



Health Information

National Trends Survey

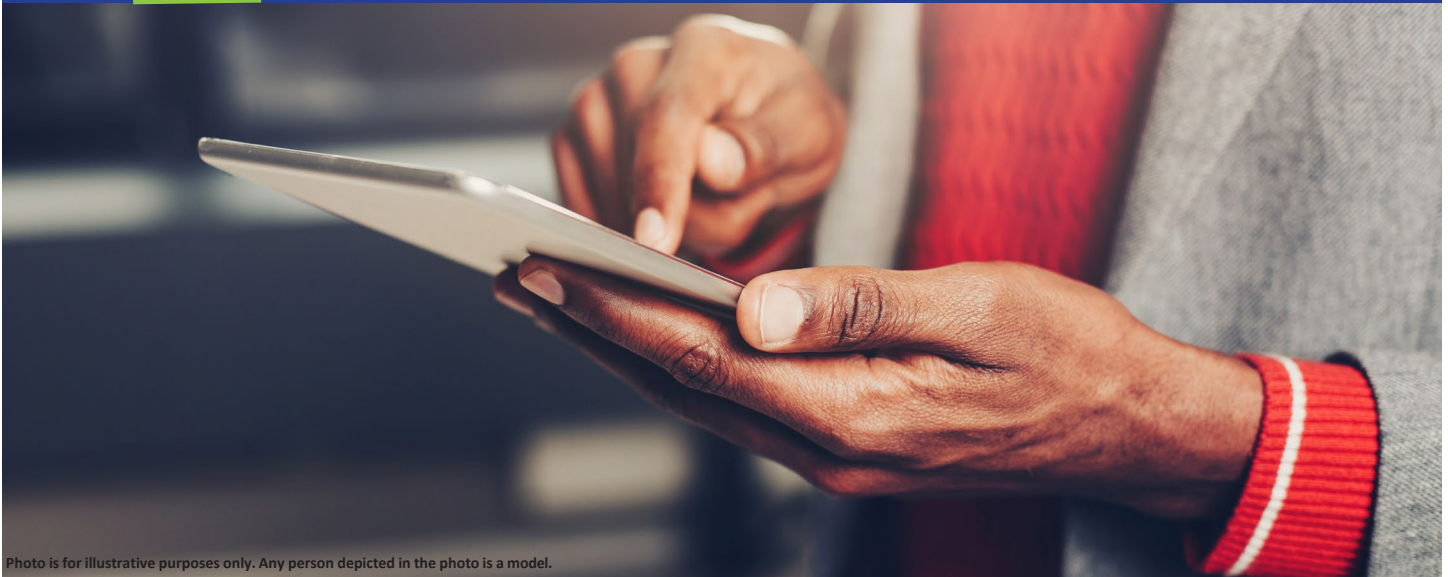


Photo is for illustrative purposes only. Any person depicted in the photo is a model.



START HERE:

Instructions

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

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

- Yes
 No → **GO TO A1 on the next page**

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

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

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

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A: Looking For Health Information

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

- Yes
 No → **GO TO A3 below**

A2. Based on the results of your most recent search for information about cancer, how much do you agree or disagree with **each** of the following statements?

Strongly agree Somewhat agree Somewhat disagree Strongly disagree

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. It took a lot of effort to get the information you needed..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. You felt frustrated during your search for the information..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. You were concerned about the quality of the information..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The information you found was hard to understand..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

A3. In general, how much would you trust information about cancer from **each** of the following?

Not at all A little Some A lot

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. A doctor..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Family or friends..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Government health agencies..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Religious organizations and leaders..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Scientists..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

A4. How often do health recommendations from experts seem to conflict or contradict one another?

- Never
 Rarely
 Often
 Very Often

A5. In the past 12 months, have you heard any **conflicting or contradictory** information from the media (including television, radio, newspapers, magazines, and the Internet) about the health effects of any of the following? **Mark all that apply**

- Alcohol, like wine, beer, or liquor
 Processed meat, like bacon, sausage, and deli meats
 Ultra-processed foods that are high in added sugars, saturated fats, and sodium
 Sugar-sweetened beverages, like soda, pop, or sweetened fruit drinks
 Artificial food dyes
 Physical activity
 Multi-cancer detection tests (MCDs)
 E-cigarettes
 Sunscreen
 HPV vaccination
 Other:
 None of the Above

A6. How much do you agree or disagree with **each** of the following statements?

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. If experts disagree about a medical test or treatment, I would trust those experts less..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If experts disagree about a cancer risk or prevention behavior, I would trust those experts less..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The benefits of science outweigh any harmful effects... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



B: Internet and Technology Use

B1. About how often do you use the Internet, either on a computer, laptop, smartphone or any other device?

- More than once per day
- About once per day
- A few times a week
- Less than once per week
- Rarely
- Never → **GO TO B5 in the next column**

B2. When you use the Internet, do you connect to it through...

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. A cellular network (4G / 5G / LTE)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A service such as DSL, cable, FiOS, Wi-Fi, or satellite?..... | <input type="checkbox"/> | <input type="checkbox"/> |

B3. In the past 12 months, have you used the Internet to take care of any of the following health-related needs?

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Look for health or medical information..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Send a message to a health care provider or a health care provider's office..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. View medical test results..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Make an appointment with a health care provider..... | <input type="checkbox"/> | <input type="checkbox"/> |

B4. How satisfied are you with your Internet connection at home to meet health-related needs?

- Extremely satisfied
- Very satisfied
- Somewhat satisfied
- Not very satisfied
- Not at all satisfied

B5. How much do you agree or disagree with the following statements?

- | | Strongly agree | Somewhat agree | Somewhat disagree | Strongly disagree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I find learning how to use new technology frustrating..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I can use applications/programs (like Zoom) on my cell phone or computer without asking someone for help..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I have the skills to find the health information I need on the Internet..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B6. In the last 12 months, which of the following devices did you use?

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Desktop computer or laptop..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Smartphone..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Tablet..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Smartwatch or other electronic wearable device (for example an Apple Watch or Fitbit)..... | <input type="checkbox"/> | <input type="checkbox"/> |

B7. In the past 12 months, have you used a health or wellness app on your tablet or smartphone?

- Yes
- No
- I do not have any health apps on my tablet or smartphone
- I do not have a tablet or smartphone



B8. In the past 12 months, has your tablet, smartphone, or wearable device helped you track progress on a health-related goal such as quitting smoking, losing weight, or increasing physical activity?

- Yes
- No

B9. Sometimes people use the Internet to connect with other people online through social media. Examples of social media sites include Facebook, TikTok, YouTube, and Instagram.

In the past 12 months, how often did you do the following?

Almost every day
At least once a week
A few times a month
Less than once a month
Never

- a. Visited a social media site.....
- b. Shared **personal** health information on social media....
- c. Shared **general** health-related information on social media (for example, a news article)...
- d. Interacted with people who have similar health or medical issues on social media or online forums.....
- e. Watched a health-related video on a social media site (for example, YouTube).....

B10. How much do you agree or disagree with the following statements?

Strongly agree
Somewhat agree
Somewhat disagree
Strongly disagree
I do not use social media

- a. I use information from social media to make decisions about my health.....
- b. I use information from social media in discussions with my health care provider.....
- c. I find it hard to tell whether health information on social media is true or false.....

C: Your Health Care

C1. Are you covered by any kind of health insurance or health care plan, including employer-sponsored insurance, prepaid plans, or government plans such as Medicare, Medicaid or TRICARE?

- Yes
- No

C2. **In the past 12 months**, not counting times you went to an emergency room, how many times did you see a doctor, nurse, or other health professional to get care for yourself?

- None → **GO TO C7 on the next page**
- 1 time
- 2 times
- 3 times
- 4 times
- 5-9 times
- 10 or more times

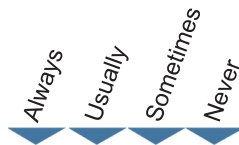


C3. Overall, how would you rate the quality of health care you received **in the past 12 months**?

- Excellent
- Very good
- Good
- Fair
- Poor

C4. The following questions are about your communication with all doctors, nurses, or other health professionals you saw **during the past 12 months**.

How often did they do each of the following?



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

C5. In the past 12 months, was there a time when you had to wait for medical test results longer than you thought reasonable?

- Yes
- No

C6. In the past 12 months, when getting care for a medical problem, was there a time when you had to redo a test or procedure because the earlier test results or images (like X-rays, CT scans, or other diagnostic visuals) were not available?

- Yes
- No

C7. In the past 12 months, how often have you talked to a doctor, nurse, or other health professional about any kind of health information you found on the Internet?

- Never → **GO TO C9 below**
- 1 or 2 times
- More than 2 times

C8. How much do you agree or disagree with the following statement?

In the past 12 months, when I talked with a health professional about information I found on the Internet, they were open to talking about the information with me.

- Strongly agree
 - Somewhat agree
 - Somewhat disagree
 - Strongly disagree
- } → **GO TO C10 on the next page**

C9. Why didn't you discuss information you found on the internet with your doctor, nurse, or other health professional? **Mark all that apply.**

- I did not talk with a doctor, nurse, or other health professional in the past 12 months
- I did not look up health information on the Internet
- I forgot to mention it
- I did not feel a need to mention it
- There was not enough time
- I did not feel comfortable mentioning it
- I didn't want to bother them
- Other → Specify



C10. How much do you agree or disagree with the following statement? Health information that I find on the internet has helped me better manage my health and/or health care.

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

C11. How confident are you filling out medical forms by yourself?

- Not at all
- A little
- Somewhat
- Very

C12. Have you ever experienced prejudice or been discriminated against when getting medical care?

- Yes
- No

C13. In the past 12 months, how often did you get the help you needed from **your primary care provider's office** to manage your care among different providers and services?

- Never
- Sometimes
- Usually
- Always
- I did not need help coordinating my care
- I did not visit a primary care provider → **GO TO D1 in next column**

C14. In the past 12 months, how often did your primary care provider's office seem informed and up-to-date about the care you got from other health care providers?

- Never
- Sometimes
- Usually
- Always
- Not applicable

D: Telehealth

D1. A telehealth visit is a telephone or video appointment with a doctor or health professional.


In the past 12 months, did you receive care from a doctor or health professional using **telehealth**?

- Yes, by video
- Yes, by phone call (voice only with no video)
- Yes, some by video and some by phone call
- No telehealth visits in the past 12 months

GO TO D3 on the next page

D2. In the past 12 months, were you offered the option to have a telehealth visit for any medical care you tried to schedule?

- Yes
- No
- I did not try to schedule any medical care in the past 12 months.



If you have not had a telehealth visit in the last 12 months, go to D6 on the next page

Otherwise, go to D3 on the next page



D3. What are the reasons you chose (a) telehealth visit(s) for yourself?

Mark all that apply.

- The health care provider recommended or required the visit use telehealth
- I wanted advice about whether I needed in-person medical care
- I wanted to avoid possible infection at the doctor's office or hospital (for example, COVID-19 or flu)
- It was more convenient than going to a doctor or health professional (for example, less travel or wait times)
- I needed to see a health professional that was not available in my area (for example, a specialist far from my home)
- Other → Specify:

D4. In general, how much do you agree or disagree with the following statements regarding your telehealth visit(s)?

Strongly agree
Somewhat agree
Somewhat disagree
Strongly disagree

- a. I had technical problems with my telehealth visit(s) (for example, difficulty using the technology, trouble seeing or hearing my health care provider).....
- b. The care I received from telehealth was as good as a regular in-person visit.....

D5. In the past 12 months, what were the health reasons for your telehealth visit(s)?

Mark all that apply.

- Annual visit or follow up appointment
- Annual visit or follow up appointment (fever, sinus infection)
- Managing my chronic health condition/disease (for example, high blood pressure, diabetes, heart disease, obesity, cancer)
- Mental health, behavioral, or substance abuse issues (for example, depression, anxiety, drug or alcohol use)
- Physical Rehabilitation (physical therapy, occupational therapy, speech-language pathology)
- Other → Specify:

D6. How willing are you to do a telehealth visit in the future if one is offered to you?

- Very willing
- Somewhat willing
- Somewhat unwilling
- Very unwilling

E: Medical Records

Next, we are going to ask you some questions about online medical records. Online medical records, also known as patient portals, are secure websites that allow people to access their health records and communicate with health care providers using a computer or smartphone health app.

E1. Have you ever been offered online access to your medical records (for example, a patient portal) by your...

- | | Yes | No | Don't Know |
|-------------------------------|--------------------------|--------------------------|--------------------------|
| a. health care provider?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. health insurer?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



E2. Have any of your health care providers, including doctors, nurses, or office staff ever encouraged you to use an online medical record or patient portal?

- Yes
- No

E3. For the next set of questions, please think about the online medical record or patient portal offered to you by **a health care provider or insurer**.

How many times did you access your online medical record or patient portal in the last 12 months?

- 0 → **GO TO E8 in the next column**
 - 1 to 2 times
 - 3 to 5 times
 - 6 to 9 times
 - 10 or more times
- GO TO E4 below**

E4. How did you access your online medical record or patient portal?

- App
- Website
- Both app and website
- Don't know

E5. In the past 12 months, have you used your online medical record or patient portal to...

Yes No
▼ ▼

- | | | |
|--|--------------------------|--------------------------|
| a. Request correction of inaccurate information?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Add health information to share with your health care provider (such as health concerns, symptoms, or side effects)?..... | <input type="checkbox"/> | <input type="checkbox"/> |

E6. How easy or difficult was it to understand the health information in your online medical record or patient portal?

- Very easy
- Somewhat easy
- Somewhat difficult
- Very difficult

E7. How satisfied are you with the information and tools available to you when you access your online medical records or patient portal?

- Very satisfied
- Somewhat satisfied
- Somewhat unsatisfied
- Very unsatisfied

E8. Which of the following organizations/ providers do you have an online medical record or patient portal with? Your medical record could include specific types of health data, such as insurance claims, prescription information, and laboratory test results. **Mark all that apply.**

- My primary care doctor's office
- Other health care provider(s) such as a specialty provider, counselor, or dentist
- My insurer(s)
- Clinical laboratory that performs lab tests
- Pharmacy
- Hospital
- I do not have any online medical records or patient portals

E9. Are you **aware** that you can use an app to combine your medical information from different patient portals or online medical records into one place (for example 'Apple Health Records' or 'CommonHealth')?

- Yes
- No



E10. Have you used an app to combine your medical information from different patient portals or online medical records into one place?"

- Yes
- No, but I would be interested
- No, and I do not have a need to combine information from multiple online medical records

E11. In the past 12 months, were you given the option to decide whether or not you wanted to receive test results before your health care provider could discuss them with you?

- Yes
- No
- Don't know

E12. In the past 12 months, did you look at test results made available to you through your online medical record or patient portal **before** hearing about the result from your health care provider?

- Yes
- No → **GO TO F1 in the next column**
- I did not have any medical tests in the past 12 months → **GO TO F1 in the next column**

E13. How well did you understand what the test results showed and what they meant for your care?

- Very well
- Well
- Fairly well
- Poorly

F: Artificial Intelligence

Next, we are going to ask you some questions about "Artificial Intelligence" (or AI).

F1. How much have you heard or read about "Artificial Intelligence" (or AI)?

- A lot
- Some
- A little
- Nothing at all

Artificial Intelligence (AI) is the ability of computers and machines to carry out thought processes similar to humans. This allows them to perform complex tasks such as analyzing data, answering questions, recognizing speech, or creating pictures.

We are now going to ask you some questions about your views on **health care providers'** use of artificial intelligence (AI) tools to carry out clinical tasks like diagnosing diseases or recommending treatments.

F2. How comfortable are you with artificial intelligence (AI) being used in your health care?

- Very comfortable
- Somewhat comfortable
- A little comfortable
- Not at all comfortable
- Not sure



F3. How much do you agree or disagree with the following statements?

Strongly agree
Somewhat agree
Somewhat disagree
Strongly disagree
Not sure

a. Overall, I think the use of artificial intelligence (AI) by health care providers will lead to better health outcomes for patients.....

b. The use of artificial intelligence (AI) in health care and medicine will increase medical errors (mistakes in patient care).....

F4. How confident are you that your personal health data will be kept secure when artificial intelligence (AI) is used in your health care?

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

We are now going to ask you some questions about your own use of publicly available artificial intelligence (AI) tools, such as ChatGPT, Microsoft Copilot or Claude, for health purposes. (This does not include AI-generated summaries that are sometimes displayed at the top of search results from search engines like Google or Bing)

F5. How often, if at all, do you use Artificial intelligence (AI) tools (e.g., ChatGPT, Microsoft Copilot, Claude) to find **health information**?

- Every day
- At least once a week
- At least once a month
- Occasionally
- Never

F6. How much do you trust Artificial Intelligence (AI) tools to provide you with accurate **health information**?

- A lot
- Some
- A little
- Not at all
- Not sure

F7. How much do you agree or disagree with the following statement?

I would consult with a health care provider or check additional sources before acting on **health information** from an Artificial Intelligence (AI) tool.

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree
- Not sure

G: Caregiving

G1. Are you currently caring for or making health care decisions for someone **with a disability or a medical, behavioral, or other condition**?

Mark all that apply.

- Yes, a parent/parents
- Yes, a spouse/partner
- Yes, a child/children that need(s) special care due to a medical condition or disability
- Yes, another family member
- Yes, a friend or other non-relative
- No → **GO TO H1 on the next page**



G2. Think about the individual for whom you are **currently providing the most care**. How many times did you access that person's online medical record in the last 12 months?

Care recipient does not have an online medical record

} **GO TO H1 below**

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

G3. Think about the individual for whom you are **currently providing the most care**. How did you access that person's online medical record in the last 12 months?

- Used care recipient's username and password
- Used a username and password assigned to me to access their record
- Used both login options

H: Genetics

Next we are going to ask you some questions about genetics. How much do you agree or disagree with the following statements?

H1. I am confident in my ability to understand information about genetics.

- Strongly disagree
- Disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Agree
- Strongly agree

H2. I have a good idea about how my own genetic make-up might affect my risk for disease.

- Strongly disagree
- Disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Agree
- Strongly agree

H3. I am able to explain to others how genes affect one's health.

- Strongly disagree
- Disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Agree
- Strongly agree

H4. It would be easy for me to get information about genetics if I wanted to.

- Strongly disagree
- Disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Agree
- Strongly agree

J: Clinical Trials

- J1. Clinical trials are research studies that involve people. They are designed to compare new kinds of health care with the standard health care people currently get to learn if it's better or about its side effects. Clinical trials could test a new type of drug or a new exercise program to help patients live longer.

Which of the following best describes your experience with clinical trials?

Mark only one.

- I have never discussed participating in a clinical trial with a health care provider
- I have discussed participating in a clinical trial with a health care provider but decided not to participate
- I have discussed participating in a clinical trial with a health care provider but was not eligible to participate
- I have participated in a clinical trial
- I don't know/don't remember

- J2. Imagine that you had a health issue and you were invited to participate in a clinical trial for that issue. Which of the following would most influence your decision to participate in the clinical trial?

Mark up to 3.

- If I would be helping other people by participating
- If I would receive payment or other support for participating, such as transportation, childcare, or paid time off from work
- If my doctor encouraged me to participate
- If my family and friends encouraged me to participate
- If trying a new kind of care might give me a chance to get better
- If participating in the trial wasn't disruptive to my everyday life
- I would not be willing to participate in a clinical trial

- J3. How much do you agree or disagree with the following statement? **People should be suspicious of clinical trials.**

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

K: Your Overall Health

- K1. In general, would you say your health is...?

- Excellent
- Very good
- Good
- Fair
- Poor

- K2. Overall, how confident are you about your ability to take good care of your health?

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

- K3. Do you have friends or family members that you talk to about your health?

- Yes
- No

- K4a. Are you deaf or do you have serious difficulty hearing?

- Yes
- No

K4b. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- Yes
- No

K4c. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes
- No

K4d. Do you have serious difficulty walking or climbing stairs?

- Yes
- No

K4e. Do you have difficulty dressing or bathing?

- Yes
- No

K4f. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
- No

K5. Has a doctor or other health professional ever told you that you had any of the following medical conditions:

Yes No

- | | | |
|--|--------------------------|--------------------------|
| a. Diabetes or high blood sugar?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. High blood pressure or hypertension?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A heart condition such as heart attack, angina, or congestive heart failure?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Chronic lung disease, asthma, emphysema, or chronic bronchitis?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Depression or anxiety disorder?..... | <input type="checkbox"/> | <input type="checkbox"/> |

K6. About how tall are you without shoes?

Feet **and** Inches

K7. About how much do you weigh, in pounds, without shoes?

Pounds

K8. During the past 7 days, how many hours of sleep did you get on average per night?

Hours of sleep **per night**

K9. In the past 12 months, how often were the following things true?

Very often true
Often true
Sometimes true
Rarely true
Never true

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. You or someone in your household cut the size of meals or skipped meals because there wasn't enough money for food..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. You or someone in your household was worried about being forced to move (for example, because of eviction or foreclosure)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Lack of reliable transportation kept you or someone in your household from medical appointments, work, or from getting things needed for daily living..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. You or someone in your household had difficulty paying medical bills..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



K10. **Over the past 2 weeks**, how often have you been bothered by any of the following problems?

Nearly every day *More than half the days* *Several days* *Not at all*

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Little interest or pleasure in doing things..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Feeling down, depressed, or hopeless..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Feeling nervous, anxious, or on edge..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Not being able to stop or control worrying..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

K11. Please respond to each item by marking one box per row.

Always *Usually* *Sometimes* *Rarely* *Never*

- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I feel left out..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I feel that people are around me but not with me..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I feel that people barely know me..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I feel isolated from others..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

K12. **In a typical week**, how many days do you do any physical activity or exercise of at least moderate intensity, such as brisk walking, bicycling at a regular pace, and swimming at a regular pace (do not include weightlifting)?

- None → **GO TO K14 in the next column**
- 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

K13. On the days that you do any physical activity or exercise of at least moderate intensity, how long do you typically do these activities?

			Minutes of physical activity per day
--	--	--	---

K14. **In a typical week**, outside of your job or work around the house, how many days do you do leisure-time physical activities specifically designed to strengthen your muscles such as lifting weights or circuit training (do not include cardio exercise such as walking, biking, or swimming)?

- None
- 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

L: Environment and Health

L1. Have you or your family ever experienced the impacts of any of the following natural disasters? **Mark all that apply.**

- Drought
- Earthquake
- Flood (flash, inland, coastal surge)
- Heat wave
- Hurricane
- Tornado
- Wildfire
- Winter storm
- Other → Specify:
- I (we) have not experienced the impacts of a disaster



L2. Have you or your family ever experienced any of the following because of a natural disaster? **Mark all that apply.**

- I did not have access to safe food or safe water
- My housing was damaged or destroyed
- I missed medical appointments or couldn't get medical care
- I couldn't get the medical devices, supplies, or medication that I needed
- It was hard to get to the places I needed to go because transportation (roads, vehicles, public transit) was limited
- The air quality was bad outdoors
- The air quality was bad indoors
- Other → Specify:
- None of the above

L3. How much do you think that each of the following could increase a person's chance of developing cancer?

	A lot	A little	Not at all	Don't know
a. Radon.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outdoor air pollution.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chemicals in household products, such as plastic food or drink containers or packaging.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Chemicals in personal care products such as make-up, fragrances, deodorant, and hair products.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

L4. After several months of not being in the sun very much, if you went out in the sun for an hour without sunscreen, a hat or protective clothing, which of these best describes what would happen to your skin?

- Get a severe sunburn with blisters
- Have a moderate sunburn with peeling
- Burn mildly
- Turn darker without sunburn
- Nothing would happen to my skin

L5. During the past 12 months, how many times have you had a sunburn (even a small part of your skin turns red or hurts for 12 hours or more) from too much sun exposure?

Sunburns in past 12 months

→ (IF 0, THEN GO TO M1 on the next page)

L6. On the most recent time you were sunburned, what were you doing when you were sunburned?

Mark all that apply.

- Working at your job
- Working outside at your own home or a family/friend's home
- Sunbathing
- Swimming
- Exercise (running, hiking, sports) (do not include swimming)
- Attending an outdoor event or venue (a concert, the zoo, a fair, etc.)
- Don't know

L7. Were you doing any of the following at any of the times when you were sunburned in the past 12 months? **Mark all that apply.**

- Drinking alcohol
- Using marijuana or a marijuana product
- None of the above



M: Health and Nutrition

M1. In your opinion how do each of the following affect your risk of getting cancer?

	Decreases risk of cancer	Has no effect on the risk of cancer	Increases risk of cancer	Don't know
a. Eating a healthy diet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating fruits, vegetables, and whole grains.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Eating processed meats like bacon, sausage, and deli meats.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Drinking sugar-sweetened beverages like soda, pop, and sweetened fruit drinks.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Eating ultra-processed foods that are high in added sugars, saturated fats, and sodium.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drinking alcohol.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Exercising regularly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M2. Thinking about the last time you bought a **food product**, did you use the **nutrition information on the label** in deciding what to buy?

- Yes
 No
 I did not notice any nutrition information on the last food product I bought

N: Alcohol

N1. These are examples of one drink of alcohol:



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

Days per month
 (IF 0 THEN GO TO N4 on the next page)

N2. During the past 30 days, **on the days when you drank alcohol**, about how many alcoholic drinks did you drink on average?

Average alcoholic drinks **per day**

N3. **For males:** During the past 30 days, how many times did you have 5 or more alcoholic drinks on one occasion?

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

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



N4. To what extent would you support or oppose requiring specific warnings about cancer on alcohol containers?

- Strongly oppose
- Oppose
- Neither Support nor Oppose
- Support
- Strongly support

N5. I believe that drinking alcohol is...

- Very Harmful
- Somewhat Harmful
- Both Harmful and Beneficial
- Neither Harmful nor Beneficial
- Somewhat Beneficial
- Very Beneficial
- Don't know

N6. How much do you agree or disagree with the following statement?

Even **small amounts** of alcohol, which is defined as 1 drink per day for females and 2 drinks per day for males, can increase the **risk of getting cancer**.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Don't know

P: Tobacco & Marijuana Products

The next set of questions are about marijuana products, sometimes called cannabis, pot, weed, hashish, or concentrates. Some of the ways these products can be used are smoking (such as in joints, pipes, bong, blunts, or hookahs), vaping (using vape pens, dab pens, tabletop vaporizers, or portable vaporizers), dabbing, eating, drinking, using a tincture, or applying as a lotion. Please exclude the use of CBD or hemp products when answering these questions.

P1. Please select all of the following ways you have used a product containing marijuana in the past 12 months

Mark all that apply.

- I have not used any product containing marijuana in the past 12 months → **GO TO P3 on the next page**
- Smoking
- Vaping
- Dabbing
- Eating
- Drinking
- Used a tincture
- Applying a lotion

P2. When you used marijuana during the past 12 months was it usually.....

- For medical reasons
- For recreational reasons
- For medical and recreational reasons



P3. I believe that using marijuana is...

- Very harmful
- Somewhat harmful
- Both harmful and beneficial
- Neither harmful nor beneficial
- Somewhat beneficial
- Very beneficial
- Don't know

These are examples of tobacco products that contain nicotine:



P4. Have you smoked at least 100 cigarettes in your entire life?

- Yes
- No

P5. How often do you now smoke cigarettes?

- Everyday
- Some days
- Not at all

P6. Have you **ever used** any of the following tobacco products, even one or two times?

Mark all that apply.

- Cigarettes
- E-cigarettes (also known as vapes, vape-pens, tanks, mods or pod-mods)
- Cigars, including cigars, cigarillos, and little filtered cigars
- Hookah (also known as Waterpipe or shisha)
- Smokeless tobacco, including chewing tobacco, snus, and snuff
- Nicotine pouches, like Zyn
- Heated tobacco products, like IQOS
- I have never used any tobacco products → **GO TO P8 below**

P7. Do you **now use** any of the following tobacco products every day or some days?

Mark all that apply.

- Cigarettes
- E-cigarettes (also known as vapes, vape-pens, tanks, mods or pod-mods)
- Cigars, including cigars, cigarillos, and little filtered cigars
- Hookah (also known as Waterpipe or shisha)
- Smokeless tobacco, including chewing tobacco, snus, and snuff
- Nicotine pouches, like Zyn
- Heated tobacco products, like IQOS
- I do not currently use any tobacco products

P8. I believe that using e-cigarettes is...

- Very harmful
- Somewhat harmful
- Both harmful and beneficial
- Neither harmful nor beneficial
- Somewhat beneficial
- Very beneficial
- Don't know

P9. How harmful do you think smoking cigarettes **only some days** is to a person's health?

- Very harmful
- Somewhat harmful
- Not at all harmful
- Don't know

The next question asks about whether you have smelled tobacco or marijuana products when someone else is using them. This would mean you have been exposed to secondhand smoke from burning a product or vapor from vapes or e-cigarettes.

P10. In the past 30 days, have you been exposed to any of the following?

Mark all that apply.

- Yes, smoke from a cigarette or other tobacco product (e.g., hookah, cigar)
- Yes, smoke from someone smoking marijuana (e.g., a joint, blunt, or bong)
- Yes, vapor from a tobacco/nicotine e-cigarette or vape
- Yes, vapor from someone vaping marijuana
- No, I was not exposed to these
- Don't know

P11. Compared to secondhand smoke from a typical cigarette, do you believe that secondhand smoke from **marijuana** would be...

- Much less harmful
- Slightly less harmful
- Equally harmful
- Slightly more harmful
- Much more harmful
- Don't know

Q: Cancer Screening and Awareness

Q1. Cervical cancer screening helps to prevent and detect cervical cancer in people who have no symptoms. It is now possible for people to collect their own sample for the cervical cancer screening test. This involves using a swab (like a long cotton bud) to take a sample from the vagina or by collecting a sample of urine.

If you had a choice, how would you prefer to do the cervical cancer screening test?

- Not applicable – I do not need cervical cancer screening
- I would prefer to have a health professional collect my sample in a doctor's office (as typically happens now)
- I would prefer to collect my sample myself in a doctor's office
- I would prefer to collect my sample myself at home using a mailed test kit
- I don't know which option I would choose

Q2. Human papillomavirus, or HPV for short, is an infection that can lead to cervical cancer. There is a vaccine available for both men and women to prevent HPV transmission and infections.

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

- Yes
- No
- Don't know



Q3. In your opinion, how successful is the HPV vaccine at preventing cervical cancer?

- Not at all successful
- A little successful
- Pretty successful
- Very successful
- Don't know

Q4. Scientists have developed new tests to “screen” for cancers early when they are easier to treat. These new tests, called Multi-Cancer Early Detection tests, use a single blood test to detect many different cancers at the same time.

Before today, had you ever heard of Multi-Cancer Early Detection tests?

- Yes
- No
- Don't know

Q5. How valuable do you think it would be for you to have a Multi-Cancer Early Detection test right now?

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

Q6. Do you think the Hepatitis B virus (also known as Hep B or HBV) can cause cancer?

- Yes
- No
- Don't know
- I have never heard of HBV

Q7. Do you think the Hepatitis C virus (also known as Hep C or HCV) can cause cancer?

- Yes
- No
- Don't know
- I have never heard of HCV

Q8. After your most recent mammogram, did you receive information about whether or not your breast tissue is dense?

- Yes
- No
- Don't know
- Not applicable – I have never had a mammogram

Q9. Dense breasts may make it harder to detect breast cancer on a mammogram. Supplemental breast cancer screening is additional testing for breast cancer after a mammogram, such as getting an ultrasound or MRI of the breast, when the mammogram does not show cancer but does show that a person has dense breasts.

Has a doctor or other health professional ever talked with you about supplemental breast cancer screening?

- Yes
- No
- Don't know
- Not applicable – I do not need breast cancer screening
- Not applicable – I have never been told that I have dense breasts

R: Beliefs About Cancer

R1. How much do you agree or disagree with each of the following statements?

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
a. It seems like everything causes cancer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There's not much you can do to lower your chances of getting cancer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. There are so many different recommendations about preventing cancer, it's hard to know which ones to follow.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. When I think about cancer, I automatically think about death.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

R2. How worried are you about getting cancer?

- Not at all
 Slightly
 Somewhat
 Moderately
 Extremely

R3. How much do you agree or disagree with the following statement? I would rather not know my chances of getting cancer in the future.

- Strongly agree
 Somewhat agree
 Somewhat disagree
 Strongly disagree

R4. Which of the following best describes how you would approach information about your own chances of getting cancer in the future, if such information was available?

Mark only one.

- I would avoid the information
 I would tend to avoid the information
 I would neither seek out nor avoid the information
 I would tend to seek out the information
 I would seek out the information

R5. As far as you know, who has a greater chance of getting cancer - a person with a 1 in 1,000 chance of getting cancer, or a person with a 1 in 100 chance?

- 1 in 1,000 is a greater chance of getting cancer
 1 in 100 is a greater chance of getting cancer
 Don't know

S: Cancer History

S1. Have you ever been diagnosed as having cancer?

- Yes → **GO TO S2 on the next page**
 No → **GO TO S4 on the next page**

S2. What type of cancer did you have?

Mark all that apply.

- Bladder cancer
- Bone cancer
- Breast cancer
- Brain cancer
- Cervical cancer (cancer of the cervix)
- Colon cancer
- Endometrial cancer (cancer of the uterus)
- Eye or eye socket cancer
- Head and neck cancer
- Leukemia/Blood cancer
- Liver cancer
- Lung cancer
- Lymphoma (Hodgkin's)
- Lymphoma (Non-Hodgkin's)
- Melanoma
- Multiple myeloma
- Oral cancer
- Ovarian cancer
- Pancreatic cancer
- Pharyngeal (throat) cancer
- Prostate cancer
- Rectal cancer
- Renal cancer (kidney cancer)
- Skin cancer, non-melanoma
- Stomach cancer
- Testicular cancer
- Thyroid cancer
- Other → Specify:

S3. At what age were you first told that you had cancer?

<input type="text"/>	<input type="text"/>	<input type="text"/>
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 Years old

S4. Have any of your first- or second-degree biological relatives (parents, brothers and sisters, children, grandparents, aunts and uncles, nieces and nephews) ever had cancer?

- Yes
- No
- Not sure

T: You and Your Household

T1. What is your age?

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

 Years old

T2. What is your sex?

- Female
- Male

T3. About how many hours do you work per week at all of your jobs and businesses combined?

<input type="text"/>	<input type="text"/>
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 Hours of work **per week**

T4. Which of the following best describe your occupational status?

Mark all that apply.

- Employed, including self-employed
- Out of work for 1 year or more
- Out of work for less than 1 year
- A homemaker/caregiver
- A student
- Retired
- Unable to work (disabled)
- Other → Specify:

T5. What is your marital status?

Mark only one.

- Married
- Living as married or living with a romantic partner
- Divorced
- Widowed
- Separated
- Single, never been married

T6. What is the highest grade or level of schooling you completed?

- 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

T7. What is your race and/or ethnicity? One or more categories may be selected.

Mark all that apply.

- American Indian or Alaska Native (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Alaska Community, Aztec, Maya, etc.)
- Asian (Original peoples of Central or East Asia, Southeast Asia, or South Asia)
 - Chinese
 - Vietnamese
 - Asian Indian
 - Korean
 - Filipino
 - Japanese
 - Other Asian
- Black or African American (Origins in any of the Black racial groups of Africa)
 - African American
 - Nigerian
 - Jamaican
 - Ethiopian
 - Haitian
 - Somali
 - Other Black or African American
- Hispanic or Latino
 - Mexican
 - Cuban
 - Puerto Rican
 - Dominican
 - Salvadoran
 - Guatemalan
 - Other Hispanic or Latino
- Middle Eastern or North African (Original peoples of the Middle East or North Africa)
 - Lebanese
 - Syrian
 - Iranian
 - Iraqi
 - Egyptian
 - Israeli
 - Other Middle Eastern or North African
- Native Hawaiian or Pacific Islander (Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
 - Native Hawaiian
 - Tongan
 - Samoan
 - Fijian
 - Chamorro
 - Marshallese
 - Other Native Hawaiian or Pacific Islander
- White (for example, English, German, Irish, Polish, Scottish, etc.)



T8. Which of the following best represents how you think of yourself? **Mark only one.**

- Straight
- Lesbian or Gay
- Bisexual
- [If AIAN] Two-Spirit
- I use a different term
- Not sure
- Prefer not to answer

T9. **Including yourself**, how many people live in your household?

<input type="text"/>	<input type="text"/>
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 Number of people

→ (IF 1 THEN GO TO T12 IN THE NEXT COLUMN)

T10. How many children under the age of 18 live in your household?

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

 Number of children under 18

T11. What is your relationship with the adult members of your household? **Mark all that apply.**

- Romantic partner (e.g., spouse; boy/girlfriend)
- Family
- Friends/roommates
- Other
- There are no other adults that live in my household

T12. 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?

- \$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

T13. Which one of these comes closest to your own feelings about your household's income?

- Living comfortably on present income
- Getting by on present income
- Finding it difficult on present income
- Finding it very difficult on present income

T14. We invite you to participate in future health surveys for the National Cancer Institute (NCI). These studies are voluntary and will involve answering surveys like this one a few times a year. You will receive a \$20 electronic gift card once you have registered.

If you are interested in participating, please write your email address in the box below. You will then receive an email with instructions for how to register for future surveys. Your email will be kept private and will only be used to send you information about future surveys.

E-mail:



Thank you!

We would like to send you \$20 as a token of appreciation for completing this survey. You can receive the \$20 cash in the mail or we can email you an Amazon e-gift card code.

To receive \$20 in the mail at the address where you received this survey, please provide your first and last name below so we can address the envelope to you.

First name:

Last name:

To receive \$20 as an Amazon e-gift card, please provide your e-mail address below. Please write legibly; we can only e-mail one gift code to your household:

Use the email I provided on the previous page.

E-mail:

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

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

HINTS Study
c/o Westat
7501 Wisconsin Avenue, Room 2512W
Bethesda, MD 20814-6527

