Health Information National Trends Survey 2007 (HINTS 2007)

ENGLISH EXTENDED INTERVIEW INSTRUMENT – FINAL VERSION

September 2008

NATIONAL CANCER INSTITUTE (NCI)

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OMB # 0925-0538
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# TABLE OF CONTENTS

**Extended Interview Introduction** .............................................................. 1

**Health Communication** .............................................................................. 2  
  Health Information Seeking.................................................................. 2  
  Cancer Information Seeking.......................................................... 6  
  Internet Use...................................................................................... 8

**Health Services** .......................................................................................... 11  
  Health Care Use.............................................................................. 11  
  Health Care Experience.................................................................. 12  
  Avoidance of Doctors...................................................................... 14  
  Health Records............................................................................... 15  
  Consent.............................................................................................. 15  
  Genetic Tests................................................................................... 16  
  Clinical Trials.................................................................................. 16  
  Information Sources......................................................................... 16

**Behavior and Risk Factors** ....................................................................... 17  
  Energy Balance................................................................................ 17  
  Sun Exposure............................................................................... 20  
  Tobacco Use .................................................................................. 21  
  Lung Cancer ............................................................................... 24  
  Cervical Cancer............................................................................ 25  
  Colon Cancer............................................................................... 29

**Cancer** .................................................................................................... 34  
  Numeracy...................................................................................... 34  
  Cancer Cognition........................................................................... 35  
  Cancer History.............................................................................. 37

**Health Status and Demographics** ............................................................. 40  
  Health Status.............................................................................. 40  
  Demographics............................................................................... 41
EXTENDED INTERVIEW INTRODUCTION

May I speak to {SELECTED RESPONDENT}?

My name is {INTERVIEWER NAME}, and I'm calling for the U.S. Department of Health and Human Services for a national study on people's needs for health information. You have been selected for the study and we need your participation.

OR

My name is {INTERVIEWER NAME} and I'm calling for the U.S. Department of Health and Human Services for a national health study. You have been selected for the study and we need your participation.

The interview will take about 25-30 minutes depending on your answers, but your participation is voluntary and you can refuse to answer any questions or withdraw from the study at any time. All information obtained will be kept confidential to the extent the law allows. If you want, we can do part of the interview and finish it at another time.

CC-01.  Because these questions are very important, I need to ask [again] what is your age, please?

|__|__|__| ................................................................ [18 to 130] (CC-03)

DK........................................................................... (CC-02)

RF........................................................................... (CC-02)

CC-02.  Are you . . .

AgeRangeConfirm

less than 18 years old, ............................................ 1 (End Statement 3)
between 18 and 34, ................................................. 2
35 to 39................................................................. 3
40 to 44, or .......................................................... 4
45 or older?............................................................ 5

CC-03.  [ASK IF NOT OBVIOUS: Are you male or female?]

GenderC

MALE ................................................................. 1
FEMALE............................................................. 2
HEALTH COMMUNICATION

HEALTH INFORMATION SEEKING

HC-01. Have you ever looked for information about health or medical topics from any source?

YES........................................................... 1
NO............................................................. 2 (HC-06)

HC-02. The most recent time you looked for information about health or medical topics, where did you go first?

[IF SP HAS MADE MORE THAN ONE SEARCH, PROBE FOR THE MOST RECENT SEARCH.]

BOOKS...................................................... 1
BROCHURES, PAMPHLETS, ETC............. 2
CANCER ORGANIZATION ....................... 3
FAMILY ..................................................... 4
FRIEND/CO-WORKER,......................... 5
HEALTH CARE PROVIDER..................... 6
INTERNET................................................. 7
LIBRARY ................................................... 8
MAGAZINES............................................. 9
NEWSPAPERS.......................... 10
TELEPHONE INFORMATION NUMBER
(1-800 NUMBER)................................. 11
COMPLEMENTARY OR ALTERNATIVE
PRACTITIONER................................. 12
OTHER (SPECIFY).............................. 91

HC-02b. Did you look or go anywhere else [for information about health or medical topics]?

YES........................................................... 1
NO............................................................. 2 (HC-04)
HC-03. Where else did you look or go?

[CODE ALL THAT APPLY.]

[PROBE: Anywhere else?]

- BOOKS...................................................... 11
- BROCHURES, PAMPHLETS, ETC.............. 12
- CANCER ORGANIZATION...................... 13
- FAMILY.................................................... 14
- FRIEND/CO-WORKER.............................. 15
- HEALTH CARE PROVIDER..................... 16
- INTERNET.................................................. 17
- LIBRARY.................................................... 18
- MAGAZINES............................................. 19
- NEWSPAPERS............................................ 20
- TELEPHONE INFORMATION NUMBER (1-800 NUMBER)..................................... 21
- COMPLEMENTARY OR ALTERNATIVE PRACTITIONER..................................... 22
- OTHER (SPECIFY)........................................ 91

HC-04. The most recent time you looked for information about health or medical topics was it for...

- yourself,..................................................... 1
- for someone else, or................................. 2
- both?....................................................... 3

HC-05a. Based on the results of your most recent search for information about health or medical topics, how much do you agree or disagree with the following statements?

- It took a lot of effort to get the information you needed. Would you say you...

  [IF R HAS MADE MORE THAN ONE SEARCH, PROBE FOR THE MOST RECENT SEARCH.]

  - strongly agree,........................................ 1
  - somewhat agree,................................. 2
  - somewhat disagree, or.......................... 3
  - strongly disagree?............................... 4

HC-05b. You felt frustrated during your search for the information.

  [IF NEEDED: Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?]

  - STRONGLY AGREE.................................... 1
  - SOMewhat AGREE...................................... 2
  - SOMewhat DISAGREE.................................. 3
  - STRONGLY DISAGREE................................. 4
HC-05c. HC05cConcernedQuality

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

You were concerned about the quality of the information.

[IF NEEDED: Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?]

STRONGLY AGREE ......................... 1
SOMEWHAT AGREE ....................... 2
SOMEWHAT DISAGREE ................... 3
STRONGLY DISAGREE .................... 4

HC-05d. HC05dTooHardUnderstand

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

The information you found was hard to understand.

[IF NEEDED: Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?]

STRONGLY AGREE ......................... 1
SOMEWHAT AGREE ....................... 2
SOMEWHAT DISAGREE ................... 3
STRONGLY DISAGREE .................... 4

HC-06. HC06ConfidentGetHealthInfo

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

completely confident, ............................ 1
very confident, ................................. 2
somewhat confident, ........................... 3
a little confident, or ............................. 4
not confident at all? ............................ 5

[HC-07a THROUGH HC-07i ARE ASKED IN A RANDOM ORDER]

HC-07a. HC07aTrustDoctor

In general, how much would you trust information about health or medical topics from a doctor or other health care professional? Would you say a lot, some, a little, or not at all?

A LOT ................................................. 1
SOME ............................................... 2
A LITTLE .......................................... 3
NOT AT ALL ...................................... 4

HC-07b. HC07bTrustFamily

[In general, how much would you trust information about health or medical topics?]

How about from family or friends?

[IF NEEDED: Would you say a lot, some, a little or not at all?]

A LOT ................................................. 1
SOME ............................................... 2
A LITTLE .......................................... 3
NOT AT ALL ...................................... 4
HC-07c.  
[In general, how much would you trust information about health or medical topics?]  

How about in newspapers or magazines?  

[IF NEEDED: Would you say a lot, some, a little or not at all?]  

A LOT................................................. 1  
SOME................................................. 2  
A LITTLE ............................................ 3  
NOT AT ALL ........................................ 4  

HC-07d.  
[In general, how much would you trust information about health or medical topics?]  

How about on the radio?  

[IF NEEDED: Would you say a lot, some, a little or not at all?]  

A LOT................................................. 1  
SOME................................................. 2  
A LITTLE ............................................ 3  
NOT AT ALL ........................................ 4  

HC-07e.  
[In general, how much would you trust information about health or medical topics?]  

How about on the Internet?  

[IF NEEDED: Would you say a lot, some, a little or not at all?]  

A LOT................................................. 1  
SOME................................................. 2  
A LITTLE ............................................ 3  
NOT AT ALL ........................................ 4  

HC-07f.  
[In general, how much would you trust information about health or medical topics?]  

How about on television?  

[IF NEEDED: Would you say a lot, some, a little or not at all?]  

A LOT................................................. 1  
SOME................................................. 2  
A LITTLE ............................................ 3  
NOT AT ALL ........................................ 4
HC-07g.  
**HC07gTrustGov**

[In general, how much would you trust information about health or medical topics…]

How about from government health agencies?

[IF NEEDED: Government health agencies include the National Institutes of Health, the Centers for Disease Control and Prevention, and state and local health departments.]

[IF NEEDED: Would you say a lot, some, a little, or not at all?]

A LOT........................................................ 1  
SOME........................................................ 2 
A LITTLE ................................................... 3 
NOT AT ALL .............................................. 4

HC-07h.  
**HC07hTrustCharities**

[In general, how much would you trust information about health or medical topics…]

How about from charitable organizations?

[IF NEEDED: Would you say a lot, some, a little, or not at all?]

A LOT........................................................ 1  
SOME........................................................ 2 
A LITTLE ................................................... 3 
NOT AT ALL .............................................. 4

HC-07i.  
**HC07iTrustReligiousOrgs**

[In general, how much would you trust information about health or medical topics…]

How about from religious organizations and leaders?

[IF NEEDED: Would you say a lot, some, a little, or not at all?]

A LOT........................................................ 1  
SOME........................................................ 2 
A LITTLE ................................................... 3 
NOT AT ALL .............................................. 4

**CANCER INFORMATION SEEKING**

HC-08.  
**HC08SeekCancerInfo**

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

YES........................................................... 1  
NO.............................................................. 2 (Intro to HC-15)
Think about the most recent time you looked for cancer-related information from any source.

About how long ago was that?

[ENTER NUMBER.]

[ENTER UNIT.]

DAYS AGO................................................ 1
WEEKS AGO............................................. 2
MONTHS AGO .......................................... 3
YEARS AGO.............................................. 4

What type of information were you looking for in your most recent search?

[CODE ALL THAT APPLY.]

[PROBE: Anything else?]

SPECIFIC CANCER................................... 11
CANCER ORGANIZATIONS....................... 12
CAUSES OF CANCER/RISK FACTORS FOR CANCER............................................ 13
COPING WITH CANCER/ DEALING WITH CANCER............................................. 14
DIAGNOSIS OF CANCER............................. 15
INFORMATION ON CANCER IN GENERAL PAYING FOR MEDICAL CARE/ INSURANCE ........................................ 17
PREVENTION OF CANCER....................... 18
PROGNOSIS/ RECOVERY FROM CANCER......................................................... 19
SCREENING/ TESTING/ EARLY DETECTION.................................................. 20
SYMPTOMS OF CANCER.............................. 21
TREATMENT/ CURES FOR CANCER........... 22
WHERE TO GET MEDICAL CARE.......... 23
INFORMATION ON COMPLEMENTARY ALTERNATIVE, OR UNCONVENTIONAL TREATMENTS ........................................... 24
OTHER (SPECIFY).................................... 91
HC-11.

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

[IF SP HAS MADE MORE THAN ONE SEARCH, PROBE FOR THE MOST RECENT SEARCH.]

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOOKS</td>
<td>1</td>
</tr>
<tr>
<td>BROCHURES, PAMPHLETS, ETC</td>
<td>2</td>
</tr>
<tr>
<td>CANCER ORGANIZATION</td>
<td>3</td>
</tr>
<tr>
<td>FAMILY</td>
<td>4</td>
</tr>
<tr>
<td>FRIEND/CO-WORKER</td>
<td>5</td>
</tr>
<tr>
<td>HEALTH CARE PROVIDER</td>
<td>6</td>
</tr>
<tr>
<td>INTERNET</td>
<td>7</td>
</tr>
<tr>
<td>LIBRARY</td>
<td>8</td>
</tr>
<tr>
<td>MAGAZINES</td>
<td>9</td>
</tr>
<tr>
<td>NEWSPAPERS</td>
<td>10</td>
</tr>
<tr>
<td>TELEPHONE INFORMATION NUMBER (1-800 NUMBER)</td>
<td>11</td>
</tr>
<tr>
<td>COMPLEMENTARY OR ALTERNATIVE PRACTITIONER</td>
<td>12</td>
</tr>
<tr>
<td>OTHER (SPECIFY)</td>
<td>91</td>
</tr>
</tbody>
</table>

QUESTIONS HC-12 THROUGH HC-14 DELETED.

INTERNET USE

The next few questions are about various ways you might get health information.

HC-15. Do you ever go on-line to access the Internet or World Wide Web, or to send and receive e-mail?

YES........................................................ 1
NO.......................................................... 2 (NEXT SECTION)

HC-16. Where do you go to use the Internet?

[CODE ALL THAT APPLY.]

[PROBE: Anywhere else?]

HOME...................................................... 11
WORK....................................................... 12
SCHOOL.................................................... 13
A PUBLIC LIBRARY..................................... 14
A COMMUNITY CENTER................................. 15
SOMEONE ELSE’S HOUSE............................... 16
SOME OTHER PLACE.................................... 91

BOX HCQ-1

IF RESPONDENT ACCESSES THE INTERNET AT HOME (HC-16=11), ASK HC-17.
OTHERWISE, GO TO HC-18a.
HC-17. When you use the Internet at home, do you mainly access it through...

<table>
<thead>
<tr>
<th>Choice</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>a telephone modem</td>
<td>1</td>
</tr>
<tr>
<td>a cable or satellite modem</td>
<td>2</td>
</tr>
<tr>
<td>a DSL modem</td>
<td>3</td>
</tr>
<tr>
<td>a wireless device such as a PDA, or</td>
<td>4</td>
</tr>
<tr>
<td>some other way? (SPECIFY)</td>
<td>91</td>
</tr>
</tbody>
</table>

HC-18a. Here are some ways people use the Internet. Some people have done these things, but other people have not. In the past 12 months, have you done the following things while using the Internet?

Have you bought medicine or vitamins on-line?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
</tbody>
</table>

HC-18b. [In the past 12 months, have you done the following things while using the Internet?]

Participated in an on-line support group for people with a similar health or medical issue?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
</tbody>
</table>

HC-18c. [In the past 12 months, have you done the following things while using the Internet?]

Used e-mail or the Internet to communicate with a doctor or a doctor’s office?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
</tbody>
</table>

HC-18d. [In the past 12 months, have you done the following things while using the Internet?]

Used a website to help you with your diet, weight, or physical activity?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
</tbody>
</table>

HC-18e. [In the past 12 months, have you done the following things while using the Internet?]

Looked for a healthcare provider?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
</tbody>
</table>
HC-18f.  
HC18fIPDA  
[In the past 12 months, have you done the following things while using the Internet?]  
Downloaded to a portable device, such as an iPod, cell phone, or PDA?  
YES...........................................................  1  
NO............................................................  2  

HC-18g.  
HC18gMySpace  
[In the past 12 months, have you done the following things while using the Internet?]  
Visited a “social networking” site, such as “My Space” or “Second Life”?  
YES...........................................................  1  
NO............................................................  2  

HC-18h.  
HC18hBlog  
[In the past 12 months, have you done the following things while using the Internet?]  
Wrote in an online diary or “blog” (i.e., Web log)?  
YES...........................................................  1  
NO............................................................  2  

HC-18i.  
HC18iPHR  
[In the past 12 months, have you done the following things while using the Internet?]  
Kept track of personal health information, such as care received, test results, or upcoming medical appointments?  
YES...........................................................  1  
NO............................................................  2
HEALTH SERVICES

HEALTH CARE USE

The next few questions are about your use of health care services.

HS-01.  Not including psychiatrists and other mental health professionals, is there a particular doctor, nurse, or other health professional that you see most often?

YES............................................................ 1
NO............................................................. 2 (HS-03)

HS-02.  What kind of health professional do you see most often? Do you see a doctor, nurse, or some other health professional?

DOCTOR................................................... 1
NURSE...................................................... 2
OTHER (SPECIFY).................................... 91

HS-03.  During 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?

NONE........................................................ 0
1 TIME..................................................... 1
2 TIMES .................................................. 2
3 TIMES .................................................. 3
4 TIMES .................................................. 4
5-9 TIMES .............................................. 5
10 OR MORE TIMES ................................. 6

HS-04.  Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

YES........................................................... 1
NO............................................................. 2

HS-05.  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?

YES........................................................... 1
NO............................................................. 2

BOX HSQ-1

IF DID NOT SEE HEALTH PROFESSIONAL (HS-03=0),
GO TO HS-11.
OTHERWISE, CONTINUE.
Did you discuss your use of unconventional therapies with any of your doctors?

**YES**........................................................... 1
**NO**............................................................. 2

**HEALTH CARE EXPERIENCE**

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

During the past 12 months, how often did doctors, nurses, or other health professionals give you the chance to ask all the health-related questions you had? Would you say…

- always, ...................................................... 1
- usually, ................................................... 2
- sometimes, or .......................................... 3
- never? ..................................................... 4

How often did doctors, nurses or other health professionals give the attention you needed to your feelings and emotions?

([IF NEEDED: Would you say always, usually, sometimes, or never?])

- ALWAYS.................................................... 1
- USUALLY .................................................. 2
- SOMETIMES ............................................. 3
- NEVER...................................................... 4

How often did they involve you in decisions about your health care as much as you wanted?

([IF NEEDED: Would you say always, usually, sometimes, or never?])

- ALWAYS.................................................... 1
- USUALLY .................................................. 2
- SOMETIMES ............................................. 3
- NEVER...................................................... 4

How often did they make sure you understood the things you needed to do to take care of your health?

([IF NEEDED: Would you say always, usually, sometimes, or never?])

- ALWAYS.................................................... 1
- USUALLY .................................................. 2
- SOMETIMES ............................................. 3
- NEVER...................................................... 4
HS-07e. How often did they help you deal with feelings of uncertainty about your health or health care?

[IF NEEDED: Would you say always, usually, sometimes, or never?]

ALWAYS.................................................... 1
USUALLY .................................................. 2
SOMETIMES ............................................. 3
NEVER...................................................... 4

HS-07f. In the past 12 months, how often did you feel you could rely on doctors, nurses or other health professionals to take care of your health care needs?

[IF NEEDED: Would you say always, usually, sometimes, or never?]

ALWAYS.................................................... 1
USUALLY .................................................. 2
SOMETIMES ............................................. 3
NEVER...................................................... 4

HS-08. Overall, how would you rate the quality of health care you received in the past 12 months? Would you say...

excellent, ................................................... 1
very good,.................................................. 2
good, ......................................................... 3
fair, or........................................................ 4
poor?......................................................... 5

BOX HSQ-3
IF DOES NOT USE INTERNET (HC-15=2), GO TO HS-11. OTHERWISE, CONTINUE.

HS-09. 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?

YES ............................................................ 1
NO ............................................................. 2 (HS-11)

HS-10. 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?

Were they...

very interested, .......................................... 1
somewhat interested, ................................. 2
a little interested, or.................................... 3
not at all interested? ................................. 4
HS-11. TakeCareHealth
Overall, how confident are you about your ability to take good care of your health? Would you say…

- completely confident ................................................................. 1
- very confident ........................................................................... 2
- somewhat confident, ............................................................... 3
- a little confident, or ................................................................. 4
- not confident at all? ............................................................... 5

AVOIDANCE OF DOCTORS

HS-12. AvoidDoc
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?

- TRUE ................................................................................. 1
- NOT TRUE .............................................................................. 2 (HS-17)

HS-13. BodyExam
Here are some reasons people give for not wanting to see their health care provider [or doctor]. Please tell me how much you agree with the following statements.

I avoid seeing my doctor because I feel uncomfortable when my body is being examined. Would you say you...

- strongly agree, ................................................................. 1
- somewhat agree, ............................................................... 2
- somewhat disagree, or .................................................... 3
- strongly disagree? .......................................................... 4

HS-14. FearIllness
I avoid seeing my doctor because I fear I may have a serious illness.

[IF NEEDED: Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree.]

- STRONGLY AGREE ................................................... 1
- SOMEWHAT AGREE ................................................ 2
- SOMEWHAT DISAGREE ........................................ 3
- STRONGLY DISAGREE ............................................. 4

HS-15. Dying
I avoid seeing my doctor because it makes me think about dying.

[IF NEEDED: Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree.]

- STRONGLY AGREE ................................................... 1
- SOMEWHAT AGREE ................................................ 2
- SOMEWHAT DISAGREE ........................................ 3
- STRONGLY DISAGREE ............................................. 4
HS-16. Are there any other reasons why you avoid seeing your doctor?

YES (SPECIFY) ........................................... 1
NO............................................................. 2

[SPECIFY:]

HEALTH RECORDS

HS-17. As far as you know, do your healthcare providers maintain your medical information in a portable, electronic format?

YES........................................................... 1
NO............................................................. 2

HS-18. How important is it to you that your healthcare providers are able to share your medical information with each other electronically? Would you say...

very important, ........................................... 1
somewhat important, or.............................. 2
not at all important?................................. 3

HS-19. How important would it be for you to get your own medical information electronically? Would you say...

very important, ........................................... 1
somewhat important, or.............................. 2
not at all important?................................. 3

CONSENT

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

HS-20. In general, I think that the information I give doctors is safely guarded. Would you say you...

Strongly agree,........................................... 1
Somewhat agree, ....................................... 2
Somewhat disagree, or............................... 3
Strongly disagree? ..................................... 4

HS-21. Scientists doing research should be able to review my medical information if the information cannot be linked to me personally. Would you say you...

[IF NEEDED: Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?]
GENETIC TESTS

HS-22.  
HS22HeardGeneticTest  
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?

YES........................................................... 1  
NO............................................................ 2 (HS-25)

HS-23.  
HS23HadGeneticTest  
Have you ever had a genetic test?

YES........................................................... 1  
NO............................................................ 2

QUESTION HS-24 DELETED.

CLINICAL TRIALS

HS-25.  
HS25HeardOfClinicalTrial  
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?

YES........................................................... 1  
NO............................................................ 2

QUESTION HS-26 DELETED.

INFORMATION SOURCES

HS-27.  
HS27NCI  
Before being contacted for this study had you ever heard of the National Cancer Institute?

YES........................................................... 1  
NO............................................................ 2

HS-28.  
HS28CDC  
[Before being contacted for this study had you ever heard of…]  
CDC or the Centers for Disease Control and Prevention?

YES........................................................... 1  
NO............................................................ 2

HS-29.  
HS29ACS  
[Before being contacted for this study had you ever heard of…]  
the American Cancer Society?

YES........................................................... 1  
NO............................................................ 2
BEHAVIOR AND RISK FACTORS

ENERGY BALANCE

BR-01.  
BR01Fruits  
The next few questions are about your fruit and vegetable consumption.  
How many servings of fruits do you usually eat or drink each day? Think of a  
serving as being about 1 medium piece, or 1/2 cup of fruit, or 3/4 cup of fruit  
juice.

|__|__|

BR-02.  
BR02Vegetables  
How many servings of vegetables do you usually eat or drink each day? Think of  
a serving as being about 1 cup of raw leafy vegetables, 1/2 cup of other cooked  
or raw vegetables, or 3/4 cup of vegetable juice.

|__|__|

BR-03.  
BR03NumberServings  
How many servings of fruits and vegetables do you think the average adult  
should eat each day for good health?

[IF NONE, ENTER 0]  
[IF R GIVES RANGE, PROBE FOR AN EXACT NUMBER.  
IF DON'T KNOW, DO NOT PROBE.]

|__|__|

BR-04.  
BR04AnyExercisePastMonth  
The next few questions are about your exercise, recreation, and physical activity  
patterns.

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

YES........................................................................ 1  
NO......................................................................... 2 (BR-07)

BR-05.  
BR05TimesModerateExercise  
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?

[IF NEEDED: moderate-intensity activities make you breathe somewhat harder  
than normal.]

[IF NONE, ENTER 0]

|__|__|
**BOX BRQ-1**

IF DOES NOT EXERCISE IN A TYPICAL WEEK (BR-05=0),
GO TO BR-07.
OTHERWISE, CONTINUE.

**BR-06.**

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

[ENTER UNIT.]

- MINUTES ........................................ 1
- HOURS .......................................... 2
- HOURS AND MINUTES ....................... 3

[ENTER NUMBER.]

|   |   |   |   |

**BR-07.**

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

|   |

**BOX BRQ-2**

IF WEEKLY EXERCISE IS NOT RECOMMENDED TO STAY HEALTHY (BR-07=0), GO TO BR-09.
OTHERWISE, CONTINUE.

**BR-08.**

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

BR08RecommendTimeExercise_UNIT

[ENTER UNIT.]

- MINUTES ........................................ 1
- HOURS .......................................... 2
- HOURS AND MINUTES ....................... 3

[ENTER NUMBER.]

|   |   |   |   |

**BR-09.**

As far as you know, does physical activity or exercise increase the chances of getting some types of cancer, decrease the chances of getting some types of cancer, or does it not make much difference?

BR09ExerciseLowerRiskCancer

- INCREASES CHANCES OF CANCER ........ 1
- DECREASES CHANCES OF CANCER ...... 2
- MAKES NO DIFFERENCE .................. 3
BR-10. About how tall are you without shoes?

[ROUND FRACTIONS OF INCHES DOWN TO WHOLE INCH.]

[ENTER FEET.]

[ENTER INCHES.]

BR-11. About how much do you weigh without shoes?

[ROUND FRACTIONS UP TO WHOLE NUMBER.]

BR-11b. 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…

Strongly agree, ........................................... 1
Somewhat agree, ........................................ 2
Somewhat disagree, or .................................. 3
Strongly disagree? ........................................ 4

BR-12. Right now do you feel you are…

overweight, ................................................. 1
slightly overweight, ..................................... 2
underweight, ............................................. 3
slightly underweight, or ................................ 4
just about the right weight for you? ................. 5

BR-13. Have you tried to lose any weight in the past 12 months?

YES ......................................................... 1
NO ......................................................... 2

QUESTIONS BR-14 AND BR-15 DELETED.

BR-16. Do you agree or disagree with the following statement about Vitamin D?

Sunlight helps the body produce Vitamin D naturally. Would you say you…

Agree, or ............................................... 1
Disagree? .................................................. 2

QUESTIONS BR-17 THROUGH BR-21 DELETED.
To what extent do you believe that obesity is inherited? Would you say...

A lot, ...................................................... 1
Some, ................................................... 2
A little, or ............................................... 3
Not at all? ............................................. 4

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

[IF NEEDED: Would you say a lot, some, a little, or not at all?]

A LOT .................................................. 1
SOME .................................................. 2
A LITTLE ............................................. 3
NOT AT ALL ......................................... 4

For the following questions, think about what you do when you are outside during the summer on a warm sunny day.

How often do you wear sunscreen? Would you say...

[IF R DOES NOT GO OUTSIDE ON A SUNNY DAY, CODE 99.]

always, ............................................. 1
often, .................................................. 2
sometimes, ......................................... 3
rarely, or .......................................... 4
never? ............................................... 5
DOES NOT GO OUT ON SUNNY DAY....... 99

[How often do you...] wear a shirt with sleeves that cover your shoulders?

[IF NEEDED: Would you say always, often, sometimes, rarely, or never?]

ALWAYS ............................................. 1
OFTEN ............................................... 2
SOMETIMES ....................................... 3
RARELY ............................................. 4
NEVER .............................................. 5
DOES NOT GO OUT ON SUNNY DAY....... 99
BR-25c.  
How often do you wear a hat?

[IF NEEDED: Would you say always, often, sometimes, rarely, or never?]

ALWAYS.................................................... 1
OFTEN ...................................................... 2
SOMETIMES ............................................. 3
RARELY .................................................... 4
NEVER...................................................... 5
DOES NOT GO OUT ON SUNNY DAY....... 99

BR-25d.  
How often do you stay in the shade or under an umbrella?

[IF NEEDED: Would you say always, often, sometimes, rarely, or never?]

ALWAYS.................................................... 1
OFTEN ...................................................... 2
SOMETIMES ............................................. 3
RARELY .................................................... 4
NEVER...................................................... 5
DOES NOT GO OUT ON SUNNY DAY....... 99

BR-26.  
How many times in the past 12 months have you used a tanning bed or booth?

0 TIMES .................................................... 1
1-2 TIMES ................................................. 2
3-10 TIMES................................................ 3
11-24 TIMES.............................................. 4
25 TIMES OR MORE ................................ . 5

BR-27.  
How many times in the past 12 months have you used sunless tanning creams or sprays, also know as self-tanning or fake tanning? This includes creams or lotions that you apply by yourself or mist tans from a tanning salon or other business.

0 TIMES .................................................... 1
1-2 TIMES ................................................. 2
3-10 TIMES................................................ 3
11-24 TIMES.............................................. 4
25 TIMES OR MORE ................................ . 5

TOBACCO USE

Next are some questions about your use of tobacco.

BR-28.  
Have you smoked at least 100 cigarettes in your entire life?

[IF NEEDED: 5 Packs = 100 Cigarettes.]

YES........................................................... 1
NO............................................................ 2 (BR-40)
BR-29. Do you now smoke cigarettes…

BR29SmokeNow

every day……………………………………1
some days, or………………………………2 (BR-31)
not at all?……………………………………3 (BR-37)

BR-30. On the average, how many cigarettes do you now smoke a day?

BR30SmokeDayAlways

[IF NEEDED: 1 Pack = 20 Cigarettes.]

[IF LESS THAN ONE A DAY, ENTER 0. IF 99 OR MORE, ENTER 99.]

|___| (BR-35)

BR-31. On how many of the past 30 days, did you smoke a cigarette?

BR31SmokePast30Days

|___|

BOX BRQ-3

IF DID NOT SMOKE IN THE PAST 30 DAYS (BR-31=0),
GO TO BR-33.
OTHERWISE, CONTINUE.

BR-32. On the average when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

BR32SmokeDaySometimes

[IF NEEDED: 1 Pack = 20 Cigarettes.]

[IF LESS THAN ONE A DAY, ENTER 0. IF 99 OR MORE, ENTER 99.]

|___|

BR-33. Have you ever smoked cigarettes every day for at least 6 months?

BR33SmokeEveryDay6MonthsSS

YES………………………………………1
NO………………………………………2 (BR-35)

BR-34. When you last smoked every day, how many cigarettes did you usually smoke each day?

BR34SmokeDaySomeDay

[IF NEEDED: 1 Pack = 20 Cigarettes.]

[IF LESS THAN ONE A DAY, ENTER 0. IF 99 OR MORE, ENTER 99.]

|___|

BR-35. During the past 12 months, have you tried to quit smoking completely?

BR35TriedQuit

YES………………………………………1
NO………………………………………2
BR-36. Are you seriously considering quitting smoking within the next 6 months?
   YES........................................................... 1 (BR-40)
   NO.......................................................... 2 (BR-40)

BR-37. About how long has it been since you completely quit smoking cigarettes?
   [ENTER NUMBER.]
   |__|__|__|__|__|
   [ENTER UNIT.]
   DAYS .................................................. 1
   WEEKS ............................................... 2
   MONTHS ............................................. 3
   YEARS .............................................. 4

BR-38. Have you ever smoked cigarettes every day for at least 6 months?
   YES........................................................... 1
   NO............................................................ 2 (BR-40)

BR-39. When you last smoked every day, how many cigarettes did you usually smoke each day?
   [IF NEEDED: 1 Pack = 20 Cigarettes.]
   [IF LESS THAN ONE A DAY, ENTER 0. IF 99 OR MORE, ENTER 99.]
   |__|__|

BR-40. Do you believe that some cigarettes are less harmful than others?
   YES........................................................... 1
   NO............................................................ 2

QUESTIONS BR-41 THROUGH BR-44 DELETED.

BR-45. Do you believe that some smokeless tobacco products, such as chewing tobacco and snuff, are less harmful than cigarettes?
   YES........................................................... 1
   NO............................................................ 2

BR-46. There are a number of resources that people use to help them stop smoking.
   Before being contacted for this survey, had you ever heard of telephone quit lines such as a toll-free number to call for help in quitting smoking?
   YES........................................................... 1
   NO............................................................ 2 (BR-53a)
QUESTIONS BR-47 THROUGH BR-50 DELETED.

BR-51. Have you ever called a telephone quit line?

YES........................................................... 1
NO............................................................. 2

BOX BRQ-7

IF NEVER SMOKER (BR-28=2) OR IF QUIT SMOKING OVER 1 YEAR AGO (BR-37=1 YEAR OR MORE),
GO TO BR-53.
OTHERWISE, CONTINUE.

BR-52. 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?

YES........................................................... 1
NO............................................................. 2
DID NOT SEE HEALTH CARE PROVIDER IN LAST 12 MONTHS .................. 95

BR-53. How likely would you be to call a smoking cessation telephone quit line in the future, for any reason? Would you say…

very likely.................................................. 1
somewhat likely........................................ 2
somewhat unlikely, or............................. 3
very unlikely?.......................................... 4

BR-53a. Before being contacted for this survey, had you ever heard of 1-800-QUIT-NOW?

YES........................................................... 1
NO............................................................. 2

LUNG CANCER

BR-54. Have you heard of any tests to find lung cancer before the cancer creates noticeable problems?

YES........................................................... 1
NO............................................................. 2 (BOX BRQ-8)
BR-55. What tests have you heard of?
BR55WhichLungTests[1-7]
BR55WhichLungTests_OS
[CODE ALL THAT APPLY.]

[PROBE: Any other tests?]
CHEST X-RAY/ X-RAY ......................... 11
SPIRAL CT/ CT SCAN/ HELICAL LOW...................... 12
DOSE CT SCAN........................................ 13
BRONCHOSCOPY .................................... 14
SPUTUM CYTOLOGY (CHECKING SPIT FOR CANCER CELLS) .... 15
LUNG BIOPSY ........................................ 16
BLOOD TEST ...................................... 17
MRI .................................................... 18
HEARD SOMETHING
RECENTLY/SAW
SOMETHING ON NEWS ......................... 19
CANNOT RECALL NAME ................................ 20
OTHER (SPECIFY) .................................. 21

BOX BRQ-8
IF RESPONDENT IS MALE, GO TO BR-60.
OTHERWISE, CONTINUE.

CERVICAL CANCER

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

BR-56. Have you ever had a Pap Smear or Pap test?
BR56HadPapTest
YES......................................................... 1
NO.................................................... 2 (BR-60)

BR-57. When did you have your most recent Pap test?
BR57WhenPapTest
A YEAR AGO OR LESS ......................... 1
MORE THAN 1 BUT NOT MORE THAN 3 YEARS AGO ......... 2
MORE THAN 3 BUT NOT MORE THAN 5 YEARS BEFORE ......... 3
MORE THAN 5 YEARS AGO ..................... 4

BR-58. What was the main reason that you had this Pap test?
BR58WhyPapTest
BR58WhyPapTest_OS
ROUTINE PAP TEST OR
PART OF ROUTINE PHYSICAL EXAM ...... 1
LAST PAP TEST WAS NOT NORMAL ...... 2
A SPECIFIC PROBLEM ......................... 3
NEVER HAD ONE AND
THOUGHT I SHOULD................................ 4
PREGNANCY/FOLLOW-UP TO BIRTH...... 5
OTHER (SPECIFY).............................. 91

BR-59.
BR59WhenNextPapTest
When do you expect to have your next Pap test?
A YEAR OR LESS FROM NOW ............ 1
MORE THAN 1 BUT NOT UP TO 3 YEARS FROM NOW .................................. 2
MORE THAN 3 BUT NOT UP TO 5 YEARS FROM NOW .................................. 3
OVER 5 YEARS FROM NOW ................. 4
NOT PLANNING TO HAVE ANOTHER .................................................... 5
IF I HAVE SYMPTOMS .......................... 6
WHEN DOCTOR/HEALTH PROVIDER RECOMMENDS.................................. 7
GOT THE HPV VACCINE SO NOT PLANNING TO HAVE ANOTHER .......... 8
PLAN TO GET THE HPV TEST INSTEAD SO NOT PLANNING TO HAVE ANOTHER PAP .......................................................... 9

BR-60.
BR60TreatedWarts
Have you ever been treated for genital warts?
YES ......................................................... 1
NO ....................................................... 2

BR-61a.
BR62HeardHPV
Have you ever heard of HPV? HPV stands for Human Papillomavirus.
It is not HIV, HSV, or herpes.
YES ......................................................... 1
NO ....................................................... 2

BR-61b.
BR61Vaccine
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?
YES ......................................................... 1
NO ....................................................... 2

BOX BRQ-9
IF RESPONDENT HAS NOT HEARD OF HPV (BR-61a=2),
GO TO BR-74.
IF RESPONDENT IS MALE AND HAS HEARD OF HPV (BR-61a=1),
ASK BR-63, BR-67, AND BR-68.
OTHERWISE, CONTINUE.

QUESTION BR-62 DELETED.
BR-63. Where have you heard about HPV?
[CODE ALL THAT APPLY.]
[PROBE: Anywhere else?]
DOCTOR, NURSE OR OTHER HEALTH CARE PROFESSIONAL......................... 11
FAMILY OR FRIENDS ............................................ 12
NEWSPAPER OR MAGAZINE .................................. 13
AD ON TELEVISION ............................................ 14
TELEVISION NEWS .............................................. 15
OTHER TELEVISION (i.e., Oprah or ER) .................................. 16
INTERNET .................................................................. 17
RADIO ..................................................................... 18
DON'T REMEMBER .................................................. 19
OTHER (SPECIFY) .................................................. 91

[IF R SAYS THEY HAVE IT, PROBE TO SEE IF THEY HEARD ABOUT IT FROM A DOCTOR, NURSE, OR OTHER HEALTH CARE PROFESSIONAL]

BR-64. Have you ever been told by a health care provider that you had a human papillomavirus or HPV infection?

YES .................................................................. 1
NO ..................................................................... 2

BOX BRQ-10
IF RESPONDENT HAS NOT HEARD OF A CERVICAL CANCER or HPV SHOT (BR-61=2), GO TO BR-66.
OTHERWISE, CONTINUE.

BR-65. Has a health care provider such as a doctor or nurse ever talked to you about a cervical cancer vaccine or HPV shot?

YES .................................................................. 1
NO ..................................................................... 2

BR-66. Has a health care provider such as a doctor or nurse ever talked to you about a HPV test?

YES .................................................................. 1
NO ..................................................................... 2

BR-67. Next are some questions on your opinion about HPV.

Do you think HPV can cause cervical cancer?

YES .................................................................. 1
NO ..................................................................... 2

BR-68. Do you think you can get HPV through sexual contact?
QUESTION BR-69 DELETED.

BOX BRQ-11

IF RESPONDENT IS MALE, GO TO BR-74.
OTHERWISE, CONTINUE.

BR-70. Do you think HPV can go away on its own, without treatment?

BR70HPVGoAway
BR70HPVGoAwayCombo

YES ........................................................... 1
NO ............................................................ 2

QUESTIONS BR-71 AND BR-72 DELETED.

BR-73. Do you think women who get the cervical cancer vaccine or HPV shot should continue to get screened for cervical cancer with the Pap test?

BR73ScreeningAfterVaccine

YES ........................................................... 1
NO ............................................................ 2

BR-74. A vaccine to prevent the human papillomavirus or HPV infection is recommended for girls ages 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 ........................................................... 1 (BOX BRQ-12)
NO ............................................................ 2
NOT SURE/ IT DEPENDS .................................. 3
DON'T KNOW .............................................. 9

BR-75. What is the main reason you would not have her get it?

BR75WhyNoVaccineForDaughter
BR75WhyNoVaccineForDaughter_OS

DOES NOT NEED VACCINE ........................... 1
NOT SEXUALLY ACTIVE ................................. 2
TOO EXPENSIVE ......................................... 3
TOO OLD FOR VACCINE ............................... 4
DOCTOR DIDN'T RECOMMEND IT ................... 5
WORRIED ABOUT SAFETY OF VACCINE ....... 6
DON'T KNOW WHERE TO GET VACCINE .. 7
MY SPOUSE/FAMILY MEMBER IS AGAINST IT .................................................. 8
DON'T KNOW ENOUGH ABOUT VACCINE . 9
ALREADY HAVE HPV ................................. 10
OTHER (SPECIFY) ...................................... 91
The next few questions are about getting tested for colon cancer. First I’ll ask you some questions about discussions you might have had about colon cancer testing. Then I’ll ask you about any tests you might have had.

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 ............................. 1
MORE THAN 1 BUT NOT MORE THAN 2 YEARS AGO ........................................... 2
MORE THAN 2 BUT NOT MORE THAN 5 YEARS AGO ........................................... 3
OVER 5 YEARS AGO ................................ 4 (BR-87)
I CAN’T REMEMBER ................................ . 5 (BR-87)
NEVER DISCUSSED WITH HEALTH PROFESSIONAL ................................. 6 (BR-87)

Who talked to you the last time about getting a test to check for colon cancer?

Was it a doctor?

YES........................................................... 1
NO............................................................. 2

Was it a nurse?

YES........................................................... 1
NO............................................................. 2

Was it another health professional?

YES........................................................... 1
NO............................................................. 2

[PROBE: IF R CAN’T REMEMBER, PROBE TO SEE IF THE DISCUSSION WAS WITHIN THE LAST 5 YEARS]

[Who talked to you the last time about getting a test to check for colon cancer?

Was it...]

another health professional?

[THE HIGHEST PROFESSIONAL (BR-77a through BR77c) WILL BE USED TO FILL SUBSEQUENT QUESTIONS.]

The last time you were told you should be tested for colon cancer, which of the following tests did the (doctor/ nurse/ other health professional) describe?
A stool or fecal 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.

Did the (doctor/ nurse/ other health professional) describe the stool blood test or fecal occult blood test?

YES........................................................... 1
NO............................................................. 2

BR-79.
BR79DescribeCol

[IF NEEDED: The last time you were told you should be tested for colon cancer, which of the following tests did the (doctor/ nurse/ other health professional) describe?]

A sigmoidoscopy and a colonoscopy are both tests that examine the bowel by inserting a tube in the rectum. The difference is that during a sigmoidoscopy, you are awake and can drive yourself home after the test; however, during a colonoscopy, you may feel sleepy and you need someone to drive you home.

Did the (doctor/ nurse/ other health professional) describe colonoscopy?

YES........................................................... 1
NO............................................................. 2

BR-80.
BR80DescribeSig

[IF NEEDED: The last time you were told you should be tested for colon cancer, which of the following tests did the (doctor/ nurse/ other health professional) describe?]

Did the (doctor/ nurse/ other health professional) describe sigmoidoscopy?

[IF NEEDED: A sigmoidoscopy and a colonoscopy are both tests that examine the bowel by inserting a tube in the rectum. The difference is that during a sigmoidoscopy, you are awake and can drive yourself home after the test; however, during a colonoscopy, you may feel sleepy and you need someone to drive you home.]

YES........................................................... 1
NO............................................................. 2

BR-81.
BR81DescribeOtherTests

[IF NEEDED: The last time you were told you should be tested for colon cancer, which of the following tests did the (doctor/ nurse/ other health professional) describe?]

Did the (doctor/ nurse/ other health professional) describe any other tests?

YES........................................................... 1
NO............................................................. 2 (BR-83)

BR-82.
BR82TestDescribed

What test did the (doctor/ nurse/ other health professional) describe?

_________________________________________

BR-83.
BR83RecommendTest

The last time you were told you should be tested for colon cancer, did the (doctor/ nurse/ other health professional) recommend to you any particular test?

YES........................................................... 1
BR-84.  Which test to check for colon cancer did the (doctor/ nurse/ other health professional) recommend to you?

[CODE ALL THAT APPLY.]

| STOOL BLOOD TEST/FECAL OCCULT BLOOD TEST | 11 |
| SIGMOIDOSCOPY | 12 |
| COLONOSCOPY | 13 |
| OTHER (SPECIFY) | 91 |

QUESTIONs BR-85 AND BR-86 DELETED.

BR-87.  [IF NEEDED: A stool or fecal 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.]

Have you ever done a stool blood test using a home kit?

YES...................................................... 1
NO...................................................... 2 (BR-90)

BR-88.  When did you do your most recent stool blood test using a home kit to check for colon cancer?

A YEAR AGO OR LESS.................................. 1
MORE THAN 1 BUT NOT MORE THAN 2 YEARS AGO.............................. 2
MORE THAN 2 BUT NOT MORE THAN 5 YEARS AGO.............................. 3
OVER 5 YEARS AGO...................................... 4

BR-89.  What was the main reason you did your most recent stool blood test using a home kit? Was it...

part of a routine exam,................................. 1
because of a problem, or................................ 2
some other reason? .................................... 3

BR-90.  [IF NEEDED: A sigmoidoscopy and a colonoscopy are both tests that examine the bowel by inserting a tube in the rectum. The difference is that during a sigmoidoscopy, you are awake and can drive yourself home after the test; however, during a colonoscopy, you may feel sleepy and you need someone to drive you home.]

Have you ever had a colonoscopy?

YES...................................................... 1
NO............................................................. 2 (BR-93)

BR-91. When did you have your most recent colonoscopy to check for colon cancer?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A YEAR AGO OR LESS</td>
<td>1</td>
</tr>
<tr>
<td>MORE THAN 1 BUT NOT MORE THAN 5 YEARS AGO</td>
<td>2</td>
</tr>
<tr>
<td>MORE THAN 5 BUT NOT MORE THAN 10 YEARS AGO</td>
<td>3</td>
</tr>
<tr>
<td>OVER 10 YEARS AGO</td>
<td>4</td>
</tr>
</tbody>
</table>

BR-92. What was the main reason you had your most recent colonoscopy? Was it...

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>part of a routine exam</td>
<td>1</td>
</tr>
<tr>
<td>because of a problem, or</td>
<td>2</td>
</tr>
<tr>
<td>some other reason?</td>
<td>3</td>
</tr>
</tbody>
</table>

BR-93. Have you ever had a sigmoidoscopy?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES................................................</td>
<td>1</td>
</tr>
<tr>
<td>NO................................................</td>
<td>2</td>
</tr>
</tbody>
</table>

BR-94. When did you have your most recent sigmoidoscopy to check for colon cancer?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>MORE THAN 1 BUT NOT MORE THAN 5 YEARS AGO</td>
<td>2</td>
</tr>
<tr>
<td>MORE THAN 5 BUT NOT MORE THAN 10 YEARS AGO</td>
<td>3</td>
</tr>
<tr>
<td>OVER 10 YEARS AGO</td>
<td>4</td>
</tr>
</tbody>
</table>

BR-95. What was the main reason you had your most recent sigmoidoscopy? Was it...

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>part of a routine exam</td>
<td>1</td>
</tr>
<tr>
<td>because of a problem, or</td>
<td>2</td>
</tr>
<tr>
<td>some other reason?</td>
<td>3</td>
</tr>
</tbody>
</table>

BR-96. 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?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EQUALLY EFFECTIVE ................................</td>
<td>1</td>
</tr>
<tr>
<td>SOME ARE MORE EFFECTIVE THAN OTHERS.........</td>
<td>2</td>
</tr>
</tbody>
</table>
Which test (or tests) do you believe is more effective in finding colon cancer?

[CODE ALL THAT APPLY]

STOOL BLOOD TEST/FECAL OCCULT
BLOOD TEST ............................................ 11
COLONOSCOPY ......................................... 12
SIGMOIDOSCOPY ....................................... 13
CANCER

NUMERACY

The next three questions are about communicating health information with numbers

QUESTION CS-01 DELETED.

CS-02. In general, how easy or hard do you find it to understand medical statistics?

Would you say…

- Very easy.............................................. 1
- Easy.................................................... 2
- Hard, or .............................................. 3
- Very hard............................................. 4

CS-03. How much do you agree or disagree with the following statements?

In general, I feel uncomfortable with health information that has a lot of numbers and statistics. Would you say you...

- strongly agree, ...................................... 1
- somewhat agree, .................................. 2
- somewhat disagree, or ........................... 3
- strongly disagree? ................................. 4

CS-04. In general, I depend on numbers and statistics to help me make decisions about my health.

[IF NEEDED: Would you say you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree?]

- STRONGLY AGREE ............................. 1
- SOMEWHAT AGREE ............................ 2
- SOMEWHAT DISAGREE ......................... 3
- STRONGLY DISAGREE ........................... 4

CS-05. People can talk about the chance of something happening using either words, like "it rarely happens" or numbers, like "there's a 5% chance." When people tell you the chance of something happening do you prefer they use words or numbers?

- PREFER WORDS.................................... 1
- PREFER NUMBERS.................................. 2
- NO PREFERENCE ................................. 3
CANCER COGNITION

CS-06. How likely do you think it is that you will develop cancer in the future? Would you say your chance of getting cancer is…

very low, .................................................... 1
somewhat low, .......................................... 2
moderate, .................................................. 3
somewhat high, or ..................................... 4
very high? .................................................. 5

CS-07. How often do you worry about getting cancer? Would you say...

rarely or never, ........................................... 1
sometimes, .............................................. 2
often, or ................................................ 3
all the time? .......................................... 4

CS-07a. How much do you agree or disagree with the following statements?

When I think of cancer, I automatically think of death. Would you say you…

strongly agree, ........................................... 1
somewhat agree, ....................................... 2
somewhat disagree, or ............................... 3
strongly disagree? .................................... 4

CS-08. Cancer is most often caused by a person's behavior or lifestyle. Would you say you…

strongly agree, ........................................... 1
somewhat agree, ....................................... 2
somewhat disagree, or ............................... 3
strongly disagree? .................................... 4

CS-09. Getting checked regularly for cancer helps find cancer when it's easy to treat.

[IF NEEDED: Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?]

STRONGLY AGREE .................................. 1
SOMewhat AGREE .................................. 2
SOMewhat DISAGREE .............................. 3
STRONGLY DISAGREE ............................ 4

CS-10. People can tell they might have cancer before being diagnosed.

[IF NEEDED: Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?]  

STRONGLY AGREE .................................. 1
SOMewhat AGREE .................................. 2
SOMewhat DISAGREE .............................. 3
STRONGLY DISAGREE ............................ 4
CS-11. Cancer is an illness that when detected early can typically be cured.

[IF NEEDED: Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?]  

| Strongly Agree | 1 |
| Strongly Disagree | 4 |

CS-12. It seems like everything causes cancer.

[IF NEEDED: Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?]  

| Strongly Agree | 1 |
| Strongly Disagree | 4 |

CS-13. There's not much you can do to lower your chances of getting cancer.

[IF NEEDED: Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?]  

| Strongly Agree | 1 |
| Strongly Disagree | 4 |

CS-14. There are so many different recommendations about preventing cancer, it's hard to know which ones to follow.

[IF NEEDED: Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?]  

| Strongly Agree | 1 |
| Strongly Disagree | 4 |

CS-15. Overall, how many people who develop cancer do you think survive at least 5 years? Would you say…

| Less than 25 percent | 1 |
| About 25 percent | 2 |
| About 50 percent | 3 |
| About 75 percent | 4 |
| Nearly all | 5 |
When you hear the word cancer, what type of cancer comes to mind first?

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bladder Cancer</td>
<td>1</td>
</tr>
<tr>
<td>Bone Cancer</td>
<td>2</td>
</tr>
<tr>
<td>Breast Cancer</td>
<td>3</td>
</tr>
<tr>
<td>Cervical Cancer</td>
<td>4</td>
</tr>
<tr>
<td>(Cancer of the Cervix)</td>
<td></td>
</tr>
<tr>
<td>Endometrial Cancer</td>
<td>5</td>
</tr>
<tr>
<td>(Cancer of the Uterus)</td>
<td>6</td>
</tr>
<tr>
<td>Head and Neck Cancer</td>
<td>7</td>
</tr>
<tr>
<td>Hodgkin's Lymphoma</td>
<td>8</td>
</tr>
<tr>
<td>Leukemia/Blood Cancer</td>
<td>10</td>
</tr>
<tr>
<td>Liver Cancer</td>
<td>11</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>12</td>
</tr>
<tr>
<td>Melanoma</td>
<td>13</td>
</tr>
<tr>
<td>Non-Hodgkin's Lymphoma</td>
<td>14</td>
</tr>
<tr>
<td>Other Skin Cancer</td>
<td>22</td>
</tr>
<tr>
<td>Oral Cancer</td>
<td>15</td>
</tr>
<tr>
<td>Ovarian Cancer</td>
<td>16</td>
</tr>
<tr>
<td>Pancreatic Cancer</td>
<td>17</td>
</tr>
<tr>
<td>Pharyngeal (Throat) Cancer</td>
<td>18</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>19</td>
</tr>
<tr>
<td>Rectal Cancer</td>
<td>20</td>
</tr>
<tr>
<td>Renal (Kidney) Cancer</td>
<td>9</td>
</tr>
<tr>
<td>Stomach Cancer</td>
<td>23</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>91</td>
</tr>
</tbody>
</table>

Cancer History

Have you ever been diagnosed as having cancer?

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

(CS-22)
**CS-18.**

What type of cancer did you have?

[CODE ALL THAT APPLY.]

[PROBE: Any other type?]

- BLADDER CANCER .................................. 11
- BONE CANCER ....................................... 12
- BREAST CANCER ..................................... 13
- CERVICAL CANCER (CANCER OF THE CERVIX) ........... 14
- COLON CANCER ..................................... 15
- ENDOMETRIAL CANCER (CANCER OF THE UTERUS) .......... 16
- HEAD AND NECK CANCER ........................... 17
- HODGKIN'S LYMPHOMA ............................. 18
- LEUKEMIA/BLOOD CANCER .......................... 20
- LIVER CANCER ...................................... 21
- LUNG CANCER ....................................... 22
- MELANOMA .......................................... 23
- NON-HODGKIN'S LYMPHOMA ......................... 24
- OTHER SKIN CANCER ................................ 25
- OVARIAN CANCER ................................... 26
- PANCREATIC CANCER ................................ 27
- PHARYNGEAL (THROAT) CANCER ...................... 28
- PROSTATE CANCER ................................... 29
- RECTAL CANCER ..................................... 30
- RENAL (KIDNEY) CANCER ............................ 31
- STOMACH CANCER .................................. 33
- OTHER (SPECIFY) .................................... 91

**CS-19.**

At what age or in what year were you first told that you had cancer?

[ENTER UNIT.]

<table>
<thead>
<tr>
<th>AGE</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>YEAR</td>
<td>2</td>
</tr>
</tbody>
</table>

**CS-20.**

Did you ever receive any treatment for your cancer?

YES ....................................................... 1
NO ....................................................... 2 (CS-22)
**CS-21.**
How long ago did you finish your most recent treatment?

**CS21HowLongFinishTreatment_UNIT**
[ENTER UNIT.]
MONTHS................................................... 1
YEARS..................................................... 2
YEARS AND MONTHS.............................. 3
STILL IN TREATMENT............................... 4

[ENTER NUMBER.]

___

**CS-22.**
Have any of your family members ever had cancer?

**CS22FamilyEverHadCancer**
YES........................................................... 1
NO............................................................. 2
HAS NO FAMILY ....................................... 3
HEALTH STATUS AND DEMOGRAPHICS

HEALTH STATUS

HD-01. In general, would you say your health is...

excellent, ................................................... 1
very good,.................................................. 2
good,......................................................... 3
fair, or ...................................................... 4
poor?........................................................ 5

QUESTION HD-02 DELETED.

HD-03a. Next are some questions about feelings you may have experienced over the past 30 days.

During the past 30 days, how often did you feel so sad that nothing could cheer you up? Would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?

ALL OF THE TIME ..................................... 1
MOST OF THE TIME ................................ . 2
SOME OF THE TIME ................................ . 3
A LITTLE OF THE TIME............................. 4
NONE OF THE TIME ................................ . 5

HD-03b. [During the past 30 days, how often did you feel…]

nervous?

[IF NEEDED: Would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?]

ALL OF THE TIME ..................................... 1
MOST OF THE TIME ................................ . 2
SOME OF THE TIME ................................ . 3
A LITTLE OF THE TIME............................. 4
NONE OF THE TIME ................................ . 5

HD-03c. [During the past 30 days, how often did you feel…]

restless or fidgety?

[IF NEEDED: Would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?]

ALL OF THE TIME ..................................... 1
MOST OF THE TIME ................................ . 2
SOME OF THE TIME ................................ . 3
A LITTLE OF THE TIME............................. 4
NONE OF THE TIME ................................ . 5
HD-03d. Hopeless

[During the past 30 days, how often did you feel… ]

hopeless?

[IF NEEDED: Would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?]

ALL OF THE TIME ................................. 1
MOST OF THE TIME .................................. 2
SOME OF THE TIME ................................. 3
A LITTLE OF THE TIME ............................. 4
NONE OF THE TIME ................................... 5

HD-03e. Effort

[During the past 30 days, how often did you feel… ]

that everything was an effort?

[IF NEEDED: Would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?]

ALL OF THE TIME ................................. 1
MOST OF THE TIME .................................. 2
SOME OF THE TIME ................................. 3
A LITTLE OF THE TIME ............................. 4
NONE OF THE TIME ................................... 5

HD-03f. Worthless

[During the past 30 days, how often did you feel… ]

worthless?

[IF NEEDED: Would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?]

ALL OF THE TIME ................................. 1
MOST OF THE TIME .................................. 2
SOME OF THE TIME ................................. 3
A LITTLE OF THE TIME ............................. 4
NONE OF THE TIME ................................... 5

DEMOGRAPHICS

There next questions are about you and your household.

HD-05. Occupation Status

What is your current occupational status? Would you say…

employed .............................................. 1
unemployed .......................................... 2
homemaker.......................................... 3
student.................................................. 4
retired, or ............................................. 5
disabled? .............................................. 6
OTHER (SPECIFY)? .................................. 91
HD-06. What is your marital status? Would you say...

- married, ..................................................... 1
- living as married, ......................................... 2
- divorced, .................................................... 3
- widowed, .................................................... 4
- separated, or ............................................. 5
- single, never been married? .......................... 6

HD-07. What is the highest grade or level of schooling you completed?

- LESS THAN 8 YEARS ............................... 1
- 8 THROUGH 11 YEARS .............................. 2
- 12 YEARS OR COMPLETED HIGH SCHOOL .......... 3
- POST HIGH SCHOOL TRAINING OTHER THAN COLLEGE (VOCATIONAL OR TECHNICAL) ........................................ 4
- SOME COLLEGE ........................................ 5
- COLLEGE GRADUATE .................................. 6
- POSTGRADUATE ...................................... 7

HD-08. Are you Hispanic or Latino?

- YES ........................................................ 1
- NO .................................................................. 2

HD-09. Which one or more of the following would you say is your race? Are you American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, or White?

[CODE ALL THAT APPLY.]

[IF R SAYS "HISPANIC," PROBE FOR ONE OF THE LISTED RACE CATEGORIES.]

- WHITE ....................................................... 11
- BLACK/AFRICAN AMERICAN ...................... 12
- ASIAN ....................................................... 13
- AMERICAN INDIAN/ALASKA NATIVE ......... 14
- NATIVE HAWAIIAN/OTHER PACIFIC ....... 15

HD-10. Were you born in the United States?

- YES ........................................................... 1 (HD-13)
- NO ............................................................. 2

HD-11. In what year did you come to live in the United States?

________

QUESTION HD-12 DELETED.

HD-13. How many children under the age of 18 live in your household?

_____
BOX HDQ-1

IF NO CHILDREN (HD-13=0), GO TO HD-15.
OTHERWISE, CONTINUE.

HD-14. Are any of the children in your household female?
HD14FemaleChildren
YES........................................................... 1
NO.................................................................... 2

HD-15. (Thinking about members of your family living in this household, what/What) is your (combined) annual income, meaning the total pre-tax income from all sources earned in the past year?
HD15Income

|   |   |   |   |   |   |   | (HD-16)  

IF DK OR RF, ASK: Is your annual household income from all sources…

HD-15a. Is your annual household income from all sources…
HD15IncomeRanges
less than $25,000?
YES........................................................... 1
NO.................................................................... 2 (HD-15e)

HD-15b. [Is your annual household income from all sources…] less than $20,000?
YES........................................................... 1
NO.................................................................... 2 (HD-16)

HD-15c. [Is your annual household income from all sources…] less than $15,000?
YES........................................................... 1
NO.................................................................... 2 (HD-16)

HD-15d. [Is your annual household income from all sources…] less than $10,000?
YES........................................................... 1 (HD-16)
NO.................................................................... 2 (HD-16)

HD-15e. [Is your annual household income from all sources…] less than $35,000?
YES........................................................... 1 (HD-16)
NO.................................................................... 2
HD-15f. [Is your annual household income from all sources...]

less than $50,000 ($35,000 to less than $50,000)?

YES........................................................... 1 (HD-16)
NO........................................................... 2

HD-15g. [Is your annual household income from all sources...]

less than $75,000 ($50,000 to less than $75,000)?

YES........................................................... 1 (HD-16)
NO........................................................... 2

HD-15h. [Is your annual household income from all sources...]

less than $100,000 ($75,000 to less than $100,000)?

YES........................................................... 1 (HD-16)
NO........................................................... 2

HD-15i. [Is your annual household income from all sources...]

less than $200,000 ($100,000 to less than $200,000)?

YES........................................................... 1 (HD-16)
NO........................................................... 2

HD-15j. [Is your annual household income from all sources...]

$200,000 or more?

YES........................................................... 1
NO........................................................... 2

HD-16. Do you currently rent or own your home?

OWN........................................................... 1
RENT ........................................................ 2
OCCUPIED WITHOUT PAYING
MONETARY RENT................................. 3

END STATEMENT:

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.

Those are all of the questions I have for you.

Thank you for your time.