



# Health Information

## National Trends Survey



START HERE:

### Instructions

- ▶ Please use a black or blue pen to complete this form.
- ▶ Mark  to indicate your answer.
- ▶ If you want to change your answer, mark  on the wrong answer.

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*

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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.

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



## A: Looking For Health Information

A1. Have you ever looked for information about cancer from any source?

SeekCancerInfo

- 1 Yes  
 2 No → **GO TO A3 below**

A2. 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

- |  |                            |                            |                            |                            |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| a. It took a lot of effort to get the information you needed.....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| CancerLotOfEffort  |                            |                            |                            |                            |
| b. You felt frustrated during your search for the information..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| CancerFrustrated   |                            |                            |                            |                            |

A3. Overall, how confident are you that you could get advice or information about cancer if you needed it?

CancerConfidentGetHealthInf

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

A4. In general, how much would you trust information about cancer from each of the following?

Not at all    A little    Some    A lot

- |   |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a. A doctor.....                            | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| CancerTrustDoctor                           |                            |                            |                            |                            |
| b. Family or friends.....                   | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| CancerTrustFamily                           |                            |                            |                            |                            |
| c. Government health agencies.....          | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| CancerTrustGov                              |                            |                            |                            |                            |
| d. Charitable organizations.....            | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| CancerTrustCharities                        |                            |                            |                            |                            |
| e. Religious organizations and leaders..... | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| CancerTrustReligiousOrgs                    |                            |                            |                            |                            |

A5. Imagine that you had a strong need to get information about cancer. Where would you go first?

StrongNeedCancerInfo

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 → StrongNeedCancerInfo\_OS

## 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 B5 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 |
| Internet_DialUp                                 |                            |                            |
| b. Broadband such as DSL, cable, or FiOS.....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Internet_BroadBnd                               |                            |                            |
| c. A cellular network (i.e., phone, 3G/4G)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Internet_Cell                                   |                            |                            |
| d. A wireless network (Wi-Fi).....              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Internet_WiFi                                   |                            |                            |



B3. How often do you access the Internet through each of the following?

	Daily	Sometimes	Never	Not Applicable
a. Computer at home..... <i>WhereUseInternet_Home</i>	1	2	3	4
b. Computer at work..... <i>WhereUseInternet_Work</i>	1	2	3	4
c. Computer in a public place (library, community center, other)..... <i>WhereUseInternet_PublicPlace</i>	1	2	3	4
d. On a mobile device (cell phone/smart phone/tablet)..... <i>WhereUseInternet_MobileDevice</i>	1	2	3	4

B4. To what extent are you satisfied with your internet speed?

*InternetSpeed*

- 1 Not at all satisfied
- 2 Not very satisfied
- 3 Somewhat satisfied
- 4 Very satisfied
- 5 Extremely satisfied

B5. In the past 12 months, have you used a computer, smartphone, or other electronic means to do any of the following?

	Yes	No
a. Looked for health or medical information for yourself..... <i>Electronic_SelfHealthInfo</i>	1	2
b. Used e-mail or the Internet to communicate with a doctor or a doctor's office..... <i>Electronic_TalkDoctor</i>	1	2
c. Looked up medical test results..... <i>Electronic_TestResults</i>	1	2
d. Made appointments with a health care provider..... <i>Electronic_MadeAppts</i>	1	2

B6. Please indicate if you have each of the following.

**Mark all that apply.**

- 1 Tablet computer (for example, an iPad, Samsung Galaxy, Motorola Xoom, or Kindle Fire)  
*HaveDevice\_Tablet*
  - 1 Smartphone (for example, an iPhone, Android, Blackberry, or Windows phone)  
*HaveDevice\_SmartPh*
  - 1 Basic cell phone only  
*HaveDevice\_CellPh*
  - 1 I do not have any of the above  
*HaveDevice\_None*  
*HaveDevice\_Cat*
- GO TO B10 on the next page**

B7. On your tablet or smartphone, do you have any "apps" related to health and wellness?

*TabletHealthWellnessApps*

- 1 Yes
- 2 No → GO TO B9 below
- 3 Don't know → GO TO B9 below

B8. In the past 12 months, have you used any of these health or wellness apps?

*UsedHealthWellnessApps*

- 1 Yes
- 2 No
- 3 Don't know

B9. Has your tablet or smartphone...

	Yes	No
a. Helped you track progress on a health-related goal such as quitting smoking, losing weight, or increasing physical activity?..... <i>Tablet_AchieveGoal</i>	1	2
b. Helped you make a decision about how to treat an illness or condition?..... <i>Tablet_MakeDecision</i>	1	2
c. Helped you in discussions with your health care provider?..... <i>Tablet_DiscussionsHCP</i>	1	2



B10. In the last 12 months, have you used an electronic wearable device to monitor or track your health or activity? For example, a Fitbit, Apple Watch, or Garmin Vivofit.

WearableDevTrackHealth

- 1 Yes
- 2 No → GO TO B13 below

B11. In the past month, how often did you use a wearable device to track your health?

FreqWearDevTrackHealth

- 1 Every day
- 2 Almost every day
- 3 1-2 times per week
- 4 Less than once per week
- 5 I did not use a wearable device in the past month

B12. Would you be willing to share health data from your wearable device with...

Yes No

- a. your health care provider?.....  1  2  
WillingShareData\_HCP
- b. your family?.....  1  2  
WillingShareData\_YourFamily
- c. your friends?.....  1  2  
WillingShareData\_YourFriends

B13. Have you shared health information from either an electronic monitoring device or smartphone with a health professional within the last 12 months?

SharedHealthDeviceInfo

- 1 Yes
- 2 No
- 3 Not applicable

B14. Sometimes people use the Internet to connect with other people online through social networks like Facebook or Twitter. This is often called “social media”.

In the last 12 months, have you used the Internet for any of the following reasons?

Yes No

- a. To visit a social networking site, such as Facebook or LinkedIn.....  1  2  
IntRsn\_VisitedSocNet
- b. To share health information on social networking sites, such as Facebook or Twitter.....  1  2  
IntRsn\_SharedSocNet
- c. To participate in an online forum or support group for people with a similar health or medical issue.....  1  2  
IntRsn\_SupportGroup
- d. To watch a health-related video on YouTube.....  1  2  
IntRsn\_YouTube





## 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. 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 C6 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

C3. 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

C4. 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

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

C5. In the past 12 months, when getting care for a medical problem, was there a time when you...

Yes
No

- |  |   |   |
|--|---|---|
| a. Had to bring an X-ray, MRI, or other type of test result with you to the appointment?...  | 1 | 2 |
| ProbCare_BringTest   |   |   |
| b. Had to wait for test results longer than you thought reasonable?.....                     | 1 | 2 |
| ProbCare_WaitLong  |   |   |
| c. Had to redo a test or procedure because the earlier test results were not available?..... | 1 | 2 |
| ProbCare_RedoTest  |   |   |
| d. Had to provide your medical history again because your chart could not be found?.....     | 1 | 2 |
| ProbCare_ProvideHist   |   |   |



C6. Are you currently covered by any of the following types of health insurance or health coverage plans?

	Yes ↓	No ↓
a. Insurance through a current or former employer or union.....	1	2
<i>HealthIns_InsuranceEMP</i>		
b. Insurance purchased directly from an insurance company.....	1	2
<i>HealthIns_InsurancePriv</i>		
c. Medicare, for people 65 and older, or people with certain disabilities.....	1	2
<i>HealthIns_Medicare</i>		
d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability.....	1	2
<i>HealthIns_Medicaid</i>		
e. TRICARE or other military health care.....	1	2
<i>HealthIns_Tricare</i>		
f. VA (including those who have ever used or enrolled for VA health care).....	1	2
<i>HealthIns_VA</i>		
g. Indian Health Service.....	1	2
<i>HealthIns_IHS</i>		
h. Any other type of health insurance or health coverage plan (Specify).....	1	2
<i>HealthIns_Other</i>		

↓

*HealthIns\_Other\_OS*

## D: Medical Records

Next, we are going to ask you some questions about your medical records. Medical records are defined as medical history, such as laboratory test results, clinical notes, and current list of medications.

D1. Do any of your doctors or other health care providers maintain your medical records in a computerized system?

*ProviderMaintainEMR2*

1 Yes  
2 No  
3 Don't Know

D2. Have you ever been offered online access to your medical records by your...

	Yes ↓	No ↓	Don't know ↓
a. health care provider?.....	1	2	3
<i>OfferedAccessHCP2</i>			
b. health insurer?.....	1	2	3
<i>OfferedAccessInsurer2</i>			

D3. Have any of your health care providers, including doctors, nurses, or office staff ever encouraged you to use an online medical record?

*HCPEncourageOnlineRec*

1 Yes  
2 No

D4. How many times did you access your online medical record in the last 12 months?


*AccessOnlineRecord*

0 0  
1 1 to 2 times  
2 3 to 5 times  
3 6 to 9 times  
4 10 or more times

**GO TO D6 on the next page**

D5. Why have you not accessed your medical record online? Is it because...

	Yes ↓	No ↓
a. You prefer to speak to your health care provider directly?.....	1	2
<i>NotAccessed_SpeakDirectly</i>		
b. You do not have a way to access the website?.....	1	2
<i>NotAccessed_NoInternet</i>		
c. You did not have a need to use your online medical record?.....	1	2
<i>NotAccessed_NoNeed</i>		
d. You were concerned about the privacy or security of the website that had your medical records?.....	1	2
<i>NotAccessed_ConcernedPrivacy</i>		
e. You don't have an online medical record.....	1	2
<i>NotAccessed_NoRecord</i>		
f. You found it difficult to login (for example, you had trouble remembering your password)?.....	1	2
<i>NotAccessed_LogInProb</i>		
g. You are not comfortable or experienced with computers?.....	1	2
<i>NotAccessed_Uncomfortable</i>		
h. You have more than one online medical record?.....	1	2
<i>NotAccessed_MultipleRec</i>		



If you have not accessed any medical records in the last 12 months, go to E1 on the next page

Otherwise, go to D6 on the next page



D6. In the past 12 months, have you used your online medical record to...

Yes No

- a. Look up test results?.....  1  2  
*RecordsOnline\_ViewResults*
- b. Securely message health care provider and staff (for example, e-mail)?.....  1  2  
*RecordsOnline\_MessageHCP*
- c. Download your health information to your computer or mobile device, such as a cell phone or tablet?.....  1  2  
*RecordsOnline\_DownloadHealth*

D7. How did you access your online medical record?

*HowAccessOnlineRecord*

- 1 App
- 2 Website
- 3 Both app and website
- 4 Don't know

D8. Do any of your online medical records include clinical notes (health provider's notes that describe a visit)?

*OnlineRecClinNotes*

- 1 Yes
- 2 No
- 3 Don't Know

D9. Have you electronically sent your medical information to...

Yes No

- a. Another health care provider?.....  1  2  
*ESent\_AnotherHCP*
- b. A family member or another person involved with your care?.....  1  2  
*ESent\_Family*
- c. A service or app that can help manage and store your health information?.....  1  2  
*ESent\_HealthApp*

D10. How easy or difficult was it to understand the health information in your online medical record?

*UnderstandOnlineMedRec*

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult

## E: Caregiving

E1. Are you currently caring for or making health care decisions for someone with a **medical, behavioral, disability, or other condition**?

Mark **all that apply**.

- 1 Yes, a child/children  
*Caregiving\_Child*
  - 1 Yes, a spouse/partner  
*Caregiving\_Spouse*
  - 1 Yes, a parent/parents  
*Caregiving\_Parent*
  - 1 Yes, another family member  
*Caregiving\_AnotherFam*
  - 1 Yes, a friend or other non-relative  
*Caregiving\_Friend*
  - 1 No → **GO TO F1 on the next page**  
*Caregiving\_No*  
*CaregivingWho\_Cat*
- E2. Do you provide any of this care professionally as part of a job (for example, as a nurse or professional home health aide)?
- Caregiving\_Professional*
  - 1 Yes
  - 2 No





E3. Please think about the individual for whom you are currently providing the most care.

Please check all conditions for which you have provided care for this person.

Mark all that apply.

- Cancer**  
Caregiving\_Cancer
- Alzheimer's, confusion, dementia, forgetfulness**  
Caregiving\_Alzheimers
- Orthopedic/Musculoskeletal Issues**  
(examples: back problems, broken bones, arthritis, mobility problems, can't get around, feeble, unsteady, falling)  
Caregiving\_OrthoMusc
- Mental health/behavioral/substance abuse issues**  
(examples: mental illness, emotional problems, depression, anxiety, substance/drug/alcohol abuse)  
Caregiving\_MentalHealth
- Chronic conditions**  
(examples: high blood pressure/hypertension, diabetes, heart disease, heart attack, lung disease, emphysema, Chronic Obstructive Pulmonary Disease (COPD), Parkinson's)  
Caregiving\_ChronicCond
- Neurological/developmental Issues**  
(examples: brain damage or injury, developmental or intellectual disorder, mental retardation, Down syndrome, stroke)  
Caregiving\_NeuroDev
- Acute conditions**  
Caregiving\_AcuteCond
- Aging/aging-related health issues not listed in the other categories above**  
Caregiving\_Aging
- Other – Specify** → Caregiving\_Other\_OS
- Not sure/don't know**  
Caregiving\_NotSure  
CaregivingCond\_Cat

E4. Think about the individual for whom you are currently providing the most care. How many times did you access that person's online medical record in the last 12 months?

- Caregiving\_AccessMedRec2
- Care recipient does not have an online medical record
- None
- 1 to 2 times
- 3 to 5 times
- 6 to 9 times
- 10 or more times

## F: Genetic Testing

F1. Genes are inherited from your parents and are passed down from one generation to the next. Genetic tests can determine your genetic makeup.

Which of the following types of genetic tests have you heard of?

Mark all that apply.

- Ancestry testing:** To determine the background or geographic/ethnic origin of an individual's ancestors (for example, Ancestry.com and 23andMe)  
HeardGenTest\_Ancestry
- Genetic health risk testing:** To determine health risk for a variety of health conditions (for example, 23andMe)  
HeardGenTest\_HealthRisk
- High risk cancer testing** (for example, BRCA 1/2 or Lynch Syndrome)  
HeardGenTest\_CancerRisk
- Other-Specify → HeardGenTest\_Other  
HeardGenTest\_Other\_OS
- Not sure  
HeardGenTest\_NotSure
- I have not heard of any of these types of genetic testing → **GO TO F6 on the next page**  
HeardGenTest\_None  
HeardGenTest\_Cat

F2. From which of the following sources did you read or hear anything about genetic tests?

Mark all that apply.

- Newspaper  
TestSource\_Ppr
- Magazine  
TestSource\_Mag
- Radio  
TestSource\_Radio
- Your health care provider  
TestSource\_HCP
- Genetic counselor  
TestSource\_Counselor
- Family member  
TestSource\_Family
- Friend  
TestSource\_Friend
- Social media  
TestSource\_SocMed
- Television  
TestSource\_TV
- Internet  
TestSource\_Www
- Other-Specify → TestSource\_Other  
TestSource\_Other\_OS
- Have not heard of such tests  
TestSource\_NotHeard
- Not sure  
TestSource\_NotSure  
TestSource\_Cat



F3. Have you ever had any of the following types of genetic tests?

Mark all that apply.

- Ancestry testing:** To determine the background or geographic/ethnic origin of an individual's ancestors (for example, Ancestry.com and 23andMe)  
HadTest2\_Ancestry
- Genetic health risk testing:** To determine health risk for a variety of health conditions (for example, 23andMe)  
HadTest2\_HealthRisk
- High risk cancer testing** (for example, BRCA 1/2 or Lynch Syndrome)  
HadTest2\_CancerRisk
- Other-Specify →   
HadTest2\_Other
- Not sure  
HadTest2\_NotSure
- None of the above → **GO TO F6 in the next column**  
HadTest2\_None  
HadTest2\_Cat

F4. If you had a genetic test, who did you share the results with?

Mark all that apply.

- Your health care provider  
SharedRes2\_HCP
- Genetic Counselor  
SharedRes2\_Counselor
- Spouse/partner  
SharedRes2\_Spouse
- Parents  
SharedRes2\_Parent
- Siblings  
SharedRes2\_Sibling
- Children  
SharedRes2\_Child
- Friend  
SharedRes2\_Friend
- Other  
SharedRes2\_Other
- Did not share the results  
SharedRes2\_NotShared  
SharedRes2\_Cat

F5. If you had a genetic test, who helped you understand the results?

Mark all that apply.

- Your health care provider  
UndGenTest\_HCP
- Genetic Counselor  
UndGenTest\_Counselor
- Spouse/partner  
UndGenTest\_Spouse
- Parents  
UndGenTest\_Parent
- Siblings  
UndGenTest\_Sibling
- Children  
UndGenTest\_Child
- Friend  
UndGenTest\_Friend
- Other  
UndGenTest\_Other
- No one helped me understand the results  
UndGenTest\_NoOne  
UndGenTest\_Cat

F6. How much do you think genes that are inherited determine whether or not a person will develop each of the following conditions?

	Not at all	A little	Somewhat	A lot
a. Obesity..... Genetics2_Obesity	4	3	2	1
b. Cancer..... Genetics2_Cancer	4	3	2	1
c. Cardiovascular disease..... Genetics2_Cardio	4	3	2	1
d. Diabetes..... Genetics2_Diabetes	4	3	2	1

F7. How important is knowing a person's genetic information for...

	Not at all	A little	Somewhat	Very
a. Preventing cancer?..... KnowGenes_PreventCa	4	3	2	1
b. Detecting cancer early?..... KnowGenes_DetectCa	4	3	2	1
c. Treating cancer?..... KnowGenes_TreatCa	4	3	2	1



## G: Clinical Trials

- G1. Clinical trials are research studies that involve people. They are designed to compare new kinds of health care with the standard health care people currently get. For example, a new drug or a new way for patients to track their diets.

How would you describe your level of knowledge about clinical trials?

*ClinicalTrialKnowledge*

- 1 I don't know anything about clinical trials
- 2 I know a little bit about clinical trials
- 3 I know a lot about clinical trials

- G2. Imagine that you had a health issue and you were invited to participate in a clinical trial for that issue. How much would each of the following influence your decision to participate in the clinical trial?

Not at all      A little      Somewhat      A lot

- |  |                            |                            |                            |                            |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| a. I would be helping other people by participating.....   | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <i>ClinTrial_HelpingPeople</i>   |                            |                            |                            |                            |
| b. I would get paid to participate.....  | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <i>ClinTrial_GetPaid</i>   |                            |                            |                            |                            |
| c. I would get support to participate such as transportation, childcare, or paid time off from work..... | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <i>ClinTrial_GetSupport</i>  |                            |                            |                            |                            |
| d. If my doctor encouraged me to participate.....  | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <i>ClinTrial_DocEncouraged</i>   |                            |                            |                            |                            |
| e. If my family and friends encouraged me to participate....   | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <i>ClinTrial_FamEncouraged</i>   |                            |                            |                            |                            |
| f. I would want to get better.....   | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <i>ClinTrial_GetBetter</i>   |                            |                            |                            |                            |
| g. I would get the chance to try a new kind of care.....   | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <i>ClinTrial_NewCare</i>   |                            |                            |                            |                            |
| h. If the standard care was not covered by my insurance.....   | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <i>ClinTrial_StdNotCovered</i>   |                            |                            |                            |                            |

- G3. Imagine you had a need to get information about clinical trials. Which of the following would you go to first to get information about clinical trials?

*FirstInfoClinTrials*

**Mark only one.**

- 1 My health care provider
- 2 My family and friends
- 3 Government health agencies
- 4 Health organizations or groups (for example, the American Cancer Society, American Lung Association)
- 5 Disease-specific patient support groups
- 6 Drug companies
- 7 Internet search

- G4. Imagine you had a need to get information about clinical trials. Which of the following would you most trust as a source of information about clinical trials?

*TrustInfoClinTrials*

**Mark only one.**

- 1 My health care provider
- 2 My family and friends
- 3 Government health agencies
- 4 Health organizations or groups (for example, the American Cancer Society, American Lung Association)
- 5 Disease-specific patient support groups
- 6 Drug companies

- G5. Have you ever heard of the website [clinicaltrials.gov](http://clinicaltrials.gov)?

*HeardClinTrialsWebsite*

- 1 Yes
- 2 No



G6. Have you ever been invited to participate in a clinical trial?

InvitedClinTrial

- 1 Yes
- 2 No → GO TO H1 below
- 3 I don't know/I don't remember → GO TO H1 below

G7. Did you participate in the clinical trial?

ParticipatedClinTrial

- 1 Yes
- 2 No
- 3 I don't remember

## H: Your Overall Health

H1. In general, would you say your health is...

GeneralHealth

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

H2. 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

H3. Are you deaf or do you have serious difficulty hearing?

Deaf

- 1 Yes
- 2 No

H4. Do you have friends or family members that you talk to about your health?

TalkHealthFriends

- 1 Yes
- 2 No

H5. Has a doctor or other health professional ever told you that you had any of the following medical conditions:

Yes    No

- |  |   |   |
|--|---|---|
| a. Diabetes or high blood sugar?.....  | 1 | 2 |
| <i>MedConditions_Diabetes</i>  |   |   |
| b. High blood pressure or hypertension?.....   | 1 | 2 |
| <i>MedConditions_HighBP</i>  |   |   |
| c. A heart condition such as heart attack, angina, or congestive heart failure?..... | 1 | 2 |
| <i>MedConditions_HeartCondition</i>  |   |   |
| d. Chronic lung disease, asthma, emphysema, or chronic bronchitis?.....              | 1 | 2 |
| <i>MedConditions_LungDisease</i>   |   |   |
| e. Depression or anxiety disorder?.....  | 1 | 2 |
| <i>MedConditions_Depression</i>  |   |   |

H6. About how tall are you without shoes?

Feet    *and*    
   Inches  
*Height\_Feet, Height\_Inches*

H7. About how much do you weigh, in pounds, without shoes?

Pounds  
*Weight*

H8. 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..... | 1 | 2 | 3 | 4 |
| <i>LittleInterest</i>                               |   |   |   |   |
| b. Feeling down, depressed, or hopeless.....        | 1 | 2 | 3 | 4 |
| <i>Hopeless</i>                                     |   |   |   |   |
| c. Feeling nervous, anxious, or on edge.....        | 1 | 2 | 3 | 4 |
| <i>Nervous</i>                                      |   |   |   |   |
| d. Not being able to stop or control worrying.....  | 1 | 2 | 3 | 4 |
| <i>Worrying</i>                                     |   |   |   |   |



H9. How much do you agree or disagree with the following statements?

Strongly agree  
Somewhat agree  
Somewhat disagree  
Strongly disagree

a. When I feel threatened or anxious I find myself thinking about my values.....  1  2  3  4  
Threatened\_Values

b. When I feel threatened or anxious I find myself thinking about my strengths.....  1  2  3  4  
Threatened\_Strengths

H10. How much do you agree or disagree with the following statement?

I go to medical appointments expecting the worst.

ExpectWorst

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

H11. From the set of values below, which ONE is most important to you in your day-to-day life?

MostImportantValues

Mark only one.

- 1 Making my own decisions
- 2 Being happy
- 3 Helping people
- 4 Being loyal to family and friends
- 5 Having a deep connection to my religion
- 6 Keeping myself in good health
- 7 Assuring my family is safe and secure

## J: Health and Nutrition

J1. Thinking about the last time you ordered food in a fast food or sit down restaurant, did you notice calorie information listed next to the food on the menu or menu board?

NoticeCalorieInfoOnMenu

- 1 Yes
- 2 No

J2. To what extent would you support or oppose the following?

Junk food products, including candy, chips, soda, and flavored sports drinks, should not be advertised to children on social media.

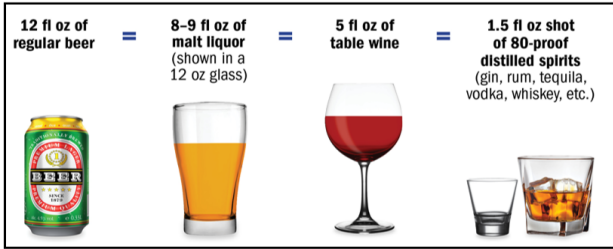
JunkFoodAdRestrictions

- 1 Strongly oppose
- 2 Oppose
- 3 Neither support nor oppose
- 4 Support
- 5 Strongly support





J3. These are examples of one drink of alcohol:



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

*DrinkDaysPerWeek*  
Days per week  
(IF 0 THEN GO TO J6 in the next column)

J4. During the past 30 days, on the days when you drank, about how many drinks did you drink on average?

*DrinksPerDay*  
Average drinks per day

J5. **For males:** During the past 30 days, how many times did you have 5 or more alcoholic drinks on one occasion?

**For females:** During the past 30 days, how many times did you have 4 or more alcoholic drinks on one occasion?

- DrinksOneOccasion*
- 1 Never
  - 2 1 or 2 times
  - 3 3 to 5 times
  - 4 6 to 10 times
  - 5 11 or more times

J6. In your opinion, how much does drinking the following types of alcohol affect the risk of getting cancer?

	Decreases risk a lot	Decreases risk a little	No effect	Increases risk a little	Increases risk a lot	Don't know
a. Beer.....	1	2	3	4	5	6
<i>Beer_CancerRisk</i>						
b. Wine.....	1	2	3	4	5	6
<i>Wine_CancerRisk</i>						
c. Liquor.....	1	2	3	4	5	6
<i>Liquor_CancerRisk</i>						

J7. In your opinion, how much does drinking the following types of alcohol affect the risk of getting heart disease?

	Decreases risk a lot	Decreases risk a little	No effect	Increases risk a little	Increases risk a lot	Don't know
a. Beer.....	1	2	3	4	5	6
<i>Beer_HeartRisk</i>						
b. Wine.....	1	2	3	4	5	6
<i>Wine_HeartRisk</i>						
c. Liquor.....	1	2	3	4	5	6
<i>Liquor_HeartRisk</i>						

J8. To reduce the problems associated with excessive alcohol use, to what extent would you support or oppose...

	Strongly oppose	Oppose	Neither support nor oppose	Support	Strongly support
a. Banning outdoor advertising of alcohol such as on billboards and bus stops?.....	1	2	3	4	5
<i>ExcessiveAlcohol_BanAds</i>					
b. Requiring specific health warnings on alcohol containers?.....	1	2	3	4	5
<i>ExcessiveAlcohol_ReqWarn</i>					
c. Requiring alcohol containers to show the recommended drinking guidelines for keeping health risks low?.....	1	2	3	4	5
<i>ExcessiveAlcohol_Guidelines</i>					



## K: Physical Activity and Exercise

K1. 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 (do not include weightlifting)?

*TimesModerateExercise*

0 None → GO TO K3 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

K2. On the days that you do any physical activity or exercise of at least moderate intensity, how long do you typically do these activities?

*HowLongModerateExerciseMinutes*

Minutes per day

--	--	--

K3. 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)?

*TimesStrengthTraining*

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

K4. During the past 7 days, how much time did you spend sitting on a typical day at home or at work? This may include time spent sitting at a desk, visiting friends, reading, driving or riding in a car, or sitting or lying down to watch television.

--	--

*AverageTimeSitting*

Hours per day

## L: Tobacco Products

L1. Have you smoked at least 100 cigarettes in your entire life?

*Smoke100*

1 Yes

2 No → GO TO L3 below

L2. How often do you now smoke cigarettes?

*SmokeNow*

1 Everyday

2 Some days

3 Not at all

L3. New types of cigarettes are now available called electronic cigarettes or e-cigarettes (also known as vapes, vape-pens, tanks, mods or pod-mods). These products deliver nicotine through a vapor. Compared to smoking cigarettes, would you say that electronic cigarettes are...

*ElectCigLessHarm*

1 Much less harmful,

2 Less harmful,

3 Just as harmful,

4 More harmful,

5 Much more harmful, or

7 I don't know



L4. Have you ever used an e-cigarette, even one or two times?

UsedECigEver

- 1 Yes
- 2 No → GO TO L6 below

L5. Do you now use an e-cigarette every day, some days, or not at all?

UseECigNow

- 1 Every day
- 2 Some days
- 3 Not at all

L6. Heated tobacco products, also known as heat-not-burn tobacco products, use a technology that heats tobacco instead of burning it. These are NOT the same as e-cigarettes. Some brands of heated tobacco products include iQOS and Eclipse.

Thinking about heated tobacco products, which of the following statements BEST applies to you?

HeardHeatedTobacco

- 1 I have never heard of heated tobacco products
- 2 I have heard of heated tobacco products but have never tried them
- 3 I have tried heated tobacco products but do not use them anymore
- 4 I currently use heated tobacco products
- 5 Don't know

L7. In the past 12 months, have you seen messages saying that a Federal Court has ordered tobacco companies to make statements about the dangers of smoking cigarettes? These messages have been in newspapers, on television, on tobacco company websites, and on cigarette packs.

SeenFederalCourtTobaccoMessages2

- 1 Yes
- 2 No → GO TO L9 on the next page

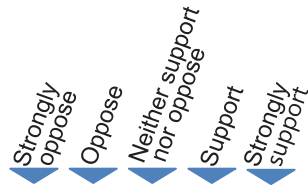
L8. Which of the following messages have you seen?

**Mark all that apply.**

- 1 That a Federal Court has ordered tobacco companies to make statements about the health effects of smoking.  
TobaccoMessages\_HESmoking
- 1 That a Federal Court has ordered tobacco companies to make statements about the health effects of secondhand smoke.  
TobaccoMessages\_HESecondhand
- 1 That a Federal Court has ordered tobacco companies to make statements about the addictiveness of smoking and nicotine.  
TobaccoMessages\_Addictiveness
- 1 That a Federal Court has ordered tobacco companies to make statements about how cigarettes are designed to enhance the delivery of nicotine.  
TobaccoMessages\_EnhanceDelivery
- 1 That a Federal Court has ordered tobacco companies to make statements about low tar and light cigarettes being just as harmful as regular cigarettes.  
TobaccoMessages\_LowTarLight  
TobaccoMessages\_Cat



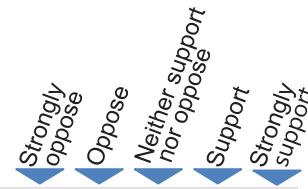
L9. To what extent would you support or oppose the following measures related to cigarettes?



a. Just like with violence and sex, movies with cigarette smoking should be rated "R" to protect children and youth from seeing cigarette smoking in movies.....  1  2  3  4  5  
*CigMeasures\_MovieRatings*

b. Cigarette packs should be required to have warning labels that use both images and words to show the negative health effects of smoking.....  1  2  3  4  5  
*CigMeasures\_WarningLabels*

L10. To what extent would you support or oppose the following measures related to all tobacco products, including cigarettes, e-cigarettes, smokeless tobacco, hookah, and cigars?



a. Stores should be required to keep tobacco products out of customers' view at the checkout counter.....  1  2  3  4  5  
*TobaccoMeasures\_HideProducts*

b. Stores should be required to keep advertisements for tobacco products away from cash registers and out of windows.....  1  2  3  4  5  
*TobaccoMeasures\_HideAds*

c. Tobacco products should not be advertised on social media.....  1  2  3  4  5  
*TobaccoMeasures\_NoSocMed*

## M: Cancer Screening and Awareness

M1. "Precision medicine" is an approach for disease treatment and prevention that takes into account individual differences in genes, environment, and lifestyle. Before completing this survey, had you ever heard of approaches like precision medicine?

*HeardPrecisionMedicine*

- 1 Yes
- 2 No

M2. At any time in the past year, have you talked with your doctor or other health professional about having a test to check for lung cancer?

*DrTalkLungTest*

- 1 Yes
- 2 No
- 3 Don't know

M3. **For males:** GO TO M5 on the next page

**For females:** 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

M4. 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



M5. 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.

Have you ever had one of these tests to check for colon cancer?

EverTestedColonCa

- 1 Yes
- 2 No

M6. Have you ever heard of **HPV**? HPV stands for Human Papillomavirus. It is not HCV, HIV, HSV, or herpes.

HeardHPV

- 1 Yes
- 2 No → **GO TO M8 below**

M7. Do you think **HPV** can cause...

	Yes	No	Not sure
a. Cervical Cancer?..... HPVCauseCancer_Cervical	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Penile Cancer?..... HPVCauseCancer_Penile	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Anal Cancer?..... HPVCauseCancer_Anal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Oral Cancer?..... HPVCauseCancer_Oral	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

M8. A vaccine to prevent **HPV** infection is available and is called the HPV shot, cervical cancer vaccine, GARDASIL®.

Before today, have you ever heard of the cervical cancer vaccine or HPV shot?

HeardHPVVaccine2

- 1 Yes
- 2 No

## N: Beliefs About Cancer

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

N1. How worried are you about getting cancer?

FreqWorryCancer

- 1 Not at all
- 2 Slightly
- 3 Somewhat
- 4 Moderately
- 5 Extremely

N2. 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.....  
EverythingCauseCancer  1  2  3  4
- b. There's not much you can do to lower your chances of getting cancer.....  
PreventNotPossible  1  2  3  4
- c. There are so many different recommendations about preventing cancer, it's hard to know which ones to follow.....  
TooManyRecommendations  1  2  3  4
- d. If I found out from a genetic test that I was at high risk of cancer, I would change my behaviors such as diet, exercise and getting routine medical tests.....  
HighRiskChangeBehavior  1  2  3  4





N3. How much would you want to know if you have a genetic change that increases your chances of getting cancer?

GeneticChangeIncreasedRisk

- 4 Not at all
- 3 A little
- 2 Somewhat
- 1 A lot

N4. How much do you think that each of the following can influence whether or not a person will develop cancer?

	A lot	A little	Not at all	Don't know
a. Being overweight or obese.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
InfluenceCancer_Obesity				
b. Gaining weight in adult life.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
InfluenceCancer_AdultWeight				
c. Eating too much red meat.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
InfluenceCancer_RedMeat				

## O: Cancer History

O1. Have you ever been diagnosed as having cancer?

EverHadCancer

- 1 Yes
- 2 No → GO TO O6 on the next page

O2. 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 Leukemia/Blood cancer  
CaLeukemia
- 1 Liver cancer  
CaLiver
- 1 Lung cancer  
CaLung
- 1 Lymphoma (Hodgkin's)  
CaHodgkins
- 1 Lymphoma (Non-Hodgkin's)  
CaNonHodgkin
- 1 Melanoma  
CaMelanoma
- 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\_OS

Cancer\_Cat

O3. At what age were you first told that you had cancer?

WhenDiagnosedCancer

--	--	--

Years old



O4. Has a doctor or other member of your medical team discussed clinical trials as a possible treatment option for your cancer?

DiscussedClinicalTrial

- 1 Yes
- 2 No

O5. Have you ever participated in a clinical trial for treatment of your cancer?

ClinicalTrialCancerTx2

- 1 Yes
- 2 No
- 3 Don't know

O6. The following questions ask about your knowledge about cancer in your family. By family we mean your first- and second-degree biological relatives: your parents, brothers and sisters, children, grandparents, aunts and uncles, nieces and nephews.

How well do you know your family's cancer history, including if you have no history of cancers in your family?

FamiliarFamilyCancer2

- 5 Not at all
- 4 A little
- 3 Somewhat
- 2 Well
- 1 Very well

O7. Have any of your first- or second-degree biological relatives (parents, brothers and sisters, children, grandparents, aunts and uncles, nieces and nephews) ever had cancer?

FamilyEverHadCancer2

- 1 Yes
- 2 No
- 3 Not sure

## P: You and Your Household

P1. What is your age?

			Age Years old
--	--	--	------------------

P2. On your original birth certificate, were you listed as male or female?

BirthGender

- 1 Male
- 2 Female

P3. What is your current gender identity?

GenderIdentity

- 1 Male
- 2 Female
- 3 Transgender
- 4 Gender non-conforming
- 91 Other - Specify →

GenderIdentity\_OS

P4. In the past 30 days, did you usually work 35 hours or more per week in total at all jobs or businesses?

WorkFullTime

- 1 Yes
- 2 No

P5. Which of the following best describe your current occupational status?

**Mark all that apply.**

- 1 Employed  
Occupation\_Employed
- 1 Unemployed for 1 year or more  
Occupation\_1YUnEmployed
- 1 Unemployed for less than 1 year  
Occupation\_Less1YUnEmployed
- 1 Homemaker  
Occupation\_Homemaker
- 1 Student  
Occupation\_Student
- 1 Retired  
Occupation\_Retired
- 1 Disabled  
Occupation\_Disabled

- 1 Other-Specify →
- Occupation\_Other  
Occupation\_Other\_OS  
Occupation\_Cat  
FullTimeOcc\_Cat



P6. What is your marital status?

**Mark only one.**

MaritalStatus

- 1 Married
- 2 Living as married or living with a romantic partner
- 3 Divorced
- 4 Widowed
- 5 Separated
- 6 Single, never been married

P7. 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

P8. Are you of Hispanic, Latino/a, or Spanish origin? One or more categories may be selected.

**Mark all that apply.**

- 1 No, not of Hispanic, Latino/a, or Spanish origin  
NotHisp
- 1 Yes, Mexican, Mexican American, Chicano/a  
Mexican
- 1 Yes, Puerto Rican  
PuertoRican
- 1 Yes, Cuban  
Cuban
- 1 Yes, another Hispanic, Latino/a, or Spanish origin  
OthHisp  
Hisp\_Cat

P9. What is your race? One or more categories may be selected.

**Mark all that apply.**

- 1 White  
White
- 1 Black or African American  
Black
- 1 American Indian or Alaska Native  
AmerInd
- 1 Asian Indian  
AsInd
- 1 Chinese  
Chinese
- 1 Filipino  
Filipino
- 1 Japanese  
Japanese
- 1 Korean  
Korean
- 1 Vietnamese  
Vietnamese
- 1 Other Asian  
OthAsian
- 1 Native Hawaiian  
Hawaiian
- 1 Guamanian or Chamorro  
Guamanian
- 1 Samoan  
Samoan
- 1 Other Pacific Islander  
OthPacIsl  
Race\_Cat2

P10. How much do you agree or disagree with the following statement?

I have a strong sense of belonging to my own ethnic group.

EthnicGroupBelonging

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

P11. Do you think of yourself as...

SexualOrientation

- 1 Heterosexual, or straight
- 2 Homosexual, or gay or lesbian
- 3 Bisexual
- 91 Something else – Specify

SexualOrientation\_OS



P12. Including yourself, how many people live in your household?

TotalHousehold	
Number of people	

P13. Starting with yourself, please mark the sex, and write in the age and month of birth for each adult 18 years of age or older living at this address.

Person	Sex	Age	Month Born (01-12)
<b>SELF</b>	<input type="checkbox"/> 1 Male	SelfAge	SelfMOB
	<input type="checkbox"/> 2 Female		
SelfGender			
Adult 2	<input type="checkbox"/> 1 Male	HHAdultAge2	HHAdultMOB2
	<input type="checkbox"/> 2 Female		
HHAdultGender2			
Adult 3	<input type="checkbox"/> 1 Male	HHAdultAge3	HHAdultMOB3
	<input type="checkbox"/> 2 Female		
HHAdultGender3			
Adult 4	<input type="checkbox"/> 1 Male	HHAdultAge4	HHAdultMOB4
	<input type="checkbox"/> 2 Female		
HHAdultGender4			
Adult 5	<input type="checkbox"/> 1 Male	HHAdultAge5	HHAdultMOB5
	<input type="checkbox"/> 2 Female		
HHAdultGender5			

P14. How many children under the age of 18 live in your household?

ChildrenInHH	
Number of children under 18	

P15. Thinking about politics these days, how would you describe your own political viewpoint?

PoliticalViewpoint	
<input type="checkbox"/> 1	Very Liberal
<input type="checkbox"/> 2	Liberal
<input type="checkbox"/> 3	Somewhat Liberal
<input type="checkbox"/> 4	Moderate
<input type="checkbox"/> 5	Somewhat Conservative
<input type="checkbox"/> 6	Conservative
<input type="checkbox"/> 7	Very Conservative

P16. 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	
<input type="checkbox"/> 1	\$0 to \$9,999
<input type="checkbox"/> 2	\$10,000 to \$14,999
<input type="checkbox"/> 3	\$15,000 to \$19,999
<input type="checkbox"/> 4	\$20,000 to \$34,999
<input type="checkbox"/> 5	\$35,000 to \$49,999
<input type="checkbox"/> 6	\$50,000 to \$74,999
<input type="checkbox"/> 7	\$75,000 to \$99,999
<input type="checkbox"/> 8	\$100,000 to \$199,999
<input type="checkbox"/> 9	\$200,000 or more

P17. Which one of these comes closest to your own feelings about your household's income?

IncomeFeelings	
<input type="checkbox"/> 1	Living comfortably on present income
<input type="checkbox"/> 2	Getting by on present income
<input type="checkbox"/> 3	Finding it difficult on present income
<input type="checkbox"/> 4	Finding it very difficult on present income



**Thank you!**

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Please return this questionnaire in the postage-paid envelope within 2 weeks.

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

HINTS Study, TC 1046F  
Westat  
1600 Research Boulevard  
Rockville, MD 20850