National Institutes of Health
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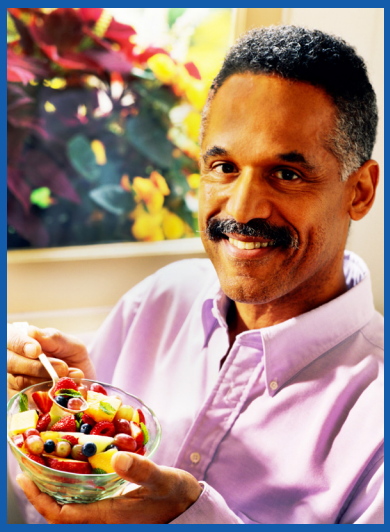
Health Information

National Trends Survey



Annotated Form
Cycle 3, Next-Birthday, Full-Content, English Version

START HERE:

AdultsInHH

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

☐ 1 Yes
☐ 2 No → **GO TO A1 on the next page**

MailHHAdults

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

☐☐

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

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

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

A: Looking For Health Information

SeekHealthInfo

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

- [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 <u>one</u>.

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

WhereSeekHealthInfo_IMP

LookElsewhere

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

- [1] Yes
- [2] No

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

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

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

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

ConfidentGetHealthInf

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

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

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

		Not at all	A little	Some	A lot
TrustDoctor	a. A doctor	4	3	2	1
TrustFamily	b. Family or friends	4	3	2	1
TrustOnlineNews	c. Online newspapers	4	3	2	1
TrustPrintNews	d. Print newspapers	4	3	2	1
TrustHealthNews	e. In special health or medical magazines or newsletters	4	3	2	1
TrustRadio	f. Radio	4	3	2	1
TrustInternet	g. Internet	4	3	2	1
TrustLocalTV	h. Local television	4	3	2	1
TrustNatTV	i. National or cable television news programs	4	3	2	1
TrustGov	j. Government health agencies	4	3	2	1
TrustCharities	k. Charitable organizations	4	3	2	1
TrustReligiousOrgs	l. Religious organizations and leaders	4	3	2	1

A8. Imagine that you had a strong need to get information about health or medical topics. Where would you go first? StrongNeedHealthInfo

Mark ☒ only <u>one</u>.

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

StrongNeedHealthInfo_IMP

FamFriendsHealthInfo

A9. Do family members and friends ask you for information or advice on health topics?

1 Yes
2 No

A10. Have you ever looked for information about <u>cancer</u> from any source? SeekCancerInfo

1 Yes
2 No

B: Using the Internet to Find Information

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

1 Yes
2 No → **GO TO B6 on the next page**

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

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

Internet_Other

B3. Do you access the Internet any other way?

1 Yes-Specify → Internet_OtherOS
2 No

B4. 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
IntRsn_VisitedSocNet a. Visited a social networking site, such as Facebook or LinkedIn	1	2
IntRsn_SharedSocNet b. Shared health information on social networking sites, such as Facebook or Twitter	1	2
IntRsn_WroteBlog c. Wrote in an online diary or blog (i.e., Web log)	1	2
IntRsn_SupportGroup d. Participated in an online forum or support group for people with a similar health or medical issue	1	2
IntRsn_YouTube e. Watched a health-related video on YouTube	1	2

B5. Sometimes people use the Internet specifically for health-related reasons.

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

	Yes	No
IntRsn_SelfHealthInfo a. Looked for health or medical information for yourself	1	2
IntRsn_HealthInfoSE b. Looked for health or medical information for someone else	1	2
IntRsn_InfQuitSmoking c. Looked for information about quitting smoking	1	2
IntRsn_BuyMedicine d. Bought medicine or vitamins online	1	2
IntRsn_HCProviderSearch e. Looked for a health care provider	1	2
IntRsn_PDADownload f. Downloaded health information to a mobile device, such as a cell phone, tablet computer or electronic book device	1	2
IntRsn_TrackedPHR g. Kept track of personal health information such as care received, test results, or upcoming medical appointments	1	2
IntRsn_TalkDoctor h. Used e-mail or the Internet to communicate with a doctor or a doctor's office	1	2

B6. 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.

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

MedInfo_Cat

B7. 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 Cell phone HaveDevice_CellPh
- 1 I do not have any of the above HaveDevice_None

HaveDevice_Cat

B8. How willing would you be to exchange the following types of medical information with a health care provider electronically through your mobile phone or tablet?

	Not at all	A little	Somewhat	Very
EInfo_ApptRemind a. Appointment reminders	4	3	2	1
EInfo_GenHealth b. General health tips	4	3	2	1
EInfo_MedRemind c. Medication reminders	4	3	2	1
EInfo_LabResults d. Lab/test results	4	3	2	1
EInfo_Diagnostics e. Diagnostic information (e.g., medical illnesses or diseases)	4	3	2	1
EInfo_Vitals f. Vital signs (e.g., heart rate, blood pressure, glucose levels, etc.)	4	3	2	1
EInfo_Lifestyle g. Lifestyle behaviors (e.g., physical activity, food intake, sleep patterns, etc.)	4	3	2	1
EInfo_Symptoms h. Symptoms (e.g., nausea, pain, dizziness, etc.)	4	3	2	1
EInfo_Images i. Digital images/video (e.g., photos of skin lesions)	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 of the following health insurance or health coverage plans:

	Yes	No
HCCoverage_Insurance a. Insurance through a current or former employer or union (of you or another family member)	1	2
HCCoverage_Private b. Insurance purchased directly from an insurance company (by you or another family member)	1	2
HCCoverage_Medicare c. Medicare	1	2
HCCoverage_Medicaid d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	1	2
HCCoverage_Tricare e. TRICARE or other military health care	1	2
HCCoverage_VA f. VA (including those who have ever used or enrolled for VA health care)	1	2
HCCoverage_IHS g. Indian Health Service	1	2

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

- [1] Yes - Specify → HCCoverage_OtherOS
- [2] No

C4. About how long has it been since you last visited a doctor for a routine checkup?

A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. MostRecentCheckup

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

FreqGoProvider

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 C9 on the next page**
- [1] 1 time
- [2] 2 times
- [3] 3 times
- [4] 4 times
- [5] 5-9 times
- [6] 10 or more times

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

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

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

- [1] Always
- [2] Usually
- [3] Sometimes
- [4] Never

C8. Overall, how would you rate the quality of health care you received <u>in the past 12 months</u>? QualityCare

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

C9. A vaccine to prevent HPV infection is available and is called the HPV shot, cervical cancer vaccine, GARDASIL®, or Cervarix®.

Has a doctor or other health care professional ever talked with you about the HPV shot or vaccine? EverTalkedHPVShot

- [1] Yes
- [2] No

D: Medical Treatment

Medical decisions are choices you make with a health care professional like which tests to have, which medications to take, or whether to have surgery.

D1. When was the last time you made a medical decision? LastMedicalDecision

- [1] Within the past 12 months
- [2] More than 12 months ago
- [3] I have never made a medical decision → **GO TO D3 in the next column**

D2. Other than your main health care professional, which of the following people played an important role in your last medical decision?

Mark ☒ <u>all</u> that apply.

- [1] Spouse or partner Decision_Spouse
- [1] Parent Decision_Parent
- [1] Child Decision_Child
- [1] Other family member Decision_OthFam
- [1] Friend or co-worker Decision_Friend
- [1] Additional health care professional Decision_HCP
- [1] No one else played an important role in my decision Decision_None
- [1] Other-Specify → Decision_OtherOS

Decision_Other
Decision_Cat

D3. In general, how often do you do each of the following?

	Always	Usually	Sometimes	Never
HowOften_ListQuestions a. Take with you to your doctor visits a list of questions or concerns you want to cover	[1]	[2]	[3]	[4]
HowOften_ListMeds b. Take a list of all of your prescribed medicines to your doctor visits	[1]	[2]	[3]	[4]
HowOften_AskExplain c. Ask your doctor to explain a test, treatment, or procedure to you in detail	[1]	[2]	[3]	[4]
HowOften_ReadRxInfo d. Read information about a new prescription, such as side effects and precautions	[1]	[2]	[3]	[4]
HowOften_ResearchAfter e. Do your own research on a health or medical topic after seeing your doctor	[1]	[2]	[3]	[4]
HowOften_TakeInfo f. Take with you to your doctor visit any kind of health information you have found	[1]	[2]	[3]	[4]

E: Medical Records

E1. 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

E2. Please indicate how important each of the following statements is to you.

	Very important	Somewhat important	Not at all important
ShareEMR a. Doctors and other health care providers should be able to share your medical information with each other electronically	[1]	[2]	[3]
AccessPHR b. You should be able to get to your own medical information electronically	[1]	[2]	[3]

E3. How much do you agree or disagree with the following statement?

Scientists doing research should be able to review my medical information if the information cannot be linked to me personally. ResearchUnlinkedInfo

1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree

F: Genetics and Family History

HeardGeneticTest

F1. 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?

1 Yes
2 No → **GO TO F3 in the next column**

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

Mark ☒ all that apply.

1 Newspaper TestSource_Ppr
1 Magazine TestSource_Mag
1 Radio TestSource_Radio
1 Health professional TestSource_HealthPro
1 Family member TestSource_Family
1 Social media TestSource_SocMed
1 Television TestSource_TV
1 Internet TestSource_Www
1 Other TestSource_Other
1 Have not heard of such a test TestSource_NotHeard
1 Not sure TestSource_NotSure
TestSource_Cat

F3. Have you ever had any of the following type(s) of genetic tests?

Mark ☒ all that apply.

1 **Paternity testing:** To determine if a man is the father of a child HadTest_Paternity
1 **Ancestry testing:** To determine the background or geographic/ethnic origin of an individual's ancestors HadTest_Ancestry
1 **DNA fingerprinting:** To distinguish between or match individuals using hair, blood, or other biological material HadTest_DNAFing
1 **Cystic Fibrosis (CF) carrier testing:** To determine if a person is at risk of having a child with cystic fibrosis HadTest_CFCarrier
1 **BRCA 1/2 testing:** To determine if a person has more than an average chance of developing breast cancer or ovarian cancer HadTest_BRCA
1 **Lynch syndrome testing:** To determine if a person has more than an average chance of developing colon cancer HadTest_Lynch
1 None of the above HadTest_None
1 Not sure HadTest_NotSure
1 Other-Specify → HadTest_Other, HadTest_OtherOS
1 Have never had a genetic test → **GO TO F5 below**
HadTest_NeverHad
HadTest_Cat

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

Mark ☒ all that apply.

1 Health professional SharedRes_HealthPro
1 Family member SharedRes_Family
1 Friend SharedRes_Friend
1 Other SharedRes_Other
1 Did not have this type of test SharedRes_NotHad
1 Did not communicate the results SharedRes_NotShared
SharedRes_Cat
FamilyHealthHistory

F5. How important is it to know your family's health history for your own health?

1 Very important
2 Moderately important
3 Slightly important
4 Not at all important

G: Medical Research

ResearchInfoDecisions

G1. How much do you agree or disagree with the following statement?

Medical research provides information that people need to make medical decisions.

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

G2. 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
PTEngage_HeardOf a. Have you ever heard about "patient engagement" in medical research?...	1	2	3
PTEngage_EverEngaged b. Have you ever engaged in medical research in this way?.....	1	2	3
PTEngage_Interested c. Would you ever be interested in engaging in research this way?.....	1	2	3

H: Your Health, Nutrition and Physical Activity

GeneralHealth

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

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

OwnAbilityTakeCareHealth

H2. Overall, how confident are you about your ability to take good care of your health?

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

H3. In the past 30 days, how often have you felt…

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Happy? FeltHappy	1	2	3	4	5
b. Angry? FeltAngry	1	2	3	4	5
c. Anxious? FeltAnxious	1	2	3	4	5
d. Hopeful? FeltHopeful	1	2	3	4	5
e. Sad? FeltSad	1	2	3	4	5

H4. How much do you agree or disagree with each of the following statements?

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
Threatened_Strengths a. When I feel threatened or anxious I find myself thinking about my strengths.....	1	2	3	4
Threatened_Values b. When I feel threatened or anxious I find myself thinking about my values.....	1	2	3	4
Optimistic c. I'm always optimistic about my future	1	2	3	4

H5. 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

H6. 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

H7. 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

H8. Not counting any diet soda or pop, about how often do you drink regular soda or pop in a typical week? RegularSodaWeek

- [1] Every day
- [2] 5 - 6 days a week
- [3] 3 - 4 days a week
- [4] 1 - 2 days a week
- [5] Less often than 1 day a week
- [6] I don't drink any regular soda or pop

H9. 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 H11 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

H10. 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.

HowLongModerateExerciseMn

[ ][ ] Minutes

[ ][ ] Hours

HowLongModerateExerciseHr

H11. 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

H12. 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.

[ ][ ] Hours per day

AverageDailyTVGames

H13. About how tall are you without shoes?

☐ Feet ***and*** ☐☐ Inches

Height_Feet Height_Inches

H14. About how much do you weigh, in pounds, without shoes? Weight

☐☐☐ Pounds

H15. How much sleep do you usually get...

	Hours	Minutes
SleepWorkdayHr, SleepWorkdayMn a. On a weekday (e.g., workday or school day)?.....	☐☐	☐☐
SleepWeekendHr, SleepWeekendMn b. On a weekend (e.g., non-work or non-school day)?.....	☐☐	☐☐

TanningBed

H16. 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

H17. When you are outside for more than one hour on a warm, sunny day, how often do you ...

	Never	Rarely	Sometimes	Often	Always
LongPants a. Wear long pants?.....	5	4	3	2	1
Hat b. Wear a hat that shades your face, ears, and neck?.....	5	4	3	2	1
ShoulderSleeveShirt c. Wear a shirt with sleeves that cover your shoulders?.....	5	4	3	2	1
Shade d. Stay in the shade or under an umbrella?.....	5	4	3	2	1
Sunscreen e. Wear sunscreen?.....	5	4	3	2	1

I: Tobacco Products

I1. Have you smoked at least 100 cigarettes in your entire life? Smoke100

- ☐ 1 Yes
- ☐ 2 No → **GO TO I7 on the next page**

I2. How often do you now smoke cigarettes? SmokeNow

- ☐ 1 Everyday
- ☐ 2 Some days
- ☐ 3 Not at all → **GO TO I6 on the next page**

I3. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? SmokeDay_Cat

- ☐ 1 1-10
- ☐ 2 11-19
- ☐ 3 20
- ☐ 4 21-39
- ☐ 5 40+

I4. 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

I5. Are you seriously considering quitting smoking in the next six months? ConsiderQuit

- ☐ 1 Yes
- ☐ 2 No

WhenQuitSmoke

I6. About how long has it been since you completely quit smoking cigarettes?

- [1] Less than 1 month ago
- [2] 1 month to less than 3 months ago
- [3] 3 months to less than 6 months ago
- [4] 6 months to less than 1 year ago
- [5] 1 year to less than 5 years ago
- [6] 5 years to less than 15 years ago
- [7] 15 years ago or more

ElectCigLessHarm

I7. 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 …

- [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.

HookahLessHarm

I8. 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…

- [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.

FDARegulateTobacco

I9. Do you believe that the United States Food and Drug Administration (FDA) regulates tobacco products in the U.S.?

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

QuittingReduceHarm

I10. How much do you think quitting cigarette smoking can help reduce the harmful effects of smoking?

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

I11. 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
SmokerReduce_Exercise a. Exercising	4	3	2	1
SmokerReduce_FruitVeg b. Eating fruits and vegetables	4	3	2	1
SmokerReduce_Vitamins c. Taking vitamins	4	3	2	1
SmokerReduce_Sleep d. Sleeping at least 8 hours per night	4	3	2	1

I12. Which statement best describes the rules about smoking inside your home? SmokeHome

- [1] Smoking is not allowed anywhere inside your home
- [2] Smoking is allowed some places or at some times
- [3] Smoking is allowed anywhere inside your home
- [4] There are no rules about smoking inside your home

J: Women and Cancer

J1. Are you male or female? GenderC

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

DrTalkPapTest

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

- [1] Yes
- [2] No

WhenPapTest

J3. How long ago did you have your most recent Pap test to check for cervical cancer?

- [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. During the past 12 months, did a doctor, nurse, or other health professional advise you to get a mammogram? DoctorAdviseMammogram

- [1] Yes
- [2] No
- [3] Not sure

J5. Has a doctor ever told you that you could choose whether or not to have a mammogram? DrTalkMammogram

- [1] Yes
- [2] No

J6. 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

HeardHPVVaccine

K1. A vaccine to prevent HPV infection is available and is called the cervical cancer vaccine or HPV shot.

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

- [1] Yes
- [2] No

K2. Have you ever heard of HPV? HPV stands for Human Papillomavirus. It is <u>not</u> HIV, HSV, or herpes. HeardHPV

- [1] Yes
- [2] No → **GO TO K6 on the next page**

K3. Do you think HPV can cause cervical cancer? HPVCauseCancer

- [1] Yes
- [2] No
- [3] Not sure

K4. Do you think that HPV is a sexually transmitted disease (STD)? HPVSTD

- [1] Yes
- [2] No
- [3] Not sure

K5. Do you think that HPV will often go away on its own without treatment? HPVGoAway

- [1] Yes
- [2] No
- [3] Not sure

K6. There are a few different tests to check for colon cancer. These tests include:

A **colonoscopy** – For this test, a tube is inserted into your rectum and you are given medication that may make you feel sleepy. After the procedure, you need someone to drive you home.

A **sigmoidoscopy** – For this test, you are awake when the tube is inserted into your rectum. After the test you can drive yourself home.

A **stool blood test** – For this test, you collect a stool sample at home, and then provide it to a doctor or lab for testing.

Has a doctor ever told you that you could choose whether or not to have a test for colon cancer? DrTalkColCaTest

[1] Yes
[2] No

K7. Have you ever had one of these tests to check for colon cancer? EverHadColCaTest

[1] Yes
[2] No

Males, continue to K8.
Females, GO TO L1 on the next page.

K8. 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

K9. Has a doctor ever discussed with you whether or not you should have the PSA test? DrShouldPSATest

[1] Yes
[2] No → **GO TO K11 below**

K10. In that discussion, did the doctor ask you whether or not you wanted to have the PSA test? DrWantedPSATest

[1] Yes
[2] No

K11. Did a doctor ever tell you that some experts disagree about whether men should have PSA tests? SomeDisagreePSATests

[1] Yes
[2] No

K12. Has a doctor or other health care professional ever told you that...

	Yes	No
ProstateCa_PSATest a. The PSA test is not always accurate?.....	[1]	[2]
ProstateCa_SlowGrowing b. Some types of prostate cancer are slow-growing and need no treatment?.....	[1]	[2]
ProstateCa_SideEffects c. Treating any type of prostate cancer can lead to serious side-effects, such as problems with urination or having sex?.....	[1]	[2]

L: Your Cancer History

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

- [1] Yes
- [2] No → **GO TO L4 below**

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's 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. Have any of your family members ever had cancer? FamilyEverHadCancer

- [1] Yes
- [2] No
- [4] Not sure

If you've been diagnosed with cancer at any time in your life, please GO TO M5 on the next page.

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

CompareChanceGetCancer

M2. Compared to other people your age, how likely are you to get cancer in your lifetime?

- [1] Much less likely
- [2] Less likely
- [3] About the same
- [4] More likely
- [5] Much more likely

EasilyGetCancer

M3. Select one answer that best represents your opinion about the statement: "I feel like I could easily get cancer in my lifetime."

- [1] I feel very strongly that this will NOT happen
- [2] I feel somewhat strongly that this will NOT happen
- [3] I feel I am just as likely to get cancer as I am to not get cancer
- [4] I feel somewhat strongly that this WILL happen
- [5] I feel very strongly that this WILL happen

FreqWorryCancer

M4. How worried are you about getting cancer?

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

M5. How much do you agree or disagree with each of the following statements?

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
EverythingCauseCancer a. It seems like everything causes cancer.....	1	2	3	4
PreventNotPossible b. There's not much you can do to lower your chances of getting cancer.....	1	2	3	4
TooManyRecommendations c. There are so many different recommendations about preventing cancer, it's hard to know which ones to follow.....	1	2	3	4
CancerMoreCommon d. In adults, cancer is more common than heart disease.....	1	2	3	4
CancerFatal e. When I think about cancer, I automatically think about death.....	1	2	3	4

M6. How likely are you to get heart disease in your lifetime? LikelyHeartDisease

- 6 I have heart disease
- 1 Very unlikely
- 2 Unlikely
- 3 Neither unlikely nor likely
- 4 Likely
- 5 Very likely

N: Use of Food Label Information

Nutrition Facts

Serving Size	1/2 cup
Servings Per Container	4
Amount Per Serving	
Calories 250	Fat Cal 120
	% DV*
Total Fat 13g	20%
Sat Fat 9g	40%
Cholesterol 28mg	12%
Sodium 55mg	2%
Total Carbohydrate 30g	12%
Dietary Fiber 2g	
Sugars 23g	
Protein 4g	8%

* Percent Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

The food label above can be found on the back of a container of a pint of ice cream. We would like to know how easy it is to use this information. Use the food label <u>above</u> to answer questions N1-N4.

N1. If you eat the entire container, how many calories will you eat?

FoodLabel_EatEntire
FoodLabel_EatEntire_Edited

_____ Calories

N2. If you are allowed to eat 60g of carbohydrates as a snack, how much ice cream could you have? Write a number on <u>one</u> line below.

FoodLabel_Cups, FoodLabel_Servings
FoodLabel_Cups_Edited, FoodLabel_Servings_Edited

_____ Cup(s) <u>or</u> _____ Serving(s)

N3. Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42g of saturated fat each day, which includes 1 serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day?

FoodLabel_SatFat
FoodLabel_SatFat_Edited

_____ Grams

N4. If you usually eat 2,500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving?

FoodLabel_PercentOneServ
FoodLabel_PercentOneServ_Edited

_____ Percent

O: You and Your Household

O1. What is your age? Age

☐☐☐ Years old

OccupationStatus

O2. What is your current occupational status?

Mark ☒ only one.

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

O3. 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 O5 in the next column

O4. 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

O5. What is your marital status? MaritalStatus

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

O6. 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

O7. Were you born in the United States? BornInUSA

1 Yes → **GO TO O9 below**
2 No

O8. In what year did you come to live in the United States? YearCameToUSA

☐☐☐☐ Year

O9. How well do you speak English? SpeakEnglish

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

O10. 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

O11. 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

O12. Including yourself, how many people live in your household? TotalHousehold

[ ][ ] Number of people

O13. 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 SelfGender	1 Male 2 Female	SelfAge	SelfMOB
Adult 2 HHAdultGender2	1 Male 2 Female	HHAdultAge2	HHAdultMOB2
Adult 3 HHAdultGender3	1 Male 2 Female	HHAdultAge3	HHAdultMOB3
Adult 4 HHAdultGender4	1 Male 2 Female	HHAdultAge4	HHAdultMOB4
Adult 5 HHAdultGender5	1 Male 2 Female	HHAdultAge5	HHAdultMOB5

O14. How many children under the age of 18 live in your household? ChildrenInHH

[ ][ ] Number of children under 18

RentOrOwn

O15. Do you currently rent or own your home?

- 1 Own
- 2 Rent
- 3 Occupied without paying monetary rent

O16. Does anyone in your family have a working cell phone? CellPhone

- 1 Yes
- 2 No

O17. Is there at least one telephone inside your home that is currently working and is not a cell phone? PhoneInHome

- 1 Yes
- 2 No

O18. 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

O19. Are you deaf or do you have serious difficulty hearing? Deaf

- 1 Yes
- 2 No

O20. Are you blind or do you have serious difficulty seeing, even when wearing glasses? Blind

- 1 Yes
- 2 No

O21. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? DecisionMaking

1 Yes
2 No

O22. Do you have serious difficulty walking or climbing stairs? DifficultyWalking

1 Yes
2 No

DifficultyDressing

O23. Do you have difficulty dressing or bathing?

1 Yes
2 No

O24. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? DifficultyErrands

1 Yes
2 No

O25. About how long did it take you to complete the survey?

Write a number in <u>one</u> box below.

☐☐ Minutes ☐☐ Hours

MailSurveyTime_Min, MailSurveyTime_Hrs

O26. At which of the following types of addresses does your household currently receive residential mail?

Mark ☒ <u>all</u> 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 mail box 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