

Attachment 3a: General Population Survey

Public reporting burden of this collection of information is estimated to average 28 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

WINTRO_1 Thank you for agreeing to participate in our study!

Please use the “Next” and “Back” buttons to navigate between the questions within the questionnaire. Do not use your browser buttons.

If at any time during the survey, you would like to exit, please use the “Save & Exit” button above. Using this button will save all of the data you have already entered and ensure you are able to return to the same location to complete the survey.

<Programmer: If respondent logging back into survey>

WEBINEM1/WEBINEM2/WEBINPH1/WEBINPH2

In case you need to exit the survey and complete it at a later time or you get disconnected, please enter your email address so we can send you a link to reaccess the survey.

Please enter your email address:

Please reenter your email address:

Prefer not to answer

WINTRO_2 Welcome Back!

Please use the “Next” and “Back” buttons to navigate between the questions within the questionnaire. Do not use your browser buttons.

If at any time during the survey, you would like to exit, please use the “Save & Exit” button above. Using this button will save all of the data you have already entered and ensure you are able to return to the same location to complete the survey.

Continue from where I left off

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

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

Excellent

Very good

Good

Fair

Poor

Prefer not to answer

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.

DOCTORVISIT. 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

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

PRIPLACEHADVB. *[if have a place usually go for care]* 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

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

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

NUMMAMMO. *[if yes to mammogram]* How many mammograms have you had in the last 6 years?
_____ (report number 0 - 95)

Don't know
Prefer not to answer

MAMMOGRAMDATE. *[if yes to mammogram]* When did you have your MOST RECENT mammogram?

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

Did you have a mammogram in any of the following years? (provide an answer for each year using radio buttons)

	Yes	No	Not sure/Don't remember
2019			
2018			
2017			
2016			
2015			
2014			

-

[if female and 40 or older]

REASONMAMMO. *[if yes to mammogram]* What was the MAIN reason you had your most recent mammogram?

- It was time to get another mammogram
- You were having a problem with your breasts
- Doctor or nurse told you should have one done
- Other, please specify:

Thinking back over your experiences having or trying to have a mammogram, how satisfied or dissatisfied have you been with each of the following:

	Very Satisfied	Satisfied	Neither Satisfied or Dissatisfied	Dissatisfied	Very Dissatisfied	N/A
Your ability to get an appointment at a time that was convenient for you?						
How long you had to wait						

to have the mammogram after you made the appointment?						
How long you had to wait at the place you had a mammogram after you arrived for your appointment?						
How far you had to travel from home or work to the place you had your mammogram?						
The availability of parking where you got the mammogram?						
The ability of people who work where you had your mammogram to speak a language you could understand?						
The way you were treated by the people who work at the place where you had the mammogram?						
The way the people who work where you had the mammogram took into account any health problems or disabilities you might have?						
The cost of the mammogram?						

Do you have to take time off from work or volunteer activities to get a mammogram?

Yes

No

Don't know

Do you have to take time off from caring for children, grandchildren, or other family members in order to get a mammogram?

Yes

No

Don't know

How uncomfortable is it to have a mammogram?

Not at all uncomfortable

Slightly uncomfortable
Moderately uncomfortable
Very uncomfortable

How painful is it to have a mammogram?

Not at all painful
Slightly painful
Moderately painful
Very painful

How embarrassing is it to have a mammogram?

Not at all embarrassing
Slightly embarrassing
Moderately embarrassing
Very embarrassing

How nervous or anxious are you when you're getting a mammogram?

Not at all nervous
Slightly nervous
Moderately nervous
Very nervous

Have you ever had a mammogram before that showed any problems, where follow-up tests or procedures were recommended?

Yes
No

Have any of your female family members ever had breast cancer? This includes your mother, sisters, daughters, aunts, and grandmothers.

Yes
No
Don't know

If yes, how many women in your family have had breast cancers?
Report number [1-99]:

How often do you think women your age should have mammograms?

Once a year
Once every two years
Once every three years
Every four years or more
Whenever the doctor tells you to
Whenever there are problems
DK

At what age do you think women should start having mammograms?

In their 30s
In their 40s
In their 50s

DK

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

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
A mammogram can detect cancer in your breast at an early stage when it is easier to treat					
A mammogram could miss cancer that you might have					
Mammograms may cause you to have breast problems because of pressure from the machine					
You should have mammograms even if breast cancer doesn't run in your family					
You should not have a mammogram unless you have breast problems or symptoms					
If you have one mammogram in your lifetime, that is enough					

Have you ever had a mammogram from a mobile mammogram van or at a place that wasn't a traditional mammography center?

Yes

No

If yes: Did you receive the mammogram from a mobile van or other location?

Mobile van

Other, please specify:

Overall, how would you rate your experience(s) getting a mammogram from a mobile van or alternative site?

Very good

Good

Not good, but not bad

Bad

Very bad

Did you trust the results of the mammogram just as much as if the mammogram had been at a traditional location?

Yes

No

Would you get a mammogram from a mobile van or alternative site again?

Yes

No

Have you ever received a reminder, like a letter or postcard in the mail, or a phone call, to remind you to have a mammogram?

Yes

No

Don't know

Have you ever received educational pamphlets or brochures about breast cancer screening and mammography?

Yes

No

Don't Know

Have you ever received one-on-one educational information about breast cancer screening and mammography?

Yes

No

Don't know

Have you ever received educational information in a group setting about breast cancer screening and mammography?

Yes

No

Don't know

Have you ever seen posters or television commercials (or heard radio commercials) about getting a mammogram?

Yes

No

Don't Know

Have you ever received a voucher or other reimbursement to reduce the out-of-pocket costs of getting a mammogram?

Yes

No

Don't know

Have you ever received a mammogram through a screening program that provides mammograms for little to not cost?

Yes

No

Don't know

Have you ever had a mammogram at a place that offered any of the following options?

	Yes	No	DK
Alternative hours, like open on weekends or late into the evening			
Provided transportation to and from mammogram			

Provided assistance with child care or other dependent care			
Provided language translation services			

Have you ever wanted or needed to get a mammogram but were not able?

Yes

No

Overall, how challenging is it for you to get a mammogram?

Very challenging

Somewhat challenging

A little challenging

Not at all challenging

Next, we are going to ask you some questions about your perceptions and understandings of breast cancer.

Several things have been shown to cause breast cancer. On a scale of one to 5, with 5 meaning that it plays a very large role in causing breast cancer and 1 meaning it does not play a role in causing breast cancer, how much of a role do you think each of the following play in causing breast cancer?

	Plays a very large role in causing breast cancer (5)	(4)	(3)	(2)	Does not play a role in causing breast cancer (1)	Don't Know
Environmental factors (e.g. pollution, chemicals, or pesticides)						
Lifestyle or behavioral factors (e.g. not exercising, tanning, drinking alcohol, or smoking)						
Stress or trauma (e.g. difficult life events)						
Genetics (e.g. cancer runs in the family)						
Biological factors (e.g. age,						

menopausal status, or having children)						
Pre-existing diseases (e.g. infections or other chronic conditions)						
Emotions (e.g. depression or being a pessimist)						
Chance or bad luck						
Karma or God's will						

Are there any additional things, not already mentioned above, that you think could play a role in causing breast cancer in women?
 {free text response}

For each of the following, please indicate if you believe this would generally increase, have no effect on, or decrease a woman's chances of developing breast cancer

a. Exercising for 30 to 60 minutes most days of the week	Increase	No Effect	Decrease	Don't Know
b. Eating a low-fat diet	Increase	No Effect	Decrease	Don't Know
c. Eating more servings of fruits and vegetables per day	Increase	No Effect	Decrease	Don't Know
d. Gaining weight after menopause	Increase	No Effect	Decrease	Don't Know
e. Drinking one glass of red wine per day	Increase	No Effect	Decrease	Don't Know
f. Drinking more than one alcoholic beverage per day	Increase	No Effect	Decrease	Don't Know
g. Being exposed to chemicals or toxins in the environment	Increase	No Effect	Decrease	Don't Know
h. Using hormone replacement therapy after menopause	Increase	No Effect	Decrease	Don't Know
i. Using oral contraceptives (birth control)	Increase	No Effect	Decrease	Don't Know

j. A blow or other injury to the breast	Increase	No Effect	Decrease	Don't Know
k. A stressful life	Increase	No Effect	Decrease	Don't Know
l. A family history of breast cancer on my mother's side of the family	Increase	No Effect	Decrease	Don't Know
m. A family history of breast cancer on my father's side of the family	Increase	No Effect	Decrease	Don't Know
n. Breastfeeding	Increase	No Effect	Decrease	Don't Know
o. Having your first period at a young age	Increase	No Effect	Decrease	Don't Know
p. Not having children	Increase	No Effect	Decrease	Don't Know
q. Breast implants	Increase	No Effect	Decrease	Don't Know
r. Antiperspirants	Increase	No Effect	Decrease	Don't Know

a.

[all respondents]

CANCERLIKELY. How likely are you to get breast cancer in your lifetime?

- Very likely
- Likely
- Neither likely or unlikely
- Unlikely
- Very unlikely
- Don't Know

CANCERWORRY. How worried are you about getting breast cancer?

- Extremely
- Moderately
- Somewhat
- Slightly
- Not at all
- Don't Know

The items listed below refer to your health. Please read each item carefully and indicate to what extent you agree with each:

	Not agree at all	Slightly agree	Somewhat agree	Moderately agree	Very much agree
I expect that my health will be excellent in the future.					
I believe that the future status of my physical health will be positive.					
I do not expect to suffer health problems in the future.					
I anticipate that my physical health will deteriorate in the future.					

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
CAUSECANCER. It seems like everything causes cancer					
LOWERCANRISK. There's not much you can do to lower your chances of getting cancer					
RECOMCONFUS. There are so many different recommendations about preventing cancer, it's hard to know which ones to follow					
PREFOBLIV. I'd rather not know my chances of getting cancer					

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

Yes

No

Prefer not to answer

INFOSEEKGP. *[if ever looked for information]* The most recent time you looked for information about cancer, where did you go first?

Internet

Book

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

PERSONINFO. *[if ever looked for information]* 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

[if ever looked for information] 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	Somewhat	Somewhat	Strongly	Prefer not

	Agree	Agree	Disagree	Disagree	to answer
CNRLVLOEFFRTGP. It took a lot of effort to get the information you needed					
CNRFSTRATEDGP. I felt frustrated during your search for information					
CNRCONCRQUALGP. I was concerned about the quality of the information					
CNRHARDTOUNDGP. The information you found was hard to understand					

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

To help us develop better health information, please answer the following questions about your preferences.

When reading the newspaper, how helpful do you find tables and graphs that are parts of the story?

Not at all helpful					Extremely Helpful
1	2	3	4	5	6

When people tell you the chance of something happening, do you prefer that they use words (“it rarely happens”) or numbers (“there is a 1% chance”)?

Always prefer words					Always prefer numbers
1	2	3	4	5	6

When you hear a weather forecast, do you prefer predictions using percentages (e.g. “there will be a 20% change of rain today”) or predictions using only words (e.g. “there is a small chance of rain today”)?

Always prefer percentages					Always prefer words
1	2	3	4	5	6

How often do you find numerical information to be useful?

Never					Very Often
1	2	3	4	5	6

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.

INSURTYPEGP. What kind of health insurance or health care coverage do you have? (Select all that apply)

Exclude private plans that only provide extra cash while hospitalized.

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

Medicare

Medi-Gap

Medicaid

SCHIP

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

Indian Health Service

State-sponsored health plan

Other government program

Single service plan (e.g. dental, vision, prescription)

No coverage of any type

Prefer not to answer

INSURSOURCEGP. *[if have private insurance]* 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

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

EDUCATIONGP. 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
Prefer not to answer

MARITALSTATGP. What is your marital status?

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

HISPLATINOSPAN. Are you of Hispanic, Latino/a, or Spanish origin?

Yes
No
Prefer not to answer

HISPLATGROUPGP. *[if Hispanic or Latino]* Which group are you from?

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

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

OCCUPSTATUSGP. What is your current occupational status?

Employed
Unemployed
Homemaker
Student
Retired
Disabled
Other {please specify: _____}
Prefer not to answer

HHINCOMECP. 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

INCENTX

Congratulations, in appreciation for your time and effort completing the survey, we want to send you a \$5 Amazon gift card! Please enter your mailing address below so that we can send you the code.

Address

CLOSING SCREEN

This is the end of the survey.

Thank you very much for your time and effort.

If you would like more information about genetic testing for cancer risk, please visit the following resources:

Centers for Disease Control and Prevention <https://www.cdc.gov/cancer/dcpc/prevention/National> Cancer Institute: <https://www.cancer.gov/types/breast>

If you would like more information about the study, please call 1-312-201-4412 or send an email to 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.