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| **NCI/Office of Communications and Public Liaison** |
| **APPENDIX 1B** |
| **LIVE HELP QUESTIONS**  |
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Questions can be found at: https://livehelp.cancer.gov/ci/documents/detail/5/2/12/218a56af55ca6c4f61a9e9e09420e475cb004c0e



Demographic Survey Questions

What is your age?

* Select to add age (text box)
* I do not want to answer this question

 What is your Gender?

* Male
* Female
* I do not want to answer this question

 Which of These Categories Best Describes You?

* Hispanic or Latino
* Not Hispanic or Latino
* I do not want to answer this question

 Which of These Categories Best Describes You? You can select more than one:

* American Indian or Alaska Native
* Asian
* Black or African American
* Native Hawaiian or Other Pacific Islander
* White
* I do not want to answer this question

What Is the Highest Level of Education You Have Completed?

* Grade school
* Some high school
* High school graduate
* Some college
* College graduate
* Post-graduate
* I do not want to answer this question

 Is There a Place You Usually Go to When You are Sick or Need Advice About Your Health?

* Yes
* No
* Don't Know
* I do not want to answer this question

 What Kind of Place Do You Go Most Often?

* A doctor’s office
* A clinic, health center, or hospital clinic
* The emergency room, or
* Some other place
* No one place
* I do not want to answer this question

 In the Last 12 Months, Did You Have Any Kind of Healthcare Coverage, Including Health Insurance, Prepaid Plans Such As HMOs or Government Plans Such as Medicare?

* Yes
* No
* Don’t know
* I do not want to answer this question

 Would You Say You Had This Coverage During All 12 Months or Less Than 12 Months?

* All 12 months
* Less than 12 months
* Don’t know
* I do not want to answer this question

 Which Type of Coverage Did You Have?

* Was it public, such as Medicare, Medicaid, or other government plans?
* Was it private, such as an HMO, Blue Cross, Kaiser, Aetna?
* Or, was it both public and private?
* Valid skip
* Don’t know
* I do not want to answer this question

What Was Your Total Household Income from All Sources Before Taxes Last Year? Just Stop Me When I Get to the Right Category

* Less than $10,000
* $10,000 to $19,000
* $20,000 to $29,000
* $30,000 to $39,000
* $40,000 to $59,000
* $60,000 to $79,000
* $80,000 or more
* Don’t know
* I do not want to answer this question

 Including Yourself, How Many People Living in Your Household are Supported by This Total Household Income?

* Select this option to enter the total (text box)
* Don’t know
* I do not want to answer this question