

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

OMB # 0925-0538
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Health Information National Trends Survey



START HERE:

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

1 Yes

AdultsInHH

2 No → **GO TO A1 on the next page**

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

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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.

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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). The purpose of this data collection is to evaluate whether the survey questions are easy to understand. The results of the data collection will be used to improve the survey instrument. 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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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

A3. 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

A4. Have you ever looked for information about cancer from any source?

SeekCancerInfo

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

A5. 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.....
CancerLotOfEffort | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| b. You felt frustrated during your search for the information.....
CancerFrustrated | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| c. You were concerned about the quality of the information.....
CancerConcernedQuality | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| d. The information you found was hard to understand.....
CancerTooHardUnderstand | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

A6. 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

A7. 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.....
CancerTrustDoctor | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| b. Family or friends.....
CancerTrustFamily | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| c. Newspapers or magazines.....
CancerTrustNewsMag | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| d. Radio.....
CancerTrustRadio | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| e. Internet.....
CancerTrustInternet | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| f. Television.....
CancerTrustTelevision | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| g. Government health agencies...
CancerTrustGov | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| h. Charitable organizations.....
CancerTrustCharities | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| i. Religious organizations and leaders.....
CancerTrustReligiousOrgs | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |



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 B4 in the next column**

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

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

B3. In the past 12 months, have you used the Internet to look for information about cancer for yourself? *InternetCancerInfoSelf*

- 1 Yes
 2 No

B4. Please indicate if you have each of the following.

Mark **all that apply.**

- 1 Tablet computer like an iPad, Samsung Galaxy, Motorola Xoom, or Kindle Fire
HaveDevice_Tablet
- 1 Smartphone, such as 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 } **GO TO B7 on the next page**
HaveDevice_None
- HaveDevice_Cat*

B5. On your tablet or smartphone, do you have any software applications or "apps" related to health? *TabletSmartPh_HealthApps*

- 1 Yes
 2 No
 3 Don't know } **GO TO B7 on the next page**

B6. Have the apps on your smartphone or tablet related to health done any of the following?

- | | Yes | No |
|--|----------------------------|----------------------------|
| a. Helped you achieve a health-related goal such as quitting smoking, losing weight, or increasing physical activity.....
<i>HealthApps_AchieveGoal</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. Helped you make a decision about how to treat an illness or condition.....
<i>HealthApps_MakeDecision</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. Led you to ask a doctor new questions, or to get a second opinion from another doctor.....
<i>HealthApps_NewQuestions</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |



B7. In the past 12 months, have you used any of the following to exchange medical information with a health care professional?

Mark **all that apply.**

- E-mail MedInfo_Email
 - Text message MedInfo_Text
 - App on a smart phone or mobile device MedInfo_App
 - Video conference (e.g., Skype, Facetime, etc.) MedInfo_Video
 - Social media (e.g., Facebook, Google+, CaringBridge, etc.) MedInfo_SocMed
 - Fax MedInfo_Fax
 - None MedInfo_None
- MedInfo_Cat

B8. How interested are you in exchanging the following types of medical information with a health care provider electronically?

	Not at all	A little	Somewhat	Very
a. Appointment reminders..... <small>InterestedEInfo_ApptRemind</small>	4	3	2	1
b. General health tips..... <small>InterestedEInfo_GenHealth</small>	4	3	2	1
c. Medication reminders..... <small>InterestedEInfo_MedRemind</small>	4	3	2	1
d. Lab/test results..... <small>InterestedEInfo_LabResults</small>	4	3	2	1
e. Diagnostic information (e.g., medical illnesses or diseases).... <small>InterestedEInfo_Diagnostics</small>	4	3	2	1
f. Vital signs (e.g., heart rate, blood pressure, glucose levels, etc.)..... <small>InterestedEInfo_Vitals</small>	4	3	2	1
g. Lifestyle behaviors (e.g., physical activity, food intake, sleep patterns, etc.)..... <small>InterestedEInfo_Lifestyle</small>	4	3	2	1
h. Symptoms (e.g., nausea, pain, dizziness, etc.)..... <small>InterestedEInfo_Symptoms</small>	4	3	2	1
i. Digital images/video (e.g., photos of skin lesions)..... <small>InterestedEInfo_Images</small>	4	3	2	1

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 kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?
HealthInsurance

- 1 Yes
- 2 No

C3. Since October of 2013, have you tried to get health insurance for yourself through the new federal health care law (e.g., from healthcare.gov or a state website)?
GetHealthInsurance

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

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?

- 0 None → **GO TO D1 in the next column**
FreqGoProvider
- 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

- | | Always | Usually | Sometimes | Never |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Give you the chance to ask all the health-related questions you had?.....
<i>ChanceAskQuestions</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| b. Give the attention you needed to your feelings and emotions?.....
<i>FeelingsAddressed</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| c. Involve you in decisions about your health care as much as you wanted?.....
<i>InvolvedDecisions</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| d. Make sure you understood the things you needed to do to take care of your health?.....
<i>UnderstoodNextSteps</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| e. Explain things in a way you could understand?.....
<i>ExplainedClearly</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| f. Spend enough time with you?.....
<i>SpentEnoughTime</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| g. Help you deal with feelings of uncertainty about your health or health care?.....
<i>HelpUncertainty</i> | <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?

- 1 Always *DrTakeCareNeeds*
- 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: Medical Records

D1. 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

D2. Please indicate how important each of the following statements is to you.

- | | Very important | Somewhat important | Not at all important |
|--|----------------------------|----------------------------|----------------------------|
| a. Doctors and other health care providers should be able to share your medical information with each other electronically.....
<i>ShareEMR</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b. You should be able to get to your own medical information electronically.....
<i>AccessPHR</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

D3. How confident are you that safeguards (including the use of technology) are in place to protect your medical records from being seen by people who aren't permitted to see them?

Having safeguards (including the use of technology) in place has to do with the security of your medical records.

ConfidentInfoSafe

- 1 Very confident
- 2 Somewhat confident
- 3 Not confident



D4. How confident are you that you have some say in who is allowed to collect, use, and share your medical information?

Having a say in who can collect, use, and share your medical information has to do with the privacy of your records.

ConfidentControlInfo

- 1 Very confident
- 2 Somewhat confident
- 3 Not confident

D5. 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

D6. If your medical information is sent by fax from one health care provider to another, how concerned are you that an unauthorized person would see it?

FaxedInfoSafe

- 1 Very concerned
- 2 Somewhat concerned
- 3 Not concerned

D7. If your medical information is sent electronically from one health care provider to another, how concerned are you that an unauthorized person would see it?

Electronically means from computer to computer, instead of by telephone, mail, or fax machine. ElectInfoSafe

- 1 Very concerned
- 2 Somewhat concerned
- 3 Not concerned

D8. Have you ever been offered access to your own personal health information online through a secure website or app by your...

Yes No

- a. Health care provider?..... 1 2
OfferedAccessHCP
- b. Health insurer?..... 1 2
OfferedAccessInsurer

D9. How many times did you access your personal health information on-line through a secure website or app in the last 12 months? AccessOwnInfo

- 0 None
- 1 1 to 2 times
- 2 3 to 5 times
- 3 6 to 9 times
- 4 10 or more times

D10. How many times did you access a family member's personal health information online through a secure website or app in the last 12 months?

AccessFamilyInfo

- 0 None
- 1 1 to 2 times
- 2 3 to 5 times
- 3 6 to 9 times
- 4 10 or more times



E: Medical Research

E1. Have you ever been in a medical research study where you got one of two treatments, such as medicines or surgery procedures?

MedicalResearchStudy

- 1 Yes
 2 No

E2. 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

E3. How much do you think health behaviors like diet, exercise, and smoking determine whether or not a person will develop each of the following conditions?

	Not at all	A little	Somewhat	A lot
a. Diabetes/High blood sugar.....	4	3	2	1
Behaviors_Diabetes				
b. Obesity.....	4	3	2	1
Behaviors_Obesity				
c. Heart disease.....	4	3	2	1
Behaviors_HeartDisease				
d. High Blood Pressure/Hypertension.....	4	3	2	1
Behaviors_HighBP				
e. Cancer.....	4	3	2	1
Behaviors_Cancer				

E4. How much do you think genetics, that is characteristics passed from one generation to the next, determine whether or not a person will develop each of the following conditions?

	Not at all	A little	Somewhat	A lot
a. Diabetes/High blood sugar.....	4	3	2	1
Genetics_Diabetes				
b. Obesity.....	4	3	2	1
Genetics_Obesity				
c. Heart disease.....	4	3	2	1
Genetics_HeartDisease				
d. High Blood Pressure/Hypertension.....	4	3	2	1
Genetics_HighBP				
e. Cancer.....	4	3	2	1
Genetics_Cancer				

E5. More and more, people are getting involved in research in new ways beyond being a research subject. They are *partnering* with medical researchers to help decide *what* research is done and *how* it is done. For example, people can suggest important topics to study or how to report results to the public. This is sometimes called "patient engagement" in research.

	Yes	No	Not sure
a. Have you ever heard about "patient engagement" in medical research?...	1	2	3
PTEngage_HeardOf			
b. Have you ever engaged in medical research in this way?.....	1	2	3
PTEngage_EverEngaged			
c. Would you ever be interested in engaging in research in this way?.....	1	2	3
PTEngage_Interested			



F: Your Overall Health

F1. In general, would you say your health is...

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

F2. 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

F3. 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?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
MedConditions_Diabetes		
b. High blood pressure or hypertension?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
MedConditions_HighBP		
c. A heart condition such as heart attack, angina, or congestive heart failure?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
MedConditions_HeartCondition		
d. Chronic lung disease, asthma, emphysema, or chronic bronchitis?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
MedConditions_LungDisease		
e. Arthritis or rheumatism?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
MedConditions_Arthritis		
f. Depression or anxiety disorder?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
MedConditions_Depression		

F4. About how tall are you without shoes?

Feet **and**
 Inches

Height_Feet
Height_Inches

F5. About how much do you weigh, in pounds, without shoes?

Pounds

Weight

F6. 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
LittleInterest				
b. Feeling down, depressed, or hopeless.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Hopeless				
c. Feeling nervous, anxious, or on edge.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Nervous				
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
Worrying				

F7. Is there anyone you can count on to provide you with emotional support when you need it - such as talking over problems or helping you make difficult decisions?

- 1 Yes EmotionalSupport
- 2 No

F8. Do you have friends or family members that you talk to about your health?

- 1 Yes TalkHealthFriends
- 2 No

F9. If you needed help with your daily chores, is there someone who can help you?

- 1 Yes HelpDailyChores
- 2 No



G: Health and Nutrition

G1. 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

G2. 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

G3. At any time in the past year, have you intentionally tried to . . . [FruitIntent](#)

- 1 INCREASE the amount of fruit or 100% fruit juice you eat or drink,
- 2 MAINTAIN the same amount of fruit or 100% fruit juice you eat or drink, or
- 3 You haven't really paid attention to the amount of fruit or 100% fruit juice you eat or drink each day?

G4. 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

G5. At any time in the past year, have you intentionally tried to . . . [VegetablesIntent](#)

- 1 INCREASE the amount of vegetables or 100% vegetable juice you eat or drink,
- 2 MAINTAIN the same amount of vegetables or 100% vegetable juice you eat or drink, or
- 3 You haven't really paid attention to the amount of vegetables or 100% vegetable juice you eat or drink each day?

G6. At any time in the past year, have you intentionally tried to . . . [RegularSodaIntention](#)

- 1 DECREASE the amount of regular soda or pop you usually drink a week,
- 2 MAINTAIN the same amount of regular soda or pop you usually drink a week, or
- 3 You haven't really paid attention to the amount of regular soda or pop you usually drink a week?



G7. At any time in the past year, have you intentionally tried to... *WeightIntention*

- 1 Lose weight,
- 2 Maintain your weight,
- 3 Gain weight, or
- 4 You haven't really paid attention to your weight?

G8. How much do you agree or disagree with this statement: "Body weight is something basic about a person that they can't change very much." *WeightOpinion*

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree

H: Physical Activity and Exercise

H1. 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 H3 in the next column**
- 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

H2. On the days that you do any physical activity or exercise of at least moderate intensity, how long do you typically do these activities?

Write a number in one box below.

		Minutes			Hours
--	--	---------	--	--	-------

HowLongModerateExerciseMn
HowLongModerateExerciseHr

H3. At any time in the past year, have you intentionally tried to . . . *ExerciseIntention*

- 1 INCREASE the amount of exercise you get in a typical week,
- 2 MAINTAIN the amount of exercise you get in a typical week, or
- 3 You haven't really paid much attention to the amount of exercise you get?

H4. People start or continue exercising regularly for lots of reasons. How much do each of the following reflect why you would start or continue exercising regularly?

	Not at all ↓	A little ↓	Some ↓	A lot ↓
a. Pressure from others..... <i>RegExercise_Pressure</i>	4	3	2	1
b. Concern over the way you look..... <i>RegExercise_Appearance</i>	4	3	2	1
c. Feeling guilty when you skip exercising..... <i>RegExercise_Guilt</i>	4	3	2	1
d. Getting enjoyment from exercise..... <i>RegExercise_Enjoyment</i>	4	3	2	1

H5. 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
--	--	---------------

H6. How many times in the past 12 months have you used a tanning bed or booth?

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



H7. 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 Don't go out on sunny days

I: Tobacco Products

I1. Have you smoked at least 100 cigarettes in your entire life?

Smoke100

- 1 Yes
- 2 No → GO TO I5 below

I2. How often do you now smoke cigarettes?

SmokeNow

- 1 Every day
- 2 Some days
- 3 Not at all → GO TO I5 below

I3. At any time in the past year, have you stopped smoking for one day or longer because you were trying to quit?

TriedQuit

- 1 Yes
- 2 No

I4. Are you seriously considering quitting smoking in the next six months?

ConsiderQuit

- 1 Yes
- 2 No

I5. Have you heard of any tests to find lung cancer before the cancer creates noticeable problems?

HeardLungTest

- 1 Yes
- 2 No

I6. 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

I7. How much do you agree or disagree with this statement: "Smoking behavior is something basic about a person that they can't change very much."

SmokingOpinion

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree

I8. In your opinion, do you think that some smokeless tobacco products, such as chewing tobacco, snus, and snuff are less harmful to a person's health than cigarettes?

SmokelessLessHarm

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

I9. New types of cigarettes are now available called electronic cigarettes (also known as e-cigarettes or personal vaporizers). 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
- 6 I've never heard of electronic cigarettes



110. A hookah pipe (or shisha) is a large water pipe. People smoke tobacco using hookah pipes in groups at cafes or bars. Compared to smoking cigarettes, would you say that smoking tobacco using a hookah is...

HookahLessHarm

- 1 Much less harmful,
- 2 Less harmful,
- 3 Just as harmful,
- 4 More harmful,
- 5 Much more harmful, or
- 6 I've never heard of hookah.

111. How much do you think quitting cigarette smoking can help reduce the harmful effects of smoking? QuittingReduceHarm

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

112. How much do you think each of the following helps a current smoker reduce the harmful effects of smoking if the person continues to smoke?

Not at all A little Somewhat A lot

	4	3	2	1
a. Exercising..... SmokerReduce_Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating fruits and vegetables..... SmokerReduce_FruitVeg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Taking vitamins..... SmokerReduce_Vitamins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sleeping at least 8 hours per night..... SmokerReduce_Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J: Women and Cancer

J1. Are you male or female?

GenderC

- 1 Male → GO TO K1 on the next page
- 2 Female

J2. Has a doctor ever told you that you could choose whether or not to have the Pap test?

DrTalkPapTest

- 1 Yes
- 2 No

J3. 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

J4. A mammogram is an x-ray of each breast to look for breast cancer.

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

DrTalkMammogram

- 1 Yes
- 2 No

J5. 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



K: Screening for Cancer

K1. Have you ever heard of HPV? HPV stands for Human Papillomavirus. It is not HIV, HSV, or herpes.

HeardHPV

- 1 Yes
- 2 No → **GO TO K5 below**

K2. 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

K3. Do you think that HPV is a sexually transmitted disease (STD)?

HPVSTD

- 1 Yes
- 2 No
- 3 Not sure

K4. Do you think HPV requires medical treatment or will it usually go away on its own without treatment?

HPVMedicalTreatment

- 1 Requires medical treatment
- 2 Will usually go away on its own

K5. A vaccine to prevent HPV infection is available and is called the HPV shot, cervical cancer vaccine, GARDASIL®, or Cervarix®.

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

HeardHPVVaccine2

- 1 Yes
- 2 No

K6. In your opinion, how successful is the HPV vaccine at preventing cervical cancer?

- 1 Not at all successful HPVShotPrevent
- 2 A little successful
- 3 Pretty successful
- 4 Very successful
- 5 Don't know

K7. Including yourself, is anyone in your immediate family between the ages of 9 and 27 years old?

FamBetween9and27

- 1 Yes
- 2 No → **GO TO K10 below**

K8. In the last 12 months, has a doctor or health care professional ever talked with you or an immediate family member about the HPV shot or vaccine?

DiscussHPVVaccination12m

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

K9. In the last 12 months, has a doctor or health care professional recommended that you or someone in your immediate family get an HPV shot or vaccine?

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

K10. Has a doctor ever told you there are different tests, such as colonoscopy, sigmoidoscopy, or blood stool tests to detect colorectal cancer?

DrTalkDiffColCaTests

- 1 Yes
- 2 No
- 3 I have never discussed these tests with a doctor



Males, continue to K11 on the next page. Females, GO TO K13 on the next page.



K11. 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.

Have you ever had a PSA test?

EverHadPSATest

- 1 Yes
- 2 No

K12. Has a doctor ever discussed with you whether or not you should have the PSA test?

DrShouldPSATest

- 1 Yes
- 2 No

K13. How much do you agree or disagree with this statement?

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

ConflictingOpinionsTestTx

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree

K14. As far as you know, which of the following statements are true or false about medical tests or exams such as colonoscopies, mammograms, and Pap tests that check for early signs of cancer?

	True	False	Don't know
a. These tests can definitely tell that a person has cancer.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<i>MedTests_DefiniteCancer</i>			
b. When a test finds something abnormal, more tests are needed to know if it is cancer.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<i>MedTests_MoreTests</i>			
c. When a test finds something abnormal, it is very likely to be cancer.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<i>MedTests_LikelyCancer</i>			
d. The harms of these tests and exams sometimes outweigh the benefits.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<i>MedTests_HarmsOutweigh</i>			

L: Your Cancer History

L1. Have you ever been diagnosed as having cancer? *EverHadCancer*

- 1 Yes
- 2 No → GO TO M1 on page 16

L2. 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, CaOther_OS*

Cancer_Cat

L3. At what age were you first told that you had cancer? *WhenDiagnosedCancer*

			Age
--	--	--	-----



L4. Did you ever receive any treatment for your cancer? *UndergoCancerTreatment*

- 1 Yes
- 2 No → **GO TO L8 in the next column**

L5. Which of the following cancer treatments have you ever received?

	Yes	No
a. Chemotherapy (IV or pills)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<i>CancerTx_Chemo</i>		
b. Radiation.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<i>CancerTx_Radiation</i>		
c. Surgery.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<i>CancerTx_Surgery</i>		
d. Other.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<i>CancerTx_Other</i>		

L6. About how long ago did you receive your last cancer treatment?

HowLongFinishTreatment_Cat

- 5 Still receiving treatment → **GO TO L10 in the next column**
- 1 Less than 1 year ago
- 2 1 year ago to less than 5 years ago
- 3 5 years ago to less than 10 years ago
- 4 10 or more years ago

L7. Did you ever receive a summary document from your doctor or other health care professional that listed all of the treatments you received for your cancer?

CancerTxSummary

- 1 Yes
- 2 No

L8. Were you ever denied health insurance coverage because of your cancer?

CancerDeniedCoverage

- 1 Yes
- 2 No

L9. Looking back, since the time you were first diagnosed with cancer, how much, if at all, has cancer and its treatment hurt your financial situation?

CancerHurtFinances

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

L10. Clinical trials are research studies that involve people. They are designed to test the safety and effectiveness of new treatments and to compare new treatments with the standard care that people currently get. Have you ever participated in a clinical trial for treatment of your cancer?

ClinicalTrialCancerTx

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

L11. Has a doctor or other member of your medical team discussed clinical trials as a treatment option for your cancer?

DiscussedClinicalTrial

- 1 Yes
- 2 No



L12. At any time since you were first diagnosed with cancer, did any doctor or other health care provider ever discuss with you the impact of cancer or its treatment on your ability to work? *CancerAbilityToWork*

- 1 Discussed it with me in detail
- 2 Briefly discussed it with me
- 3 Did not discuss it at all
- 4 I don't remember
- 5 I was not working at the time of my diagnosis

M3. How much do you agree or disagree with this statement: "I'd rather not know my chance of getting cancer." *RatherNotKnowChance*

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree

M4. How worried are you about getting cancer?

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

M5. Suppose you have been diagnosed with cancer with a moderate chance of survival and several treatment options, what role would you prefer to take in deciding your cancer treatment? *CancerTreatmentDecisionMod*

Mark only one.

- 1 I prefer to make the decision with little or no input from my doctor.
- 2 I prefer to make the decision after seriously considering my doctor's opinion.
- 3 I prefer that my doctor and I share responsibility for the decision together.
- 4 I prefer my doctor to make the decision after seriously considering my opinion.
- 5 I prefer to leave all decisions about my treatment to my doctor.

M6. Suppose you have been diagnosed with cancer with a low chance of survival and limited treatment options, what role would you prefer to take in deciding your cancer treatment?

Mark only one. *CancerTreatmentDecisionLow*

- 1 I prefer to make the decision with little or no input from my doctor.
- 2 I prefer to make the decision after seriously considering my doctor's opinion.
- 3 I prefer that my doctor and I share responsibility for the decision together.
- 4 I prefer my doctor to make the decision after seriously considering my opinion.
- 5 I prefer to leave all decisions about my treatment to my doctor.

M: Beliefs About Cancer

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

M1. 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

M2. 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..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <i>EverythingCauseCancer</i> | | | | |
| b. There's not much you can do to lower your chances of getting cancer..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <i>PreventNotPossible</i> | | | | |
| c. There are so many different recommendations about preventing cancer, it's hard to know which ones to follow..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <i>TooManyRecommendations</i> | | | | |
| d. In adults, cancer is more common than heart disease..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <i>CancerMoreCommon</i> | | | | |



M7. Have any of your family members ever had cancer? *FamilyEverHadCancer*

- 1 Yes
- 2 No
- 3 Not sure

N5. What is your marital status? *MaritalStatus*

Mark **only one.**

- 1 Married
- 2 Living as married
- 3 Divorced
- 4 Widowed
- 5 Separated
- 6 Single, never been married

N6. 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

N1. What is your age?

Age
Years old

N2. What is your current occupational status? *OccupationStatus*

Mark **only one.**

- 1 Employed *Employed*
- 2 Unemployed *Unemployed*
- 3 Homemaker *Homemaker*
- 4 Student *Student*
- 5 Retired *Retired*
- 6 Disabled *Disabile*
- 91 Other-Specify → *OccupationStatus_OS*

*OtherOcc
MultiOcc*

N3. 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 N5
in the next
column**

N4. 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 of my health care
- 2 Yes, some of my health care
- 3 No, no VA health care received

N7. Were you born in the United States? *BornInUSA*

- 1 Yes → **GO TO N9 below**
- 2 No

N8. In what year did you come to live in the United States? *YearCameToUSA*

Year

N9. How well do you speak English? *SpeakEnglish*

- 1 Very well
- 2 Well
- 3 Not well
- 4 Not at all

N: You and Your Household



N10. Are you of Hispanic, Latino/a, or Spanish origin? One or more categories may be selected.

Mark **all that apply.**

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

N11. What is your race? One or more categories may be selected.

Mark **all that apply.**

- White White
- Black or African American Black
- American Indian or Alaska Native AmerInd
- Asian Indian AsInd
- Chinese Chinese
- Filipino Filipino
- Japanese Japanese
- Korean Korean
- Vietnamese Vietnamese
- Other Asian OthAsian
- Native Hawaiian Hawaiian
- Guamanian or Chamorro Guamanian
- Samoan Samoan
- Other Pacific Islander OthPacIsl
Race_Cat2

N12. Including yourself, how many people live in your household?

--	--

TotalHousehold
Number of people

N13. 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.

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

N14. How many children under the age of 18 live in your household?

--	--

ChildrenInHH
Number of children under 18

N15. Do you currently rent or own your home?

- Own RentOrOwn
- Rent
- Occupied without paying monetary rent

N16. Does anyone in your family have a working cell phone? CellPhone

- Yes
- No

N17. Is there at least one telephone inside your home that is currently working and is not a cell phone? PhoneInHome

- Yes
- No



N18. 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*

- 1 \$0 to \$9,999
- 2 \$10,000 to \$14,999
- 3 \$15,000 to \$19,999
- 4 \$20,000 to \$34,999
- 5 \$35,000 to \$49,999
- 6 \$50,000 to \$74,999
- 7 \$75,000 to \$99,999
- 8 \$100,000 to \$199,999
- 9 \$200,000 or more

N19. About how long did it take you to complete the survey?

Write a number in one box below.

<input type="text"/>	<input type="text"/>	Minutes	<input type="text"/>	<input type="text"/>	Hours
----------------------	----------------------	---------	----------------------	----------------------	-------

MailSurveyTime_Min
MailSurveyTime_Hrs

N20. At which of the following types of addresses does your household currently receive residential mail?

Mark **all that apply.**

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

Thank you!

▶ 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

