

OMB # 0925-0538
Expiration Date: 3/2009

Health Information National Trends Survey

Annotated Version



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



Dear Sir or Madam:

I'm writing to ask you to take part in an important national survey sponsored by the U.S. Department of Health and Human Services. The Health Information National Trends Survey has interviewed thousands of people in the last few years. From it we've learned that:

- About 4 out of 5 adults believe that there are so many recommendations about nutrition that it is hard to know which ones to follow.
- About one in four adults read the health section of a newspaper or magazine every week.
- Almost half of all adults don't know the age at which to begin screening for certain types of cancer.

With information like this, the survey can help the government and companies get valuable information on health to you and your family.

Your household was chosen at random for this survey and cannot be replaced. **We ask that each adult (age 18 or older) in this household complete a questionnaire and return it to us in the postage-paid envelope at your earliest convenience.** What you have to say will help us find out how we can best provide the health information people need.

Westat, a research firm under contract with the U.S. Department of Health and Human Services, is administering the survey. Your answers will be kept confidential to the extent provided by law. More information about the study is provided on the back cover of this booklet.

Thank you in advance for your cooperation. If you have any questions about the study or you would like to request more questionnaires, please call Westat toll-free at 1-888-636-6540.

Sincerely,

A handwritten signature in blue ink that reads "Bradford W. Hesse".

Bradford W. Hesse, Ph.D.
HINTS Project Officer
Chief, Health Communication and Informatics
Research Branch
National Institutes of Health
U.S. Dept of Health and Human Services

Si prefiere recibir la encuesta en Español, por favor llame 1-888-636-6536.

The Health Information National Trends Survey is authorized under 42 USC, Section 285a

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- ◆ Each adult (age 18 or older) living in your household should fill out one questionnaire. Please be sure that each adult has an opportunity to fill out a questionnaire. This is very important to the success of the study.

- ◆ Including yourself, how many adults (age 18 or older) live in this household?

MailHHAdults

Number of adults in household

- ◆ **If more questionnaires are needed, please call 1-888-636-6540.**
 - ◆ Not all of the questions will apply to you – you will sometimes be asked to skip questions based on your answers. In addition, certain sections of the questionnaire may not apply to you.
 - ◆ To answer a question, simply check the box that best represents your answer.
 - ◆ Please choose only one answer per question, unless the question indicates *Mark all that apply*. Your best estimate is fine.
-
-

The Privacy Act requires us to tell you that we are authorized to collect this information by Section 411.285a, 42 USC. You do not have to provide the information requested. However, the information you provide will help the National Cancer Institute's ongoing efforts to promote good health and prevent disease. There are no penalties should you choose not to participate in this study.

Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0538). Do not return the completed form to this address.

Section A
Seeking Information about Health

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

HC01SeekHealthInfo

- Yes
 No → Go to Question A6

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

HC02WhereSeekHealthInfo

Mark only one.

- | | |
|---|---|
| <input type="checkbox"/> Books | <input type="checkbox"/> Magazines |
| <input type="checkbox"/> Brochures, pamphlets, etc. | <input type="checkbox"/> Newspapers |
| <input type="checkbox"/> Cancer organization | <input type="checkbox"/> Telephone information number |
| <input type="checkbox"/> Family | <input type="checkbox"/> Complementary, alternative, or unconventional practitioner |
| <input type="checkbox"/> Friend/co-worker | <input type="checkbox"/> Other → Please specify below: |
| <input type="checkbox"/> Doctor or health care provider | |
| <input type="checkbox"/> Internet | |
| <input type="checkbox"/> Library | |

HC02WhereSeekHealthInfo_OS

A3. Did you look or go anywhere else?

HC03WhereSeekHealthInfo2[01-11]

Mark all that apply.

- | | |
|---|---|
| <input type="checkbox"/> No, nowhere else | <input type="checkbox"/> Magazines |
| <input type="checkbox"/> Books | <input type="checkbox"/> Newspapers |
| <input type="checkbox"/> Brochures, pamphlets, etc. | <input type="checkbox"/> Telephone information number |
| <input type="checkbox"/> Cancer organization | <input type="checkbox"/> Complementary, alternative, or unconventional practitioner |
| <input type="checkbox"/> Family | <input type="checkbox"/> Other → Please specify below: |
| <input type="checkbox"/> Friend/co-worker | |
| <input type="checkbox"/> Doctor or health care provider | |
| <input type="checkbox"/> Internet | |
| <input type="checkbox"/> Library | |

HC03WhereSeekHealthInfo2_OS

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

HC04WhoLookingFor

- Myself
 Someone else
 Both myself and someone else

Question A6 appears in the next column.

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

HC05aLotOfEffort

1. It took a lot of effort to get the information you needed.....

HC05bFrustrated

2. You felt frustrated during your search for the information.....

HC05cConcernedQuality

3. You were concerned about the quality of the information...

HC05dTooHardUnderstand

4. The information you found was hard to understand.....

A6. Overall, how confident are you that you could get health-related advice or information if you needed it?

HC06ConfidentGetHealthInfo

- Completely confident
 Very confident
 Somewhat confident
 A little confident
 Not confident at all

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

A lot
Some
A little
Not at all

HC07aTrustDoctor

1. A doctor

HC07bTrustFamily

2. Family or friends

HC07cTrustNewsMag

3. Newspapers or magazines

HC07dTrustRadio

4. Radio

HC07eTrustInternet

5. The Internet

HC07fTrustTV

6. Television.....

HC07gTrustGov

7. Government health agencies..

HC07hTrustCharities

8. Charitable organizations.....

HC07iTrustReligiousOrgs

9. Religious organizations and leaders.....

Section B
Seeking Information about Cancer

B1. Have you ever looked for information about cancer from any source?

HC08SeekCancerInfo

- Yes
 No → **Go to Section C**

B2. Think about the most recent time you looked for cancer information. About how long ago was that?

HC09WhenSeekCancerInfo_UNIT
 HC09WhenSeekCancerInfo_NUMBER

Write a number in one box below

<input type="text"/>	Days	<input type="text"/>	Weeks
<input type="text"/>	Months	<input type="text"/>	Years

B3. What type of information were you looking for?

HC10WhatCancerInfoLookFor[01-15]

Mark all that apply.

- Specific cancer
- Cancer organizations
- Causes of cancer/Risk factors for cancer
- Coping with cancer/Dealing with cancer
- Diagnosis of cancer
- Information on cancer in general
- Paying for medical care
- Insurance
- Prevention of cancer
- Prognosis/Recovery from cancer
- Screening/Testing/Early detection
- Symptoms of cancer
- Treatment/Cures for cancer
- Where to get medical care
- Information on complementary, alternative, or unconventional treatments
- Other → *Please specify below:*

HC10WhatCancerInfoLookFor_OS

Section C appears in the next column.

B4. The most recent time you looked for cancer information, where did you go first?

HC11WhereSeekCancerInfo

Mark only one.

- Books
- Brochures, pamphlets, etc.
- Cancer organization
- Family
- Friend/co-worker
- Doctor or health care provider
- Internet
- Library
- Magazines
- Newspapers
- Telephone information number
- Complementary, alternative, or unconventional practitioner
- Other → *Please specify below:*

HC11WhereSeekCancerInfo_OS

Section C
Ways You Might Get Health Information

C1. Do you ever go on-line to access the Internet or World Wide Web, or to send and receive e-mail?

HC15UseInternet

- Yes
 No → **Go to Section D**

C2. Where do you go to use the Internet?

HC16WhereUseInternet[1-7]

Mark all that apply.

- Home
- Community Center
- Work
- Someone else's house
- School
- Some other place
- Public Library

Section D appears on the next page.

Section D
Your Use of Health Care Services

C3. When you use the Internet at home, how do you mainly access it?

HC17AccessInternetHome

- Do not use the Internet at home
- Telephone modem Wireless device (such as a PDA)
- Cable/satellite modem Another way → Please specify below:
- DSL modem

HC17AccessInternetHome_OS

C4. Below are some ways people use the Internet. Some people have done these things, but other people have not. Please tell us whether or not you have done each of these things while using the Internet in the past 12 months.

	Yes ▼	No ▼
HC18aBuyMedicine 1. Bought medicine or vitamins online	<input type="checkbox"/>	<input type="checkbox"/>
HC18bSupportGroup 2. Participated in an on-line support group for people with a similar health or medical issue	<input type="checkbox"/>	<input type="checkbox"/>
HC18cTalkDoctor 3. Used e-mail or the Internet to communicate with a doctor or a doctor's office	<input type="checkbox"/>	<input type="checkbox"/>
HC18dDiet 4. Used a website to help you with your diet, weight, or physical activity	<input type="checkbox"/>	<input type="checkbox"/>
HC18eProvider 5. Looked for a healthcare provider	<input type="checkbox"/>	<input type="checkbox"/>
HC18fPDA 6. Downloaded to a portable device, such as an iPod, cell phone, or PDA	<input type="checkbox"/>	<input type="checkbox"/>
HC18gMySpace 7. Visited a "social networking" site, such as <i>myspace</i> or <i>Second Life</i>	<input type="checkbox"/>	<input type="checkbox"/>
HC18hBlog 8. Wrote in an on-line diary or blog	<input type="checkbox"/>	<input type="checkbox"/>
HC18iPHR 9. Kept track of personal health information, such as care received, test results, or upcoming medical appointments	<input type="checkbox"/>	<input type="checkbox"/>

D1. Not including psychiatrists and other mental health professionals, is there a particular doctor, nurse, or other health professional that you see most often?

HS01RegularProvider

- Yes
- No → Go to Question D2

D1a. What kind of health professional do you see most often?

HS02WhatTypeProvider

- A doctor
- A nurse
- Other health professional → Please specify below:

HS02WhatTypeProvider_OS

D2. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

HS04Insurance

- Yes
- No

D3. During the past 12 months, did you use any complementary, alternative, or unconventional therapies such as herbal supplements, acupuncture, chiropractic, homeopathy, meditation, yoga, or Tai Chi?

HS05CAMCare

- Yes
- No → Go to Question D4

D3a. Did you discuss your use of unconventional therapies with any of your doctors?

HS06DiscussCAM

- Yes
- No

Question D4 appears on the next page.

D4. 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?

HS03FreqGoProvider

- None → **Go to Question D9**
- | | |
|----------------------------------|---|
| <input type="checkbox"/> 1 time | <input type="checkbox"/> 4 times |
| <input type="checkbox"/> 2 times | <input type="checkbox"/> 5 to 9 times |
| <input type="checkbox"/> 3 times | <input type="checkbox"/> 10 or more times |

D5. 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
 ▼ ▼ ▼ ▼

HS07aAskQuestions

1. Give you the chance to ask all the health-related questions you had.....

HS07bFeelingsAddressed

2. Give the attention you needed to your feelings and emotions..

HS07cInvolvedInDecisions

3. Involve you in decisions about your health care as much as you wanted.....

HS07dUnderstoodNextSteps

4. Make sure you understood the things you needed to do to take care of your health.....

HS07eHelpUncertainty

5. Help you deal with feelings of uncertainty about your health or health care.....

D6. In the past 12 months, how often did you feel you could rely on your doctors, nurses or other health professionals to take care of your health care needs?

HS07fDrTakeCareNeeds

- Always
- Usually
- Sometimes
- Never

D7. Overall, how would you rate the quality of health care you received in the past 12 months?

HS08QualityCare

- Excellent
- Very good
- Good
- Fair
- Poor

D8. In the past 12 months, have you talked to a doctor, nurse, or other health professional about any kind of health information you have gotten from the Internet?

HS09TalkedDoctor

- Yes
- No → **Go to Question D9**

D8a. In the past 12 months when you talked with a health care professional, how interested were they in hearing about the information you found on-line?

HS10DoctorInterested

- Very interested
- Somewhat interested
- A little interested
- Not at all interested

D9. Overall, how confident are you about your ability to take good care of your health?

HS11TakeCareHealth

- Completely confident
- Very confident
- Somewhat confident
- A little confident
- Not confident at all

D10. Some people avoid visiting their doctor even when they suspect they should. Would you say this is true for you, or not true for you?

HS12AvoidDoc

- True
- Not true → **Go to Section E**

Question D9 appears in the next column.

Section E appears on the next page.

D11. Below are some reasons people give for not wanting to see their health care provider or doctor. Please tell us how much you agree or disagree with each statement...

Strongly agree Somewhat agree Somewhat disagree Strongly disagree
 ▼ ▼ ▼ ▼

HS13BodyExam

1. I avoid seeing my doctor because I feel uncomfortable when my body is being examined

HS14FearIllness

2. I avoid seeing my doctor because I fear I may have a serious illness

HS15Dying

3. I avoid seeing my doctor because it makes me think about dying

D12. Are there any other reasons why you avoid seeing your doctor?

HS16WhyAvoidDr

- Yes → Please specify below:
 No



HS16WhyAvoidDr_OS

**Section E
Views About Medical Information and Research**

E1. As far as you know, do your healthcare providers maintain your medical information in a portable, electronic format?

HS17ProviderMaintainEMR

- Yes
 No

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

Very important Somewhat important Not at all important
 ▼ ▼ ▼

HS18EMR

1. Health care providers should be able to share your medical information with each other electronically

HS19PHR

2. You should be able to get to your own medical information electronically

E3. Please indicate how much you agree or disagree with each of the following statements.

Strongly agree Somewhat agree Somewhat disagree Strongly disagree
 ▼ ▼ ▼ ▼

HS20InfoSafe

1. In general, I think that the information I give doctors is safely guarded

HS21NonlinkedInfoUsed

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

E4. 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?

HS22HeardGeneticTest

- Yes
 No

E5. Have you ever had a genetic test?

HS23HadGeneticTest

- Yes
 No

E6. 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 heard of a clinical trial?

HS25HeardOfClinicalTrial

- Yes
 No

E7. For each of the following organizations, please tell us if you had heard of it before being contacted for this study.

Yes **No**
 ▼ ▼

HS27NCI

1. National Cancer Institute.....

HS28CDC

2. CDC or the Centers for Disease Control and Prevention

HS29ACS

3. The American Cancer Society

Section F
Nutrition and Physical Activity

The next two questions ask about fruits and vegetables. The following boxes provide some examples of how much counts as 1 cup.

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.) of 100% juice
- ½ cup of dried fruit
- 1 small wedge of watermelon (1 inch thick)

1 cup of vegetables could be:

- 3 broccoli spears, 5 in. long
- 1 cup of cooked leafy greens
- 2 cups of 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 stalks
- 1 cup of cooked beans

F1. About how many cups of fruit (including 100% pure fruit juice) do you eat or drink each day?

MailFruits

Mark only one.

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> 2 to 3 cups |
| <input type="checkbox"/> ½ cup or less | <input type="checkbox"/> 3 to 4 cups |
| <input type="checkbox"/> ½ to 1 cup | <input type="checkbox"/> 4 cups or more |
| <input type="checkbox"/> 1 to 2 cups | |

F2. About how many cups of vegetables (including 100% vegetable juice) do you eat or drink each day?

MailVegetables

Mark only one.

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> 2 to 3 cups |
| <input type="checkbox"/> ½ cup or less | <input type="checkbox"/> 3 to 4 cups |
| <input type="checkbox"/> ½ to 1 cup | <input type="checkbox"/> 4 cups or more |
| <input type="checkbox"/> 1 to 2 cups | |

F3. How many servings of fruits and vegetables do you think the average adult should eat each day for good health?

BR03NumberServings

Number of servings

F4. During the past month, did you participate in any physical activities or exercises such as running, yoga, golf, gardening, or walking for exercise?

BR04AnyExercisePastMonth

- Yes
- No → **Go to Question F5**

F4a. 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, swimming at a regular pace, and heavy gardening? *Moderate-intensity activities make you breathe somewhat harder than normal.*

BR05TimesModerateExercise

- None → **Go to Question F5**
- 1 day per week
- 2 days per week
- 3 days per week
- 4 days per week
- 5 days per week
- 6 days per week
- 7 days per week

Question F5 appears on the next page.

F4b. On the days that you do any physical activity or exercise of at least moderate intensity, how long are you typically doing these activities?

BR06HowLongModerateExercise_UNIT
BR06HowLongModerateExercise

Write a number in one box below

Minutes Hours

F5. How many days a week of physical activity or exercise of at least moderate intensity are recommended for the average adult to stay healthy?

BR07RecommendDaysExercise

Number of days per week

F6. On those days, how long should the average adult be physically active to stay healthy?

BR08RecommendTimeExercise_UNIT
BR08RecommendTimeExercise

Write a number in one box below

Minutes Hours

F7. As far as you know, which of the following best describes the effect of physical activity or exercise on the chances of getting some types of cancer?

BR09ExerciseLowerRiskCancer

- Physical activity increases chances of cancer
- Physical activity decreases chances of cancer
- Physical activity makes no difference

F8. About how tall are you without shoes?

BR10Height_Feet
BR10Height_Inches

Feet	Inches

F9. About how much do you weigh without shoes?

BR11Weight

Weight in pounds

F10. How much do you agree or disagree with the following statement? There are so many different messages about whether being overweight is harmful to one's health it is hard to know what weight one should maintain to be healthy. Would you say you...

BRQHealthyWeight

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree

F11. Right now, do you feel you are...

BR12WeightPerception

- Overweight
- Slightly overweight
- Slightly underweight
- Underweight
- Just about the right weight for you

F12. Have you tried to lose any weight in the past 12 months?

BR13TryLoseWeight

- Yes
- No

F13. Do you agree or disagree that sunlight helps the body produce vitamin D naturally?

BR16SunVitD

- Agree
- Disagree

F14. Please indicate the extent to which you believe in each of the following statements.



BR22GenesDetermineWeight

1. To what extent do you believe that obesity is inherited?

BR24ObesityNotInherited

2. To what extent do you believe that obesity is caused by overeating and not exercising?.....

Section G Sun Exposure

G1. When you are outside during the summer on a warm sunny day, how often do you do each of the following?

	Always	Often	Sometimes	Rarely	Never	Do not go out on sunny day
<small>BR25aSunscren</small> 1. Wear sunscreen	<input type="checkbox"/>					
<small>BR25bShoulderSleeveShirt</small> 2. Wear a shirt with sleeves that cover your shoulders	<input type="checkbox"/>					
<small>BR25cHat</small> 3. Wear a hat	<input type="checkbox"/>					
<small>BR25dShade</small> 4. Stay in the shade or under an umbrella...	<input type="checkbox"/>					

G2. How many times in the past 12 months have you...

	0 times	1 to 2 times	3 to 10 times	11 to 24 times	25 times or more
<small>BR26TanningBed</small> 1. Used a tanning bed or booth?	<input type="checkbox"/>				
<small>BR27TanningProducts</small> 2. Used sunless tanning creams or sprays, also known as self-tanning or fake tanning? <i>This includes creams or lotions that you apply by yourself or mist tans from a tanning salon or other business</i>	<input type="checkbox"/>				

Section H Tobacco Use

H1. Have you smoked at least 100 cigarettes in your entire life?

BR28Smoke100
 Yes
 No → **Go to Question H6**

H2. How often do you now smoke cigarettes?

BR29SmokeNow
 Every day
 Some days
 Not at all → **Go to Question H5**

H2a. On the average, how many cigarettes do you now smoke a day?

BR30SmokeDayAlways
BR32SmokeDaySometimes
 Number of cigarettes per day

H3. In the past 12 months, have you tried to quit smoking completely?

BR35TriedQuit
 Yes
 No

H4. Are you seriously considering quitting smoking within the next 6 months?

BR36ConsiderQuit
 Yes → **Go to Question H6**
 No → **Go to Question H6**

H5. About how long has it been since you completely quit smoking cigarettes?

BR37WhenQuitSmoke_NUMBER
BR37WhenQuitSmoke_UNIT
Write a number in one box below

Days Weeks
 Months Years

H6. Do you believe that some cigarettes are less harmful than others?

BR40CigLessHarm
 Yes
 No

H7. Do you believe that some smokeless tobacco products, such as chewing tobacco and snuff, are less harmful than cigarettes?

BR45SmokelessLessHarm
 Yes
 No

Question H5 appears in the next column.

Question H6 appears in the next column.

H8. There are a number of resources that people use to help them stop smoking. Before being contacted for this survey (and regardless of whether or not you smoke), had you ever heard of telephone quitlines such as a toll-free number to call for help in quitting smoking?

BR50aAwareQuitlines

Yes

No → **Go to Question H9**

H8a. Have you ever called a telephone quitline?

BR51CallQuitline

Yes

No

H8b. In the past 12 months, did any doctor, dentist, nurse, or other health professional suggest that you call or use a telephone helpline or quit line to help you quit smoking?

BR52SuggestHelpline

I have not smoked in the past 12 months

Yes

No

H8c. How likely would you be to call a smoking cessation telephone quitline in the future, for any reason?

BR53FutureCallQuitline

Very likely

Somewhat likely

Somewhat unlikely

Very unlikely

H9. Before being contacted for this survey, had you ever heard of 1-800-QUIT-NOW?

BR50bAwareQuitNow

Yes

No

H10. Have you heard of any tests to find lung cancer before the cancer creates noticeable problems?

BR54HeardLungTest

Yes

No → **Go to Section I**

Section I appears in the next column.

H10a. What tests have you heard of?

BR55WhichLungTests[01-07]

Mark all that apply.

Chest x-ray

CAT Scan or Spiral CT

Lung biopsy

Blood test

Cannot recall name

Other → *Please specify below:*

BR55WhichLungTests_OS

Section I HPV and Cervical Cancer

I1. Are you male or female?

GenderC

Female

Male → **Go to Question I6**

I2. Have you ever had a Pap smear or a Pap test?

BR56HadPapTest

Yes

No → **Go to Question I6**

I3. When did you have your most recent Pap test?

BR57WhenPapTest

1 year ago or less

More than 1 but not more than 3 years ago

More than 3 but not more than 5 years ago

More than 5 years ago

Question I6 appears on the next page.

I4. What was the main reason that you had this Pap test?

BR58WhyPapTest

Mark only one.

- Routine Pap test or part of routine physical exam
- Last Pap test was not normal
- A specific problem
- Never had one and thought you should
- Pregnancy/Followup to birth
- Other → *Please specify below:*

BR58WhyPapTest_OS

I5. When do you expect to have your next Pap test?

BR59WhenNextPapTest

Mark only one.

- A year or less from now
- More than 1 but not more than 3 years from now
- More than 3 but not more than 5 years from now
- Over 5 years from now
- Am not planning to have another
- If I have symptoms
- When doctor/health care provider recommends
- I am not planning to have another because I got or am planning to get the HPV vaccine
- I am not planning to have another because I got or am planning to get the HPV test instead

I6. Have you ever been told by a health care provider that you had a human papillomavirus or HPV infection?

BR64EverHadHPVMail

BR64EverHadHPVCombo

- Yes
- No

I7. 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?

BR61Vaccine

- Yes
- No

I8. Have you ever heard of HPV? HPV stands for Human Papillomavirus. It is not HIV, HSV, or herpes.

BR62HeardHPV

- Yes
- No → **Go to Question I12**

I8a. Where have you heard about HPV?

BR63SourceHPVKnowledge[1-7]

Mark all that apply.

- Doctor, nurse or other health care professional
- Family or friends
- Newspaper or magazine
- Television
- Internet
- Radio
- Don't remember
- Other → *Please specify below:*

BR63SourceHPVKnowledge_OS

Next are some questions on your opinion about HPV.

I9. Do you think HPV can cause cervical cancer?

BR67HPVCauseCancer

- Yes
- No

I10. Do you think you can get HPV through sexual contact?

BR68HPVSTD

- Yes
- No

Question I12 appears on the next page.

I11. Do you think HPV can go away on its own, without any treatment?

BR70HPVGoAwayMail
BR70HPVGoAwayCombo

- Yes
 No

I12. A vaccine to prevent the human papillomavirus or HPV infection is recommended for girls aged 11-12 and is called the cervical cancer vaccine, HPV shot, or GARDASIL®. If you had a daughter that age, would you have her get it?

BR74VaccineForDaughter

- Yes → **Go to Question I13**
 No
 Not sure/It depends

I12a. What is the main reason you would not have her get it?

BR75WhyNoVaccineForDaughter

Mark only one.

- She doesn't need the vaccine or shot
 My child is not sexually active
 It is too expensive
 She is too old for the vaccine
 My child's doctor has not recommended it
 I am worried about the safety of the vaccine
 I don't know where to get it
 My spouse/family member is against it
 I don't know enough about the vaccine
 She already has HPV
 Other → *Please specify below:*

BR75WhyNoVaccineForDaughter_OS

I13. Have you ever been treated for genital warts?

BR60TreatedWarts

- Yes
 No

Section J Colon Cancer

J1. Are you 45 years old or older?

MailAgeConfirm

- Yes
 No → **Go to Section K**

The next few questions are about getting tested for colon cancer.

BR76WhenDiscussColonTest

J2. Think about the last time a doctor, nurse or other health professional told you that you should get a test to check for colon cancer. When did that discussion take place?

- A year ago or less
 More than 1 but not more than 2 years ago
 More than 2 but not more than 5 years ago
 Over 5 years ago → **Go to Question J7**
 I do not remember → **Go to Question J7**
 No health professional has told me I should get this test → **Go to Question J7**

J3. Who talked to you about getting a test to check for colon cancer?

Mark all that apply.

- Doctor
BR77WhoDiscussedTestDOCTOR
 Nurse
BR77WhoDiscussedTestNURSE
 Other health professional
BR77WhoDiscussedTestHEALTHPRO

A **stool or fecal occult blood test** is done at home to check for colon cancer. You send your stool sample to the doctor's office or lab for testing. This does not include drugstore or pharmacy test kits.

A **colonoscopy** and a **sigmoidoscopy** are both tests that examine the bowel by inserting a tube in the rectum.

- During a colonoscopy, you may feel sleepy and need someone to drive you home.
- During a sigmoidoscopy, you are awake and can drive yourself home after the test

Question J7 appears on the next page.

Section K appears on page 13.

J4. The last time you were told you should be tested for colon cancer, which tests did the health professional describe?

- | | Yes | No |
|---|--------------------------|--------------------------|
| <small>BR78DescribeBloodTest</small>
1. Stool or fecal blood test..... | <input type="checkbox"/> | <input type="checkbox"/> |
| <small>BR79DescribeCol</small>
2. Colonoscopy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| <small>BR80DescribeSig</small>
3. Sigmoidoscopy..... | <input type="checkbox"/> | <input type="checkbox"/> |

J5. Did the health professional describe any other tests?

BR81DescribeOtherTests

Yes

No → Go to Question J6

J5a. What test did the health professional describe? *Please specify below:*

BR82TestDescribed

J6. The last time you were told you should be tested for colon cancer, did the health professional recommend to you any particular test?

BR83RecommendTest

Yes

No → Go to Question J7

J6a. Which test to check for colon cancer did the health professional recommend to you?

BR84TestRecommended[1-3]

Mark all that apply.

- Stool blood test/fecal occult blood test
- Sigmoidoscopy
- Colonoscopy
- Other → *Please specify below:*

BR84TestRecommended_OS

J7. Have you ever done a stool blood test, also known as a fecal occult blood test?

BR87HadStoolBlood

Yes

No → Go to Question J8

J7a. When did you do your most recent stool blood test/fecal occult blood test?

BR88WhenStoolBlood

- A year ago or less
- More than 1 but not more than 2 years ago
- More than 2 but not more than 5 years ago
- Over 5 years ago

J7b. What was the main reason you did your most recent stool blood test/fecal occult blood test?

BR89WhyStoolBlood

Mark only one.

- Part of a routine exam
- Because of a problem
- Some other reason

J8. Have you ever had a colonoscopy?

BR90HadCol

Yes

No → Go to Question J9

J8a. When did you have your most recent colonoscopy?

BR91WhenCol

- A year ago or less
- More than 1 but not more than 5 years ago
- More than 5 but not more than 10 years ago
- Over 10 years ago

J8b. What was the main reason you had your most recent colonoscopy?

BR92WhyCol

Mark only one.

- Part of a routine exam
- Because of a problem
- Some other reason

J9. Have you ever had a sigmoidoscopy?

BR93HadSig

Yes

No → Go to Question J10

J9a. When did you have your most recent sigmoidoscopy?

BR94WhenSig

- A year ago or less
- More than 1 but not more than 5 years ago
- More than 5 but not more than 10 years ago
- Over 10 years ago

Question J8 appears in the next column.

Question J10 appears on the next page.

J9b. What was the main reason you had your most recent sigmoidoscopy?

BR95WhySig

- Part of a routine exam
- Because of a problem
- Some other reason

J10. We've asked about three tests to find colon cancer: the stool blood test, colonoscopy, and sigmoidoscopy. Do you believe these tests are about equally effective in finding colon cancer, or are some more effective than others?

BR96EffectivenessOfTest

- Equally effective → **Go to Section K**
- Some are more effective than others

J10a. Which test (or tests) do you believe is more effective in finding colon cancer?

BR97MostEffectiveTest[1-3]

Mark one or two.

- Stool blood test/fecal occult blood test
- Colonoscopy
- Sigmoidoscopy

Section K Communicating Health Information with Numbers

K1. In general, how easy or hard do you find it to understand medical statistics?

CS02MedStats

- Very easy
- Easy
- Hard
- Very hard

K2. How much do you agree or disagree with the following statement?

CS04NumbersHelpful

In general, I depend on numbers and statistics to help me make decisions about my health.

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree

K3. Which of the following numbers represents the biggest risk of getting a disease?

MailWhichRatioBiggestRisk

- 1 in 100
- 1 in 1,000
- 1 in 10

K4. People can talk about the chance of something happening using either words, like "It rarely happens" or numbers, like "There's a five percent chance."

When people tell you the chance of something happening do you prefer they use words or numbers?

CS01WordsOrNumbers

- Generally prefer words
- Generally prefer numbers
- No preference

Section L Beliefs About Cancer

This section contains several questions about cancer. For each, try to think about cancer in general when answering.

L1. How likely do you think it is that you will develop cancer in the future?

CS06ChanceGetCancer

- Very low
- Somewhat low
- Moderate
- Somewhat high
- Very high

L2. How often do you worry about getting cancer?

CS07FreqWorryCancer

- Rarely or never
- Sometimes
- Often
- All the time

L3. How much do you agree or disagree with this statement?

When I think of cancer, I automatically think of death.

CS05CancerFatal

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree

L4. How much do you agree or disagree with each of the following statements?

Strongly agree Somewhat agree Somewhat disagree Strongly disagree
 ▼ ▼ ▼ ▼

CS08BehaviorCausesCancer

1. Cancer is most often caused by a person's behavior or lifestyle.....

CS09CheckEarlyDetect

2. Getting checked regularly for cancer helps find cancer when it's easy to treat.....

CS10KnowPriorToDiagnosis

3. People can tell they might have cancer before being diagnosed.....

CS11EarlyDetectCured

4. Cancer is an illness that when detected early can typically be cured.....

CS12EverythingCauseCancer

5. It seems like everything causes cancer.....

CS13PreventNotPossible

6. There's not much you can do to lower your chances of getting cancer.....

CS14TooManyRecommendations

7. There are so many different recommendations about preventing cancer, it's hard to know which ones to follow.....

L5. Overall, how many people who develop cancer do you think survive at least 5 years?

CS15SurviveFiveYears

- Less than 25 percent
- About 25 percent
- About 50 percent
- About 75 percent
- Nearly all

L6. When you hear the word cancer, what type of cancer comes to mind first?

Please specify below:

CS16FirstCancer_OS

Section M Your Cancer History

M1. Have you ever been diagnosed as having cancer?

CS17EverHadCancer

- Yes
- No → **Go to Question M4**

M1a. What type of cancer did you have?

CS18TypeOfSPsCancer[01-10]

Mark all that apply.

- Bladder cancer
- Bone cancer
- Breast cancer
- Cervical cancer (cancer of the cervix)
- Colon cancer
- Endometrial cancer (cancer of the uterus)
- Head and neck cancer
- Hodgkin's lymphoma
- Leukemia/blood cancer
- Liver cancer
- Lung cancer
- Melanoma
- Non-Hodgkin's lymphoma
- Oral cancer
- Ovarian cancer
- Pancreatic cancer
- Pharyngeal (throat) cancer
- Prostate cancer
- Rectal cancer
- Renal (kidney) cancer
- Skin cancer, other
- Stomach cancer
- Other → *Please specify below:*

CS18TypeOfSPsCancer_OS

Question M4 appears on the next page.

M2. At what age were you first told that you had cancer?

CS19WhenDiagnosedCancer_UNIT
CS18WhenDiagnosedCancer_AGE

Age

M3. Did you ever receive any treatment for your cancer?

CS20UndergoCancerTreatment

Yes

No → Go to Question M4

M3a. How long ago did you finish your most recent treatment?

CS21HowLongFinishTreatment_UNIT

CS21HowLongFinishTreatment

I am still in treatment → Go to Question M4

Write a number in one box below

Months Years

M4. Have any of your family members ever had cancer?

CS22FamilyEverHadCancer

Yes

No

Have no family

Section N Your Health Status

N1. In general, would you say your health is...

HD01GeneralHealth

Excellent

Very good

Good

Fair

Poor

Next are some questions about feelings you may have experienced over the past 30 days.

N2. How often did you feel each of the following during the past 30 days?

All of the time
Most of the time
Some of the time
A little of the time
None of the time

HD03aSad

1. So sad that nothing could cheer you up.....

HD03bNervous

2. Nervous

HD03cRestless

3. Restless or fidgety

HD03dHopeless

4. Hopeless.....

HD03eEffort

5. That everything was an effort

HD03fWorthless

6. Worthless.....

Section O About You and Your Household

O1. What is your age?

MailAge

years old

O2. Are you male or female?

MailGender

Male

Female

O3. What is your current occupational status?

HD05OccupationStatus

Mark only one.

Employed Student

Unemployed Retired

Homemaker Disabled

Other → Please specify below:

O4. What is your marital status?

HD06MaritalStatus

- Married
- Living as married
- Divorced
- Widowed
- Separated
- Single, never been married

O5. What is the highest grade or level of schooling you completed?

HD07Education

- Less than 8 years
- 8 through 11 years
- 12 years or completed high school
- Post-high school training other than college (vocational or technical)
- Some college
- College graduate
- Postgraduate

O6. Are you Hispanic or Latino?

HD08Hispanic

- Yes
- No

O7. Which one or more of the following would you say is your race?

HD09Race[1-5]

Mark all that apply.

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/other Pacific Islander
- White

O8. Were you born in the United States?

HD10BornInUSA

- Yes → **Go to Question O9**
- No

O8a. In what year did you come to live in the United States?

HD11YearCameToUSA

Year

Question O9 appears in the next column.

O9. How many children under the age of 18 live in your household?

HD13ChildrenInHH

Number of children under 18

O10. Are any of the children under the age of 18 in your household female?

HD14FemaleChildren

- Yes
- No
- No children in household under 18

O11. 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?

HD15IncomeRanges

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

O12. Do you currently rent or own your home?

HD16RentOrOwn

- Own
- Rent
- Occupy without paying monetary rent

O13. Did you complete this survey all in one sitting, or did you do it in more than one sitting?

MailStartStopSurvey

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

O14. Did anyone help you complete this survey?

MailSomeoneInRoom

- Yes
- No

O15. How long did it take you to complete the survey?

MailSurveyTime_UNIT
MailSurveyTime

Write a number in one box below

Minutes

Hours

O16. Is there at least one telephone inside your home that is currently working and is not a cell phone?

MailDB07PhoneInHome

Yes

No

O17. Does anyone in your family have a working cell phone?

MailDB08CellPhone

Yes

No

O18. At which of the following types of addresses does your household currently receive residential mail?

Mark all that apply.

MailDB05aTypeOfAddress

A street address with a house or building number

MailDB05bTypeOfAddress

An address with a rural route number

MailDB05cTypeOfAddress

A U.S. post office box (P.O. Box)

MailDB05dTypeOfAddress

A commercial mail box establishment (such as Mailboxes are Us, Mailboxes, Etc.)

Thank you!

Please remember that we would like all persons age 18 years or older in this household to complete a questionnaire. If more questionnaires are needed, please call 1-888-636-6540.

Please return this questionnaire in the postage-paid envelope provided. If you have lost the envelope, mail the completed questionnaire to:

HINTS Study, TC 1021F
Westat
1650 Research Blvd.
Rockville, MD 20850

If you have any questions about cancer or want some information about cancer, you can call 1-800-4-CANCER or go to the National Cancer Institute's web site at: www.cancer.gov.

Some Frequently Asked Questions
about the
Health Information National Trends Survey

Q: What is the study about? What kind of questions will you be asking?

A: The study concerns health and how people receive health information. For example, we will ask how you usually get information about how to stay healthy, the sources of information you most trust, and how you might like to get such information in the future. We will also ask about your beliefs on what contributes to good health, how best to prevent cancer, your participation in various health-related activities, and related topics.

Q: How will the study results be used? What will be done with my information?

A: Findings will help the U.S. Department of Health and Human Services promote good health and prevent disease, by determining ways of better communicating accurate health information to people.

Q: How did you get my address?

A: Your address was randomly selected from among all of the known home addresses in the nation. It was selected using scientific sampling methods.

Q: Why should I take part in this study? Do I have to do this?

A: Your participation is voluntary, and you may refuse to answer any questions or withdraw from the study at any time. Your household was selected randomly using scientific sampling methods, in order to reach a sample that reflects the entire population of the United States. You represent thousands of other households like yours, and you cannot be replaced. Your answers and opinions are very important to the success of this study, as you represent others who share your knowledge and beliefs.

Q: Will my answers to the survey be kept confidential?

A: Yes. Your answers will not be revealed to anyone but the researchers in a way that identifies you or your household, to the extent provided by law.

Q: How long will it take to answer the questions?

A: About 20 to 30 minutes.

Q: Who is sponsoring the study? Is this study approved by the Federal Government?

A: The study is sponsored by the U.S. Department of Health and Human Services. The study has been approved by the Office of Management and Budget (OMB), the office that reviews all federally-sponsored surveys. The OMB approval number assigned to this study is 0925-0538.

Q: Who is Westat?

A: Westat is a research company located in Rockville, Maryland. Westat is conducting this survey under contract to the U.S. Department of Health and Human Services.