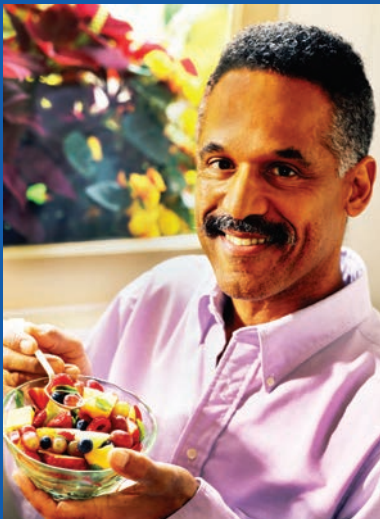


National Institutes of Health  
U.S. Department of Health and Human Services

OMB # 0925-0538  
Expiration Date: October 31, 2014



# Health Information National Trends Survey



Annotated Form  
Cycle 1, Next-Birthday, Reduced-content, English Version

NB-2-E

**START HERE:**

1. Is there more than one person age 18 or older living in this household?

AdultsInHH

1 Yes

2 No → GO TO A1 on the next page

2. Including yourself, how many people age 18 or older live in this household?

MailHHAdults

|  |  |
|--|--|
|  |  |
|--|--|

3. **The adult with the next birthday should complete this questionnaire.** This way, across all households, HINTS will include responses from adults of all ages.

4. Please write the first name, nickname or initials of the adult with the next birthday. This is the person who should complete the questionnaire.

|  |
|--|
|  |
|--|

**Si prefiere recibir la encuesta en español, por favor llame 1-888-738-6812**

STATEMENT OF PRIVACY: Collection of this information is authorized by The Public Health Service Act, Sections 411 (42 USC 285 a) and 412 (42 USC 285a-1.a and 285a1.3). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private under the Privacy Act and will only be seen by people authorized to work on this project. The report summarizing the findings will not contain any names or identifying information. Identifying information will be destroyed when the project ends.

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UniqueID



## A: Looking For Health Information

A1. Have you ever looked for information about health or medical topics from any source?

SeekHealthInfo

- 1 Yes  
 2 No → **GO TO A6 in the next column**

A2. The most recent time you looked for information about health or medical topics, where did you go first?

WhereSeekHealthInfo

Mark  only one.

- 1 Books
- 2 Brochures, pamphlets, etc.
- 3 Cancer organization
- 4 Family
- 5 Friend/Co-worker
- 6 Doctor or health care provider
- 7 Internet
- 8 Library
- 9 Magazines
- 10 Newspapers
- 11 Telephone information number
- 12 Complementary, alternative, or unconventional practitioner
- 91 Other-Specify → WhereSeekHealthInfo\_OS

WhereSeekHealthInfo\_IMP

A3. Did you look or go anywhere else that time?

LookElsewhere

- 1 Yes  
 2 No

A4. The most recent time you looked for information about health or medical topics, who was it for?

WhoLookingFor

- 1 Myself
- 2 Someone else
- 3 Both myself and someone else

A5. Based on the results of your most recent search for information about health or medical topics, how much do you agree or disagree with each of the following statements?

Strongly agree    Somewhat agree    Somewhat disagree    Strongly disagree

- a. LotOfEffort  
It took a lot of effort to get the information you needed.....  1    2    3    4
- b. Frustrated  
You felt frustrated during your search for the information.....  1    2    3    4
- c. ConcernedQuality  
You were concerned about the quality of the information.....  1    2    3    4
- d. TooHardUnderstand  
The information you found was hard to understand.....  1    2    3    4

A6. Overall, how confident are you that you could get advice or information about health or medical topics if you needed it?

ConfidentGetHealthInf

- 1 Completely confident
- 2 Very confident
- 3 Somewhat confident
- 4 A little confident
- 5 Not confident at all

A7. In general, how much would you trust information about health or medical topics from each of the following?

Not at all    A little    Some    A lot

- a. TrustDoctor  
A doctor.....  4    3    2    1
- b. TrustFamily  
Family or friends.....  4    3    2    1
- c. TrustNewsMag  
Newspapers or magazines.....  4    3    2    1
- d. TrustRadio  
Radio.....  4    3    2    1
- e. TrustInternet  
Internet.....  4    3    2    1
- f. TrustTelevision  
Television.....  4    3    2    1
- g. TrustGov  
Government health agencies.....  4    3    2    1
- h. TrustCharities  
Charitable organizations.....  4    3    2    1
- i. TrustReligiousOrgs  
Religious organizations and leaders.....  4    3    2    1



A8. Imagine that you had a strong need to get information about health or medical topics.

Where would you go first?

StrongNeedHealthInfo

Mark  only one.

- 1 Books
- 2 Brochures, pamphlets, etc.
- 3 Cancer organization
- 4 Family
- 5 Friend/Co-worker
- 6 Doctor or health care provider
- 7 Internet
- 8 Library
- 9 Magazines
- 10 Newspapers
- 11 Telephone information number
- 12 Complementary, alternative, or unconventional practitioner
- 91 Other-Specify →

StrongNeedHealthInfo\_IMP

A9. Have you ever looked for information about cancer from any source?

SeekCancerInfo

- 1 Yes
- 2 No

A10. How much attention do you pay to information about health or medical topics from each of the following sources?

|   | None                       | A little                   | Some                       | A lot                      |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a. In online newspapers.....                                  | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| b. In print newspapers.....                                   | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| c. In special health or medical magazines or newsletters..... | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| d. On the Internet.....                                       | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| e. On the radio.....  | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| f. On local television news programs.....                     | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| g. On national or cable television news programs.....         | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |

A11. Genetic tests that analyze your DNA, diet and lifestyle for potential health risks are currently being marketed by companies directly to consumers. Have you heard or read about these genetic tests?

HeardGeneticTest

- 1 Yes
- 2 No

## B: Using the Internet to Find Information

B1. Do you ever go on-line to access the Internet or World Wide Web, or to send and receive e-mail?

UseInternet

- 1 Yes
- 2 No → **GO TO C1 on the next page**

B2. When you use the Internet, do you access it through...

|   | Yes                        | No                         |
|---|----------------------------|----------------------------|
| a. A regular dial-up telephone line .....       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. Broadband such as DSL, cable or FiOS... ..   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. A cellular network (e.g., phone, 3G/4G)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. A wireless network (Wi-Fi).....              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

B3. Do you access the Internet any other way?

Internet\_Other

- 1 Yes - Specify →
- 2 No

B4. In the past 12 months, have you used the Internet to look for health or medical information for yourself?

InternetHealthInfoSelf

- 1 Yes
- 2 No

B5. Is there a specific Internet site you like to go to for health or medical information?

InternetHealthInfoSite

- 1 Yes
- 2 No → **GO TO C1 on the next page**

B6. Specify which Internet site you especially like as a source of health or medical information:

InternetHealthInfoSite\_OS



## C: Your Health Care

C1. Not including psychiatrists and other mental health professionals, is there a particular doctor, nurse, or other health professional that you see most often?

*RegularProvider*

1 Yes

2 No

C2. Do you have any of the following health insurance or health coverage plans:

**Yes**    **No**

- |  |                            |                            |  |  |
|--|----------------------------|----------------------------|--|--|
| <i>HCCoverage_Insurance</i>  |                            |                            |  |  |
| a. Insurance through a current or former employer or union (of you or another family member).....                          | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |  |  |
| <i>HCCoverage_Private</i>  |                            |                            |  |  |
| b. Insurance purchased directly from an insurance company (by you or another family member).....                           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |  |  |
| <i>HCCoverage_Medicare</i>   |                            |                            |  |  |
| c. Medicare.....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |  |  |
| <i>HCCoverage_Medicaid</i>   |                            |                            |  |  |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |  |  |
| <i>HCCoverage_Tricare</i>  |                            |                            |  |  |
| e. TRICARE or other military health care.....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |  |  |
| <i>HCCoverage_VA</i>   |                            |                            |  |  |
| f. VA (including those who have ever used or enrolled for VA health care).....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |  |  |
| <i>HCCoverage_IHS</i>  |                            |                            |  |  |
| g. Indian Health Service.....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |  |  |

C3. Do you have any other health care coverage plan for yourself (please do not include dental or vision plans)?

*HCCoverage\_Other*

1 Yes-Specify → HCCoverage\_OtherOS

2 No

C4. About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

*MostRecentCheckup*

- 1 Within past year (anytime less than 12 months ago)
- 2 Within past 2 years (1 year but less than 2 years ago)
- 3 Within past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 5 Don't know
- 6 Never

C5. In the past 12 months, not counting times you went to an emergency room, how many times did you go to a doctor, nurse, or other health professional to get care for yourself?

*FreqGoProvider*

0 None → GO TO D1 on the next page

1 1 time

2 2 times

3 3 times

4 4 times

5 5-9 times

6 10 or more times

C6. The following questions are about your communication with all doctors, nurses, or other health professionals you saw during the past 12 months...

How often did they do each of the following:

*Always*
*Usually*
*Sometimes*
*Never*

- |   |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| <i>ChanceAskQuestions</i>   |                            |                            |                            |                            |
| a. Give you the chance to ask all the health-related questions you had?.....              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <i>FeelingsAddressed</i>  |                            |                            |                            |                            |
| b. Give the attention you needed to your feelings and emotions?.....                      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <i>InvolvedDecisions</i>  |                            |                            |                            |                            |
| c. Involve you in decisions about your health care as much as you wanted?.....            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <i>UnderstoodNextSteps</i>  |                            |                            |                            |                            |
| d. Make sure you understood the things you needed to do to take care of your health?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <i>ExplainedClearly</i>   |                            |                            |                            |                            |
| e. Explain things in a way you could understand?.....                                     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <i>SpentEnoughTime</i>  |                            |                            |                            |                            |
| f. Spend enough time with you?.....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <i>HelpUncertainty</i>  |                            |                            |                            |                            |
| g. Help you deal with feelings of uncertainty about your health or health care?.....      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

C7. In the past 12 months, how often did you feel you could rely on your doctors, nurses, or other health care professionals to take care of your health care needs?

*DrTakeCareNeeds*

1 Always

2 Usually

3 Sometimes

4 Never



C8. Overall, how would you rate the quality of health care you received in the past 12 months?

QualityCare

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

### D: Your Health, Nutrition and Physical Activity

D1. In general, would you say your health is...

GeneralHealth

- 1 Excellent,
- 2 Very good,
- 3 Good,
- 4 Fair, or
- 5 Poor?

D2. Over the past 2 weeks, how often have you been bothered by any of the following problems?

|   | Nearly every day           | More than half the days    | Several days               | Not at all                 |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Little interest or pleasure in doing things..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| b. Feeling down, depressed or hopeless.....         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| c. Feeling nervous, anxious or on edge.....         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| d. Not being able to stop or control worrying.....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

D3. Overall, how confident are you about your ability to take good care of your health?

OwnAbilityTakeCareHealth

- 1 Completely confident
- 2 Very confident
- 3 Somewhat confident
- 4 A little confident
- 5 Not confident at all

D4. How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals?

StressedMoneyNutritiousMeals

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

D5. When available, how often do you use menu information on calories in deciding what to order?

UseMenuCalorieInfo

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never

D6. About how many cups of fruit (including 100% pure fruit juice) do you eat or drink each day?

Fruit

- 0 None
- 1 ½ cup or less
- 2 ½ cup to 1 cup
- 3 1 to 2 cups
- 4 2 to 3 cups
- 5 3 to 4 cups
- 6 4 or more cups

1 cup of fruit could be:

- 1 small apple
- 1 large banana
- 1 large orange
- 8 large strawberries
- 1 medium pear
- 2 large plums
- 32 seedless grapes
- 1 cup (8 oz.) fruit juice
- ½ cup dried fruit
- 1 inch-thick wedge of watermelon

D7. About how many cups of vegetables (including 100% pure vegetable juice) do you eat or drink each day?

Vegetables

- 0 None
- 1 ½ cup or less
- 2 ½ cup to 1 cup
- 3 1 to 2 cups
- 4 2 to 3 cups
- 5 3 to 4 cups
- 6 4 or more cups

1 cup of vegetables could be:

- 3 broccoli spears
- 1 cup cooked leafy greens
- 2 cups lettuce or raw greens
- 12 baby carrots
- 1 medium potato
- 1 large sweet potato
- 1 large ear of corn
- 1 large raw tomato
- 2 large celery sticks
- 1 cup of cooked beans





D8. How much sugar-sweetened soda or pop do you usually drink each day? Do not include diet sodas or diet pop.

RegularSoda

- 0 None
- 1 12 ounces (1 can) or less
- 2 13 to 24 ounces (2 cans)
- 3 25 to 36 ounces (3 cans)
- 4 37 to 48 ounces (4 cans)
- 5 more than 48 ounces

D9. In a typical week, how many days do you do any physical activity or exercise of at least moderate intensity, such as brisk walking, bicycling at a regular pace, and swimming at a regular pace?

TimesModerateExercise

- 0 None → **GO TO D11 below**
- 1 1 day per week
- 2 2 days per week
- 3 3 days per week
- 4 4 days per week
- 5 5 days per week
- 6 6 days per week
- 7 7 days per week

D10. On the days that you do any physical activity or exercise of at least moderate intensity, how long are you typically doing these activities?

Write a number in one box below.

Minutes        Hours

HowLongModerateExerciseMn

HowLongModerateExerciseHr

D11. In a typical week, outside of your job or work around the house, how many days do you do leisure-time physical activities specifically designed to strengthen your muscles such as lifting weights or circuit training (do not include cardio exercise such as walking, biking, or swimming)?

TimeStrengthTraining

- 0 None
- 1 1 day per week
- 2 2 days per week
- 3 3 days per week
- 4 4 days per week
- 5 5 days per week
- 6 6 days per week
- 7 7 days per week

D12. Over the past 30 days, in your leisure time, how many hours per day, on average, did you sit and watch TV or movies, surf the web, or play computer games? Do not include "active gaming" such as Wii.

AverageDailyTVGames

Hours per day

D13. About how tall are you without shoes?

Feet **and**   Inches

Height\_Feet

Height\_Inches

D14. About how much do you weigh, in pounds, without shoes?

Weight

Pounds

D15. How many times in the past 12 months have you used a tanning bed or booth?

TanningBed

- 0 0 times
- 1 1 to 2 times
- 2 3 to 10 times
- 3 11 to 24 times
- 4 25 or more times

D16. When you are outside for more than one hour on a warm, sunny day, how often do you wear sunscreen?

Sunscreen

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- 99 Do not go out on sunny days

D17. Have you smoked at least 100 cigarettes in your entire life?

Smoke100

- 1 Yes
- 2 No → **GO TO D19 on the next page**

D18. How often do you now smoke cigarettes?

SmokeNow

- 1 Everyday
- 2 Some days
- 3 Not at all



D19. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor.

During the past 30 days, how many days per week did you have at least one drink of any alcoholic beverage?

DrinksPerWeek

- 0 0 days → GO TO D21 below
- 1 1 day
- 2 2 days
- 3 3 days
- 4 4 days
- 5 5 days
- 6 6 days
- 7 7 days

D20. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

DrinksPerDay

|                      |                      |          |
|----------------------|----------------------|----------|
| <input type="text"/> | <input type="text"/> | Drink(s) |
|----------------------|----------------------|----------|

D21. How much sleep do you usually get...

Hours Minutes

- a. On a workday or school day (i.e., weekday)?.....
- |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|
- b. On a non-work or non-school day (i.e., weekend)?.....
- |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

E: Women and Cancer

E1. Are you male or female?

GenderC

- 1 Male → GO TO F1 on the next page
- 2 Female

E2. Has a doctor ever told you that you could choose whether or not to have the Pap test?

DrTalkPapTest

- 1 Yes
- 2 No

E3. How long ago did you have your most recent Pap test to check for cervical cancer?

WhenPapTest

- 1 A year ago or less
- 2 More than 1, up to 2 years ago
- 3 More than 2, up to 3 years ago
- 4 More than 3, up to 5 years ago
- 5 More than 5 years ago
- 6 I have never had a Pap test

E4. A mammogram is an x-ray of each breast to look for cancer.

Has a doctor ever told you that you could choose whether or not to have a mammogram?

DrTalkMammogram

- 1 Yes
- 2 No

E5. When did you have your most recent mammogram to check for breast cancer, if ever?

WhenMammogram

- 1 A year ago or less
- 2 More than 1, up to 2 years ago
- 3 More than 2, up to 3 years ago
- 4 More than 3, up to 5 years ago
- 5 More than 5 years ago
- 6 I have never had a mammogram

▶ Please continue to the next page.





## F: Screening for Cancer

- F1. A vaccine to prevent HPV infection is available and is called the HPV shot, cervical cancer vaccine, GARDASIL®, or Cervarix®.
- Has a doctor or other health care professional ever talked with you about the HPV shot or vaccine?
- EverTalkedHPVShot
- 1 Yes
- 2 No
- F2. There are a few different tests to check for colon cancer. These tests include:
- A **colonoscopy** – For this test, a tube is inserted into your rectum and you are given medication that may make you feel sleepy. After the procedure, you need someone to drive you home.
- A **sigmoidoscopy** – For this test, you are awake when the tube is inserted into your rectum. After the test you can drive yourself home.
- A **stool blood test** – For this test, you collect a stool sample at home, and then provide it to a doctor or lab for testing.
- Has a doctor ever told you that you could choose whether or not to have a test for colon cancer?
- DrTalkColCaTest
- 1 Yes
- 2 No
- F3. Have you ever had a test to check for colon cancer?
- EverHadColCaTest
- 1 Yes
- 2 No
- F4. (Females **GO TO G1** in the next column. Males continue with **F4**.) The following questions are about discussions doctors or other health care professionals may have with their patients about the PSA test that is used to look for prostate cancer.
- Has a doctor ever told you that you could choose whether or not to have the PSA test?
- DrTalkPSATest
- 1 Yes
- 2 No

- F5. Have you ever had a PSA test?
- EverHadPSATest
- 1 Yes
- 2 No
- 3 Not sure
- F6. Has a doctor or other health care professional ever told you that some doctors recommend the PSA test and others do not?
- SomeRecommendPSATest
- 1 Yes
- 2 No
- 3 Not sure
- F7. Has a doctor or other health care professional ever told you that no one is sure if using the PSA test actually saves lives?
- NotSurePSATest
- 1 Yes
- 2 No
- 3 Not sure

## G: Beliefs About Cancer

▶ Think about cancer in general when answering the questions in this section.

- G1. How likely are you to get cancer in your lifetime?
- ChanceGetCancer
- 1 Very unlikely
- 2 Unlikely
- 3 Neither unlikely nor likely
- 4 Likely
- 5 Very likely
- G2. Compared to other people your age, how likely are you to get cancer in your lifetime?
- CompareChanceGetCancer
- 1 Very unlikely
- 2 Unlikely
- 3 Neither unlikely nor likely
- 4 Likely
- 5 Very likely
- G3. How worried are you about getting cancer?
- FreqWorryCancer
- 1 Not at all
- 2 Slightly
- 3 Somewhat
- 4 Moderately
- 5 Extremely



G4. How much do you agree or disagree with each of the following statements?

Strongly agree    Somewhat agree    Somewhat disagree    Strongly disagree

- a. It seems like everything causes cancer.....  1  2  3  4  
EverythingCauseCancer  
PreventNotPossible
- b. There's not much you can do to lower your chances of getting cancer.....  1  2  3  4  
TooManyRecommendations
- c. There are so many different recommendations about preventing cancer, it's hard to know which ones to follow.....  1  2  3  4

### H: Your Cancer History

H1. Have you ever been diagnosed as having cancer?

EverHadCancer

- 1 Yes  
 2 No → GO TO H4 in the next column

H2. What type of cancer did you have?

Mark  all that apply.

- 1 Bladder cancer CaBladder  
 1 Bone cancer CaBone  
 1 Breast cancer CaBreast  
 1 Cervical cancer (cancer of the cervix) CaCervical  
 1 Colon cancer CaColon  
 1 Endometrial cancer (cancer of the uterus) CaEndometrial  
 1 Head and neck cancer CaHeadNeck  
 1 Hodgkin's lymphoma CaHodgkins  
 1 Leukemia/Blood cancer CaLeukemia  
 1 Liver cancer CaLiver  
 1 Lung cancer CaLung  
 1 Melanoma CaMelanoma  
 1 Non-Hodgkin lymphoma CaNonHodgkin  
 1 Oral cancer CaOral  
 1 Ovarian cancer CaOvarian  
 1 Pancreatic cancer CaPancreatic  
 1 Pharyngeal (throat) cancer CaPharyngeal  
 1 Prostate cancer CaProstate  
 1 Rectal cancer CaRectal  
 1 Renal (kidney) cancer CaRenal  
 1 Skin cancer, non-melanoma CaSkin  
 1 Stomach cancer CaStomach  
 1 Other-Specify →   
CaOther  
Cancer\_Cat

H3. At what age were you first told that you had cancer?

WhenDiagnosedCancer

Age

H4. Have any of your family members ever had cancer?

FamilyEverHadCancer

- 1 Yes  
 2 No  
 4 Not sure

### I: Medical Research and Medical Records

I1. As far as you know, do any of your doctors or other health care providers maintain your medical information in a computerized system?

ProviderMaintainEMR

- 1 Yes  
 2 No

I2. Please indicate how important each of the following statements is to you.

Very important    Somewhat important    Not at all important

- ShareEMR  
a. Doctors and other health care providers should be able to share your medical information with each other electronically.....  1  2  3
- AccesPHR  
b. You should be able to get to your own medical information electronically.....  1  2  3
- I3. Have you ever kept information from your health care provider because you were concerned about the privacy or security of your medical record?  
WithheldInfoPrivacy  
 1 Yes  
 2 No



## J: You and Your Household

J1. What is your age?

Age

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Years old

J2. What is your current occupational status?

Mark  only one.

OccupationStatus

1 Employed **Employed**

2 Unemployed **Unemployed**

3 Homemaker **Homemaker**

4 Student **Student**

5 Retired **Retired**

6 Disabled **Disabled**

91 Other-Specify →

OtherOCC

MultiOCC

J3. Have you ever served on active duty in the U.S. Armed Forces, military Reserves or National Guard? Active duty does not include training in the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf war.

ActiveDutyArmedForces

1 Yes, now on active duty

2 Yes, on active duty in the last 12 months but not now

3 Yes, on active duty in the past, but not in the last 12 months

4 No, training for Reserves or National Guard only

5 No, never served in the military

GO TO J4

J3a. In the past 12 months, have you received some or all of your health care from a VA hospital or clinic?

ReceivedCareVA

1 Yes, all my health care

2 Yes, some of my health care

3 No, no VA health care received

J4. What is your marital status?

MaritalStatus

1 Married

2 Living as married

3 Divorced

4 Widowed

5 Separated

6 Single, never been married

J5. What is the highest grade or level of schooling you completed?

Education

1 Less than 8 years

2 8 through 11 years

3 12 years or completed high school

4 Post high school training other than college (vocational or technical)

5 Some college

6 College graduate

7 Postgraduate

J6. Were you born in the United States?

BornInUSA

1 Yes → GO TO J8 below

2 No

J7. In what year did you come to live in the United States?

YearCameToUSA

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

Year

J8. How comfortable do you feel speaking English?

ComfortableEnglish

1 Completely comfortable

2 Very comfortable

3 Somewhat comfortable

4 A little comfortable

5 Not at all comfortable

J9. Are you Hispanic or Latino?

Hispanic

1 Yes

2 No

J10. Which one or more of the following would you say is your race?

Mark  one or more boxes.

1 American Indian/Alaska Native **AmerInd**

1 Asian **Asian**

1 Black/African American **Black**

1 Native Hawaiian/Other Pacific Islander **PacIsl**

1 White **White**  
Race\_Cat

J11. Including yourself, how many people live in your household?

TotalHousehold

|  |  |
|--|--|
|  |  |
|--|--|

Number of people



J12. Including yourself, please mark the gender, and write in the age and month of birth for each adult 18 years of age or older living at this address.

|                           | Gender   | Age         | Month Born (01-12) |
|---------------------------|--|-------------|--------------------|
| HHAdultGender1<br>Adult 1 | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | HHAdultAge1 | HHAdultMOB1        |
| HHAdultGender2<br>Adult 2 | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | HHAdultAge2 | HHAdultMOB2        |
| HHAdultGender3<br>Adult 3 | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | HHAdultAge3 | HHAdultMOB3        |
| HHAdultGender4<br>Adult 4 | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | HHAdultAge4 | HHAdultMOB4        |
| HHAdultGender5<br>Adult 5 | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | HHAdultAge5 | HHAdultMOB5        |

J13. How many children under the age of 18 live in your household?

ChildrenInHH

|  |  |
|--|--|
|  |  |
|--|--|

Number of children under 18

J14. Do you currently rent or own your home?

RentOrOwn

Own  
 Rent  
 Occupied without paying monetary rent

J15. Does anyone in your family have a working cell phone?

CellPhone

Yes  
 No

J16. Is there at least one telephone inside your home that is currently working and is not a cell phone?

PhoneInHome

Yes  
 No

J17. Thinking about members of your family living in this household, what is your combined annual income, meaning the total pre-tax income from all sources earned in the past year?

IncomeRanges

\$0 to \$9,999  
 \$10,000 to \$14,999  
 \$15,000 to \$19,999  
 \$20,000 to \$34,999  
 \$35,000 to \$49,999  
 \$50,000 to \$74,999  
 \$75,000 to \$99,999  
 \$100,000 to \$199,999  
 \$200,000 or more

J18. Did you complete this survey all in one sitting, or did you do it in more than one sitting?

MailStopStartSurvey

I completed the survey all in one sitting.  
 I completed the survey in more than one sitting.

J19. Did anyone help you complete this survey?

MailSomeoneInRoom

Yes  
 No

J20. About how long did it take you to complete the survey?

Write a number in one box below.

MailSurveyTime\_Min    MailSurveyTime\_Hrs

|  |  |         |  |  |       |
|--|--|---------|--|--|-------|
|  |  | Minutes |  |  | Hours |
|--|--|---------|--|--|-------|

J21. At which of the following types of addresses does your household currently receive residential mail?

Mark  all that apply.

TypeOfAddressA  
 A street address with a house or building number  
TypeOfAddressB  
 An address with a rural route number  
TypeOfAddressC  
 A U.S. post office box (P.O. Box)  
TypeOfAddressD  
 A commercial mail box establishment (such as Mailboxes R Us, Mailboxes Etc.)



## Thank you!

▶ Please return this questionnaire in the postage-paid envelope at your earliest convenience.

▶ If you have lost the envelope, mail the completed questionnaire to:

HINTS Study, TC 1046F

Westat

1600 Research Boulevard

Rockville, MD 20850