to answer

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PSATEST



Have you ever had a PSA test? A PSA test is a blood test used to detect prostate cancer. It is also called prostate-specific antigen testing.

- Yes
- No
- Don't know
  
- Prefer not to answer

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PSADATE



When did you have your most recent PSA test?

- A year ago or less
- More than 1 but not more than 2 years ago
- More than 2 but not more than 3 years ago
- More than 3 but not more than 5 years ago
- More than 5 but not more than 10 years ago
- Over 10 years ago
- Don't know
  
- Prefer not to answer

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PSAREASON



What was the main reason you had this PSA test?

- Part of a routine exam
- Because of a problem
- Follow-up test of an earlier test or screening exam
- Other reason
- Don't know
  
- Prefer not to answer

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PSASUGGEST





Who first suggested you have the PSA test?

- Self
- Doctor
- Someone else
- Don't know
  
- Prefer not to answer

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PSACONVO



Have you ever had a conversation with your doctor or other healthcare provider about having a PSA test?

- Yes
- No
- Don't know
  
- Prefer not to answer

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PSARECOM



Thinking about the last time a health care provider talked to you about a PSA test, which of the following statements best describes your health care provider's recommendation about PSA tests?

- That you should have a PSA test.
- That you should NOT have a PSA test.
- Your health care provider did not make a recommendation.
  
- Prefer not to answer

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## PSAQUESTIONS



Thinking about the last time a health care provider talked to you about a PSA test, did your health care provider encourage you to ask questions or express any concerns you had about PSA testing?

- Yes, definitely
- Yes, somewhat
- No, not at all
  
- Prefer not to answer

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## PSACHOOSE



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

- Yes
- No
  
- Prefer not to answer

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PSARECOMMEND



Has a doctor or other health care professional ever told you that some doctors recommend the PSA test and others do not?

- Yes
- No
  
- Prefer not to answer

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PSASAVELIVES



Has a doctor or other health care professional ever told you that no one is sure if using the PSA test actually saves lives?

- Yes
- No
- Prefer not to answer

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CANCERLIKELY



There are many beliefs, perceptions, and attitudes about cancer. To get a better understanding of these, we have questions about your beliefs, perceptions, and attitudes about cancer

Think about cancer in general when answering the following questions:

How likely are you to get cancer in your lifetime?

- Very likely
- Likely
- Neither likely or unlikely
- Unlikely
- Very unlikely
- Prefer not to answer

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CAUSECANCER/LOWERCANRISK/RECOMCONFUS/PREFOBLIV



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

|   | Strongly agree        | Somewhat agree        | Somewhat disagree     | Strongly disagree     | Prefer not to answer  |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| It seems like everything causes cancer  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There's not much you can do to lower your chances of getting cancer   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There are so many different recommendations about preventing cancer, it's hard to know which ones to follow | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I'd rather not know my chances of getting cancer  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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## CANCERWORRY



How worried are you about getting cancer?

- Extremely
- Moderately
- Somewhat
- Slightly
- Not at all
  
- Prefer not to answer

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## CONFLICTINGMD



How much do you agree or disagree with this statement:

If experts had conflicting opinions about a medical test or treatment, I would still be willing to try it.

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree
  
- Prefer not to answer

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SEEKCANRINFOGP



Have you ever looked for information about cancer from any source?

- Yes
- No
  
- Prefer not to answer

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INFOSEEKGP



The most recent time you looked for information about cancer, where did you go first?

- Internet
- Books
- Brochures or pamphlets
- Cancer organization
- Family, friend, or co-worker
- Doctor or health care provider
- Library
- Magazine or newspaper
- Telephone information number
- Complementary or alternative practitioner
  
- Prefer not to answer

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PERSONINFO



The most recent time you looked for information about cancer, who was it for?

- Myself
- Someone else
- Both myself and someone else
  
- Prefer not to answer

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CNRLVLOEFFRTGP/CNRFSTRATEDGP/CNRCONCRQUALGP/CNRHARDTOUNDGP



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

|  | Strongly agree        | Somewhat agree        | Somewhat disagree     | Strongly disagree     | Prefer not to answer  |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| It took a lot of effort to get the information you needed  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You felt frustrated during your search for the information | <input type="radio"/> | <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"/> | <input type="radio"/> |
| The information you found was hard to understand           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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CONFIDENTINFO



Overall, how confident are you that you could get advice or information about cancer if you needed it?

- Completely confident
- Very confident
- Somewhat confident
- A little confident
- Not at all confident
- Prefer not to answer

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INSURTYPGP





Finally, we have a few questions solely for statistical purposes.

These next questions are about health insurance. Please include health insurance obtained through employment or purchased directly. Also include government programs, like Medicare and Medicaid.

**What kind of health insurance or health care coverage do you have?**

Exclude private plans that only provide extra cash while hospitalized, like Metlife or Aflac.

|   | Yes                   | No                    | Prefer not to answer  |
|---|-----------------------|-----------------------|-----------------------|
| Private health insurance, including those obtained through a state or federal exchange or healthcare.gov, or through the Affordable Care Act, also known as Obamacare | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medicare  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medi-Gap  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medicaid  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SCHIP   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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**What kind of health insurance or health care coverage do you have?**

Exclude private plans that only provide extra cash while hospitalized, like Metlife or Aflac.

|   | Yes                   | No                    | Prefer not to answer  |
|---|-----------------------|-----------------------|-----------------------|
| Military health care (TRICARE/VA/CHAMP-VA)              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Indian Health Service                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| State-sponsored health plan                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other government program                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Single service plan (e.g. dental, vision, prescription) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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INSURSOURCEGP



Which one of these categories best describes how your private insurance plan was obtained?

- Through employer
- Through union
- Through workplace (don't know if union or employer)
- Through workplace – self-employed or professional association
- Purchased directly
- Through Healthcare.gov or the Affordable Care Act, also known as Obamacare
- Through a state/local government or community program
- Other
- Don't know
  
- Prefer not to answer

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INSURYEAR



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

- Yes
- No
- Don't know
  
- Prefer not to answer

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EDUCATIONGP



## What do you have to say about cancer?

Finally, we have a few questions solely for statistical purposes.

What is the highest grade or level of schooling you completed?

- Grade 11 or less
- Completed high school
- Post high school training other than college (vocational or technical)
- Some college
- College graduate
- Postgraduate or graduate degree
  
- Prefer not to answer

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MARITALSTATGP



## What do you have to say about cancer?

What is your marital status?

- Married
- Living as married
- Divorced
- Widowed
- Separated
- Single, never been married
  
- Prefer not to answer

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ORIENTATION



Which of the following best represents how you think about yourself?

- Lesbian or Gay
- Straight, that is, not lesbian or gay
- Bisexual
- Something else
- I don't know how to answer
  
- Prefer not to answer

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## IDENTITY



How do you describe yourself? (Select One)

- Female
- Male
- Transgender
- Do not identify as female, male, or transgender
  
- Prefer not to answer

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HISPLATGROUPGP



Are you of Hispanic, Latino, or Spanish origin?

- Yes
- No
- Prefer not to answer

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HISPLATGROUPGP



Which group are you from?

- Mexican, Mexican American, Chicano
- Puerto Rican
- Cuban
- Dominican
- Central or South American
- Other Hispanic, Latino, or Spanish origin
- Prefer not to answer

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RACETHNICITYGP



What is your race? You may select multiple categories.

- White
- Black or African American
- Asian
- Native Hawaiian or Pacific Islander
- American Indian or Alaska Native
  
- Prefer not to answer

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OCCUPSTATUSGP



What is your current occupational status?

- Employed
- Unemployed
- Homemaker
- Student
- Retired
- Disabled
- Other-Specify

- Prefer not to answer

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HHINCOME GP



Thinking about all the 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?

- Less than \$20,000
- \$20,000 to \$49,999
- \$50,000 to \$99,999
- \$100,000 to \$199,999
- \$200,000 or more
- Don't know
  
- Prefer not to answer

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INCENTX



Congratulations, you are eligible for a \$5 Amazon gift card. Would you like to collect your gift card?

- Yes
- No

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Would you like us to email the gift code number to you?

- Yes
- No

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Please enter/confirm your email address so we can send you your gift code.

Please enter your email address:

Please reenter your email address:

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Please write this down or [print](#) it for your records.

This is the end of the survey.

Thank you very much for your time and effort.

If you would like information regarding genetic testing or treatment resources, please visit the following CDC webpage: <https://www.cdc.gov/cancer/dcpc/resources/index.htm>.

If you would like more information about the study, please call 312-201-4412 or send an email to [CancerSurvey@norc.org](mailto:CancerSurvey@norc.org). If you have questions about your rights as a survey participant, you may call the NORC Institutional Review Board Administrator (toll-free) at 1-866-309-0542.

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