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?
   AdultsInHH
   1 Yes
   2 No ➔ GO TO A1 on the next page

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

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

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

Si prefiere recibir la encuesta en español, por favor llame 1-888-738-6812
A: Looking For Health Information

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

SeekCancerInfo

1. Yes
2. 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?

- a. It took a lot of effort to get the information you needed........... CancerLotOfEffort
- b. You felt frustrated during your search for the information........ CancerFrustrated

A3. Overall, how confident are you that you could get advice or information about cancer if you needed it?

CancerConfidentGetHealthInf

1. Completely confident
2. Very confident
3. Somewhat confident
4. A little confident
5. Not confident at all

A4. In general, how much would you trust information about cancer from each of the following?

<table>
<thead>
<tr>
<th>Source</th>
<th>Strongly agree</th>
<th>Somewhat agree</th>
<th>Somewhat disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. A doctor</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>B. Family or friends</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>C. Government health agencies</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>D. Charitable organizations</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>E. Religious organizations and leaders</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

A5. Imagine that you had a strong need to get information about cancer. Where would you go first?

Mark only one.

StrongNeedCancerInfo

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

B: Using the Internet to Find Information

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

UseInternet

1. Yes
2. No ➔ GO TO B5 on the next page

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

<table>
<thead>
<tr>
<th>Access Method</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A regular dial-up telephone line</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. Broadband such as DSL, cable, or FiOS</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. A cellular network (i.e., phone, 3G/4G)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d. A wireless network (Wi-Fi)</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
B3. How often do you access the Internet through each of the following?

<table>
<thead>
<tr>
<th>WhereUseInternet</th>
<th>Daily</th>
<th>Sometimes</th>
<th>Never</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Computer at home</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. Computer at work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. Computer in a public place</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. On a mobile device (cell phone/smart phone/tablet)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

B4. To what extent are you satisfied with your internet speed?

<table>
<thead>
<tr>
<th>InternetSpeed</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all satisfied</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not very satisfied</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somewhat satisfied</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very satisfied</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extremely satisfied</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B5. In the past 12 months, have you used a computer, smartphone, or other electronic means to do any of the following?

<table>
<thead>
<tr>
<th>Electronic_</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Looked for health or medical information for yourself</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. Used e-mail or the Internet to communicate with a doctor or a doctor’s office</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. Looked up medical test results</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d. Made appointments with a health care provider</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

B6. Please indicate if you have each of the following.

Mark all that apply.

- Tablet computer (for example, an iPad, Samsung Galaxy, Motorola Xoom, or Kindle Fire)
- Smartphone (for example, an iPhone, Android, Blackberry, or Windows phone)
- Basic cell phone only
- I do not have any of the above
- TabletHealthWellnessApps

B7. On your tablet or smartphone, do you have any “apps” related to health and wellness?

<table>
<thead>
<tr>
<th>TabletHealthWellnessApps</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Don't know</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

B8. In the past 12 months, have you used any of these health or wellness apps?

<table>
<thead>
<tr>
<th>UsedHealthWellnessApps</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Don't know</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

B9. Has your tablet or smartphone...

<table>
<thead>
<tr>
<th>Tablet_AchieveGoal</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Don't know</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tablet_MakeDecision</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Don't know</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tablet_DiscussionsHCP</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Don't know</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
B10. In the last 12 months, have you used an electronic wearable device to monitor or track your health or activity? For example, a Fitbit, Apple Watch, or Garmin Vivofit.

WearableDevTrackHealth

1 Yes
2 No → GO TO B13 below

B11. In the past month, how often did you use a wearable device to track your health?

FreqWearDevTrackHealth

1 Every day
2 Almost every day
3 1-2 times per week
4 Less than once per week
5 I did not use a wearable device in the past month

B12. Would you be willing to share health data from your wearable device with...

WillingShareData_HCP

1 Yes
2 No

WillingShareData_YourFamily

1 Yes
2 No

WillingShareData_YourFriends

1 Yes
2 No

B13. Have you shared health information from either an electronic monitoring device or smartphone with a health professional within the last 12 months?

SharedHealthDeviceInfo

1 Yes
2 No
3 Not applicable

B14. Sometimes people use the Internet to connect with other people online through social networks like Facebook or Twitter. This is often called “social media”.

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

IntRsn_VisitedSocNet

a. To visit a social networking site, such as Facebook or LinkedIn

1 Yes
2 No

IntRsn_SharedSocNet

b. To share health information on social networking sites, such as Facebook or Twitter

1 Yes
2 No

IntRsn_SupportGroup

c. To participate in an online forum or support group for people with a similar health or medical issue

1 Yes
2 No

IntRsn_YouTube

d. To watch a health-related video on YouTube

1 Yes
2 No
C1. Not including psychiatrists and other mental health professionals, is there a particular doctor, nurse, or other health professional that you see most often?

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

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

<table>
<thead>
<tr>
<th>FreqGoProvider</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 None → GO TO C6 on the next page</td>
</tr>
<tr>
<td>1 1 time</td>
</tr>
<tr>
<td>2 2 times</td>
</tr>
<tr>
<td>3 3 times</td>
</tr>
<tr>
<td>4 4 times</td>
</tr>
<tr>
<td>5 5-9 times</td>
</tr>
<tr>
<td>6 10 or more times</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>QualityCare</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Excellent</td>
</tr>
<tr>
<td>2 Very good</td>
</tr>
<tr>
<td>3 Good</td>
</tr>
<tr>
<td>4 Fair</td>
</tr>
<tr>
<td>5 Poor</td>
</tr>
</tbody>
</table>

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?

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

C5. In the past 12 months, when getting care for a medical problem, was there a time when you...

| a. Had to bring an X-ray, MRI, or other type of test result with you to the appointment? | ProbCare_BringTest |
| 1 Yes | 2 No |
| b. Had to wait for test results longer than you thought reasonable? | ProbCare_WaitLong |
| 1 Yes | 2 No |
| c. Had to redo a test or procedure because the earlier test results were not available? | ProbCare_RedoTest |
| 1 Yes | 2 No |
| d. Had to provide your medical history again because your chart could not be found? | ProbCare_ProvideHist |
| 1 Yes | 2 No |
C6. Are you currently covered by any of the following types of health insurance or health coverage plans? Yes No

a. Insurance through a current or former employer or union........................................ 1 2
b. Insurance purchased directly from an insurance company........................................ 1 2
c. Medicare, for people 65 and older, or people with certain disabilities.......................... 1 2
d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability...... 1 2
e. TRICARE or other military health care..... 1 2
f. VA (including those who have ever used or enrolled for VA health care)..................... 1 2
g. Indian Health Service.................................................. 1 2
h. Any other type of health insurance or health coverage plan (Specify)......................... 1 2

D3. Have any of your health care providers, including doctors, nurses, or office staff ever encouraged you to use an online medical record?

HCPEncourageOnlineRec

Yes 2 No

D4. How many times did you access your online medical record in the last 12 months?

AccessOnlineRecord

0 1 1 to 2 times 2 3 to 5 times 3 6 to 9 times 4 10 or more times

GO TO D6 on the next page

D5. Why have you not accessed your medical record online? Is it because...

HCPEncourageOnlineRec

Yes No

a. You prefer to speak to your health care provider directly?............................................ 1 2
b. You do not have a way to access the website?......................................................... 1 2
c. You did not have a need to use your online medical record?............................... 1 2
d. You were concerned about the privacy or security of the website that had your medical records?........................................ 1 2
e. You don’t have an online medical record.............................................................. 1 2
f. You found it difficult to login (for example, you had trouble remembering your password)?.. 1 2
g. You are not comfortable or experienced with computers?..................................... 1 2
h. You have more than one online medical record?............................................... 1 2

If you have not accessed any medical records in the last 12 months, go to E1 on the next page

Otherwise, go to D6 on the next page

D: Medical Records

Next, we are going to ask you some questions about your medical records. Medical records are defined as medical history, such as laboratory test results, clinical notes, and current list of medications.

D1. Do any of your doctors or other health care providers maintain your medical records in a computerized system?

ProviderMaintainEMR2

Yes 1 2 No 3 Don’t Know

D2. Have you ever been offered online access to your medical records by your...

OfferedAccessHCP2

Yes 1 2 No 3 Don’t know

OfferedAccessInsurer2

Yes 1 2 No 3 Don’t know

If you have not accessed any medical records in the last 12 months, go to E1 on the next page

Otherwise, go to D6 on the next page
D6. In the past 12 months, have you used your online medical record to...

- Look up test results? [ ] Yes [ ] No
  - RecordsOnline_ViewResults
- Securely message health care provider and staff (for example, e-mail)? [ ] Yes [ ] No
  - RecordsOnline_MessageHCP
- Download your health information to your computer or mobile device, such as a cell phone or tablet? [ ] Yes [ ] No
  - RecordsOnline_DownloadHealth

D7. How did you access your online medical record?

- [ ] App
- [ ] Website
- [ ] Both app and website
- [ ] Don't know
  - HowAccessOnlineRecord

D8. Do any of your online medical records include clinical notes (health provider’s notes that describe a visit)?

- [ ] Yes
- [ ] No
- [ ] Don’t know
  - OnlineRecClinNotes

D9. Have you electronically sent your medical information to...

- Another health care provider? [ ] Yes [ ] No
  - ESent_AnotherHCP
- A family member or another person involved with your care? [ ] Yes [ ] No
  - ESent_Family
- A service or app that can help manage and store your health information? [ ] Yes [ ] No
  - ESent_HealthApp

D10. How easy or difficult was it to understand the health information in your online medical record?

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

E1. Are you currently caring for or making health care decisions for someone with a medical, behavioral, disability, or other condition?

Mark all that apply.

- Yes, a child/children
  - Caregiving_Child
- Yes, a spouse/partner
  - Caregiving_Spouse
- Yes, a parent/parents
  - Caregiving_Parent
- Yes, another family member
  - Caregiving_AnotherFam
- Yes, a friend or other non-relative
  - Caregiving_Friend

E2. Do you provide any of this care professionally as part of a job (for example, as a nurse or professional home health aide)?

- Yes
- No
E3. Please think about the individual for whom you are currently providing the most care. Please check all conditions for which you have provided care for this person. Mark all that apply.

- Cancer
- Alzheimer's, confusion, dementia, forgetfulness
- Orthopedic/Musculoskeletal Issues (examples: back problems, broken bones, arthritis, mobility problems, can't get around, feeble, unsteady, falling)
- Mental health/behavioral/substance abuse issues (examples: mental illness, emotional problems, depression, anxiety, substance/drug/alcohol abuse)
- Chronic conditions (examples: high blood pressure/hypertension, diabetes, heart disease, heart attack, lung disease, emphysema, Chronic Obstructive Pulmonary Disease (COPD), Parkinson's)
- Neurological/developmental Issues (examples: brain damage or injury, developmental or intellectual disorder, mental retardation, Down syndrome, stroke)
- Acute conditions
- Aging/aging-related health issues not listed in the other categories above
- Other – Specify
- Not sure/don't know

E4. 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?

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

F: Genetic Testing

F1. Genes are inherited from your parents and are passed down from one generation to the next. Genetic tests can determine your genetic makeup.

Which of the following types of genetic tests have you heard of? Mark all that apply.

- Ancestry testing: To determine the background or geographic/ethnic origin of an individual's ancestors (for example, Ancestry.com and 23andMe)
- Genetic health risk testing: To determine health risk for a variety of health conditions (for example, 23andMe)
- High risk cancer testing (for example, BRCA 1/2 or Lynch Syndrome)
- Other – Specify
- Not sure
- I have not heard of any of these types of genetic testing

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

- Newspaper
- Magazine
- Radio
- Your health care provider
- Genetic counselor
- Family member
- Friend
- Social media
- Television
- Internet
- Other – Specify

Not sure
I have not heard of any of these types of genetic testing

GO TO F6 on the next page
F3. Have you ever had any of the following types of genetic tests?

**Mark all that apply.**

1. **Ancestry testing:** To determine the background or geographic/ethnic origin of an individual's ancestors (for example, Ancestry.com and 23andMe)
   - HadTest2_Ancestry

2. **Genetic health risk testing:** To determine health risk for a variety of health conditions (for example, 23andMe)
   - HadTest2_HealthRisk

3. **High risk cancer testing** (for example, BRCA 1/2 or Lynch Syndrome)
   - HadTest2_CancerRisk

4. **Other-Specify**
   - HadTest2_Other_OS
   - HadTest2_Other

5. **Not sure**
   - HadTest2_NotSure

6. **None of the above** ➔ GO TO F6 in the next column
   - HadTest2_None
   - HadTest2_Cat

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

**Mark all that apply.**

1. **Your health care provider**
   - SharedRes2_HCP

2. **Genetic Counselor**
   - SharedRes2_Counselor

3. **Spouse/partner**
   - SharedRes2_Spouse

4. **Parents**
   - SharedRes2_Parent

5. **Siblings**
   - SharedRes2_Sibling

6. **Children**
   - SharedRes2_Child

7. **Friend**
   - SharedRes2_Friend

8. **Other**
   - SharedRes2_Other

9. **Did not share the results**
   - SharedRes2_NotShared
   - SharedRes2_Cat

F5. If you had a genetic test, who helped you understand the results?

**Mark all that apply.**

1. **Your health care provider**
   - UndGenTest_HCP

2. **Genetic Counselor**
   - UndGenTest_Counselor

3. **Spouse/partner**
   - UndGenTest_Spouse

4. **Parents**
   - UndGenTest_Parent

5. **Siblings**
   - UndGenTest_Sibling

6. **Children**
   - UndGenTest_Child

7. **Friend**
   - UndGenTest_Friend

8. **Other**
   - UndGenTest_Other

9. **No one helped me understand the results**
   - UndGenTest_NoOne
   - UndGenTest_Cat

F6. How much do you think genes that are inherited determine whether or not a person will develop each of the following conditions?

- a. **Obesity**
   - Genetics2_Obesity

- b. **Cancer**
   - Genetics2_Cancer

- c. **Cardiovascular disease**
   - Genetics2_Cardio

- d. **Diabetes**
   - Genetics2_Diabetes

F7. How important is knowing a person’s genetic information for...

- a. Preventing cancer?
   - KnowGenes_PreventCa

- b. Detecting cancer early?
   - KnowGenes_DetectCa

- c. Treating cancer?
   - KnowGenes_TreatCa
G: Clinical Trials

G1. 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. For example, a new drug or a new way for patients to track their diets.

How would you describe your level of knowledge about clinical trials?

1. I don't know anything about clinical trials
2. I know a little bit about clinical trials
3. I know a lot about clinical trials

G2. Imagine that you had a health issue and you were invited to participate in a clinical trial for that issue. How much would each of the following influence your decision to participate in the clinical trial?

<table>
<thead>
<tr>
<th>Influence</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would be helping other people by participating</td>
<td>4</td>
</tr>
<tr>
<td>I would get paid to participate</td>
<td>4</td>
</tr>
<tr>
<td>I would get support to participate such as transportation, childcare, or paid time off from work</td>
<td>4</td>
</tr>
<tr>
<td>If my doctor encouraged me to participate</td>
<td>4</td>
</tr>
<tr>
<td>If my family and friends encouraged me to participate</td>
<td>4</td>
</tr>
<tr>
<td>I would want to get better</td>
<td>4</td>
</tr>
<tr>
<td>I would get the chance to try a new kind of care</td>
<td>4</td>
</tr>
<tr>
<td>If the standard care was not covered by my insurance</td>
<td>4</td>
</tr>
</tbody>
</table>

G3. Imagine you had a need to get information about clinical trials. Which of the following would you go to first to get information about clinical trials?

1. My health care provider
2. My family and friends
3. Government health agencies
4. Health organizations or groups (for example, the American Cancer Society, American Lung Association)
5. Disease-specific patient support groups
6. Drug companies
7. Internet search

G4. Imagine you had a need to get information about clinical trials. Which of the following would you most trust as a source of information about clinical trials?

1. My health care provider
2. My family and friends
3. Government health agencies
4. Health organizations or groups (for example, the American Cancer Society, American Lung Association)
5. Disease-specific patient support groups
6. Drug companies

G5. Have you ever heard of the website clinicaltrials.gov?

1. Yes
2. No
G6. Have you ever been invited to participate in a clinical trial?
   InvitedClinTrial
   1 Yes
   2 No ➔ GO TO H1 below
   3 I don't know/I don't remember ➔ GO TO H1 below

G7. Did you participate in the clinical trial?
   ParticipatedClinTrial
   1 Yes
   2 No
   3 I don't remember

H: Your Overall Health

H1. In general, would you say your health is...
   GeneralHealth
   1 Excellent,
   2 Very good,
   3 Good,
   4 Fair, or
   5 Poor?

H2. Overall, how confident are you about your ability to take good care of your health?
   OwnAbilityTakeCareHealth
   1 Completely confident
   2 Very confident
   3 Somewhat confident
   4 A little confident
   5 Not confident at all

H3. Are you deaf or do you have serious difficulty hearing?
   Deaf
   1 Yes
   2 No

H4. Do you have friends or family members that you talk to about your health?
   TalkHealthFriends
   1 Yes
   2 No

H5. Has a doctor or other health professional ever told you that you had any of the following medical conditions:
   a. Diabetes or high blood sugar?....................
      MedConditions_Diabetes
      1 2
   b. High blood pressure or hypertension?.........
      MedConditions_HighBP
      1 2
   c. A heart condition such as heart attack, angina, or congestive heart failure?...........
      MedConditions_HeartCondition
      1 2
   d. Chronic lung disease, asthma, emphysema, or chronic bronchitis?...........
      MedConditions_LungDisease
      1 2
   e. Depression or anxiety disorder?..............
      MedConditions_Depression
      1 2

H6. About how tall are you without shoes?
   Height_Feet and Height_Inches

H7. About how much do you weigh, in pounds, without shoes?
   Weight_Pounds

H8. Over the past 2 weeks, how often have you been bothered by any of the following problems?
   a. Little interest or pleasure in doing things........
      LittleInterest
      1 2 3 4
   b. Feeling down, depressed, or hopeless...........
      Hopeless
      1 2 3 4
   c. Feeling nervous, anxious, or on edge.......... 
      Nervous
      1 2 3 4
   d. Not being able to stop or control worrying...
      Worrying
      1 2 3 4
H9. How much do you agree or disagree with the following statements?

a. When I feel threatened or anxious I find myself thinking about my values............................................

Threatened_Values

b. When I feel threatened or anxious I find myself thinking about my strengths..........................

Threatened_Strengths

H10. How much do you agree or disagree with the following statement?

I go to medical appointments expecting the worst.

ExpectWorst

1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree

H11. From the set of values below, which ONE is most important to you in your day-to-day life?

MostImportantValues

Mark only one.

1 Making my own decisions
2 Being happy
3 Helping people
4 Being loyal to family and friends
5 Having a deep connection to my religion
6 Keeping myself in good health
7 Assuring my family is safe and secure

J: Health and Nutrition

J1. Thinking about the last time you ordered food in a fast food or sit down restaurant, did you notice calorie information listed next to the food on the menu or menu board?

NoticeCalorieInfoOnMenu

1 Yes
2 No

J2. To what extent would you support or oppose the following?

Junk food products, including candy, chips, soda, and flavored sports drinks, should not be advertised to children on social media.

JunkFoodAdRestrictions

1 Strongly oppose
2 Oppose
3 Neither support nor oppose
4 Support
5 Strongly support
J3. These are examples of one drink of alcohol:

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

DrinkDaysPerWeek
Days per week
(IF 0 THEN GO TO J6 in the next column)

J4. During the past 30 days, on the days when you drank, about how many drinks did you drink on average?

DrinksPerDay
Average drinks per day

J5. **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?

DrinksOneOccasion
1. Never
2. 1 or 2 times
3. 3 to 5 times
4. 6 to 10 times
5. 11 or more times

J6. In your opinion, how much does drinking the following types of alcohol affect the risk of getting cancer?

<table>
<thead>
<tr>
<th>Drink</th>
<th>Decreases risk a lot</th>
<th>Decreases risk a little</th>
<th>No effect</th>
<th>Increases risk a little</th>
<th>Increases risk a lot</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Beer</td>
<td><img src="image" alt="Beer_CancerRisk" /></td>
<td><img src="image" alt="Beer_CancerRisk" /></td>
<td><img src="image" alt="Beer_CancerRisk" /></td>
<td><img src="image" alt="Beer_CancerRisk" /></td>
<td><img src="image" alt="Beer_CancerRisk" /></td>
<td><img src="image" alt="Beer_CancerRisk" /></td>
</tr>
<tr>
<td>b. Wine</td>
<td><img src="image" alt="Wine_CancerRisk" /></td>
<td><img src="image" alt="Wine_CancerRisk" /></td>
<td><img src="image" alt="Wine_CancerRisk" /></td>
<td><img src="image" alt="Wine_CancerRisk" /></td>
<td><img src="image" alt="Wine_CancerRisk" /></td>
<td><img src="image" alt="Wine_CancerRisk" /></td>
</tr>
<tr>
<td>c. Liquor</td>
<td><img src="image" alt="Liquor_CancerRisk" /></td>
<td><img src="image" alt="Liquor_CancerRisk" /></td>
<td><img src="image" alt="Liquor_CancerRisk" /></td>
<td><img src="image" alt="Liquor_CancerRisk" /></td>
<td><img src="image" alt="Liquor_CancerRisk" /></td>
<td><img src="image" alt="Liquor_CancerRisk" /></td>
</tr>
</tbody>
</table>

J7. In your opinion, how much does drinking the following types of alcohol affect the risk of getting heart disease?

<table>
<thead>
<tr>
<th>Drink</th>
<th>Decreases risk a lot</th>
<th>Decreases risk a little</th>
<th>No effect</th>
<th>Increases risk a little</th>
<th>Increases risk a lot</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Beer</td>
<td><img src="image" alt="Beer_HeartRisk" /></td>
<td><img src="image" alt="Beer_HeartRisk" /></td>
<td><img src="image" alt="Beer_HeartRisk" /></td>
<td><img src="image" alt="Beer_HeartRisk" /></td>
<td><img src="image" alt="Beer_HeartRisk" /></td>
<td><img src="image" alt="Beer_HeartRisk" /></td>
</tr>
<tr>
<td>b. Wine</td>
<td><img src="image" alt="Wine_HeartRisk" /></td>
<td><img src="image" alt="Wine_HeartRisk" /></td>
<td><img src="image" alt="Wine_HeartRisk" /></td>
<td><img src="image" alt="Wine_HeartRisk" /></td>
<td><img src="image" alt="Wine_HeartRisk" /></td>
<td><img src="image" alt="Wine_HeartRisk" /></td>
</tr>
<tr>
<td>c. Liquor</td>
<td><img src="image" alt="Liquor_HeartRisk" /></td>
<td><img src="image" alt="Liquor_HeartRisk" /></td>
<td><img src="image" alt="Liquor_HeartRisk" /></td>
<td><img src="image" alt="Liquor_HeartRisk" /></td>
<td><img src="image" alt="Liquor_HeartRisk" /></td>
<td><img src="image" alt="Liquor_HeartRisk" /></td>
</tr>
</tbody>
</table>

J8. To reduce the problems associated with excessive alcohol use, to what extent would you support or oppose...

<table>
<thead>
<tr>
<th>Action</th>
<th>Strongly oppose</th>
<th>Oppose</th>
<th>Neither support nor oppose</th>
<th>Support</th>
<th>Strongly support</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Banning outdoor advertising of alcohol such as on billboards and bus stops?</td>
<td><img src="image" alt="ExcessiveAlcohol_BanAds" /></td>
<td><img src="image" alt="ExcessiveAlcohol_BanAds" /></td>
<td><img src="image" alt="ExcessiveAlcohol_BanAds" /></td>
<td><img src="image" alt="ExcessiveAlcohol_BanAds" /></td>
<td><img src="image" alt="ExcessiveAlcohol_BanAds" /></td>
</tr>
<tr>
<td>b. Requiring specific health warnings on alcohol containers?</td>
<td><img src="image" alt="ExcessiveAlcohol_RegWarn" /></td>
<td><img src="image" alt="ExcessiveAlcohol_RegWarn" /></td>
<td><img src="image" alt="ExcessiveAlcohol_RegWarn" /></td>
<td><img src="image" alt="ExcessiveAlcohol_RegWarn" /></td>
<td><img src="image" alt="ExcessiveAlcohol_RegWarn" /></td>
</tr>
<tr>
<td>c. Requiring alcohol containers to show the recommended drinking guidelines for keeping health risks low?</td>
<td><img src="image" alt="ExcessiveAlcohol_Guidelines" /></td>
<td><img src="image" alt="ExcessiveAlcohol_Guidelines" /></td>
<td><img src="image" alt="ExcessiveAlcohol_Guidelines" /></td>
<td><img src="image" alt="ExcessiveAlcohol_Guidelines" /></td>
<td><img src="image" alt="ExcessiveAlcohol_Guidelines" /></td>
</tr>
</tbody>
</table>
K: Physical Activity and Exercise

K1. 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)?

<table>
<thead>
<tr>
<th>TimesModerateExercise</th>
<th>None =&gt; GO TO K3 below</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 day per week</td>
</tr>
<tr>
<td>2</td>
<td>2 days per week</td>
</tr>
<tr>
<td>3</td>
<td>3 days per week</td>
</tr>
<tr>
<td>4</td>
<td>4 days per week</td>
</tr>
<tr>
<td>5</td>
<td>5 days per week</td>
</tr>
<tr>
<td>6</td>
<td>6 days per week</td>
</tr>
<tr>
<td>7</td>
<td>7 days per week</td>
</tr>
</tbody>
</table>

K2. On the days that you do any physical activity or exercise of at least moderate intensity, how long do you typically do these activities?

<table>
<thead>
<tr>
<th>HowLongModerateExerciseMinutes</th>
<th>Minutes per day</th>
</tr>
</thead>
</table>

K3. 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)?

<table>
<thead>
<tr>
<th>TimesStrengthTraining</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 day per week</td>
</tr>
<tr>
<td>2</td>
<td>2 days per week</td>
</tr>
<tr>
<td>3</td>
<td>3 days per week</td>
</tr>
<tr>
<td>4</td>
<td>4 days per week</td>
</tr>
<tr>
<td>5</td>
<td>5 days per week</td>
</tr>
<tr>
<td>6</td>
<td>6 days per week</td>
</tr>
<tr>
<td>7</td>
<td>7 days per week</td>
</tr>
</tbody>
</table>

K4. During the past 7 days, how much time did you spend sitting on a typical day at home or at work? This may include time spent sitting at a desk, visiting friends, reading, driving or riding in a car, or sitting or lying down to watch television.

| AverageTimeSitting | Hours per day |

L: Tobacco Products

L1. Have you smoked at least 100 cigarettes in your entire life?

<table>
<thead>
<tr>
<th>Smoke100</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No  =&gt; GO TO L3 below</td>
</tr>
</tbody>
</table>

L2. How often do you now smoke cigarettes?

<table>
<thead>
<tr>
<th>SmokeNow</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Everyday</td>
</tr>
<tr>
<td>2</td>
<td>Some days</td>
</tr>
<tr>
<td>3</td>
<td>Not at all</td>
</tr>
</tbody>
</table>

L3. New types of cigarettes are now available called electronic cigarettes or e-cigarettes (also known as vapes, vape-pens, tanks, mods or pod-mods). These products deliver nicotine through a vapor. Compared to smoking cigarettes, would you say that electronic cigarettes are…

<table>
<thead>
<tr>
<th>ElectCigLessHarm</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Much less harmful,</td>
</tr>
<tr>
<td>2</td>
<td>Less harmful,</td>
</tr>
<tr>
<td>3</td>
<td>Just as harmful,</td>
</tr>
<tr>
<td>4</td>
<td>More harmful,</td>
</tr>
<tr>
<td>5</td>
<td>Much more harmful, or</td>
</tr>
<tr>
<td>7</td>
<td>I don’t know</td>
</tr>
</tbody>
</table>
L4. Have you ever used an e-cigarette, even one or two times?

   UsedECigEver
   1 Yes
   2 No ➔ GO TO L6 below

L5. Do you now use an e-cigarette every day, some days, or not at all?

   UseECigNow
   1 Every day
   2 Some days
   3 Not at all

L6. Heated tobacco products, also known as heat-not-burn tobacco products, use a technology that heats tobacco instead of burning it. These are NOT the same as e-cigarettes. Some brands of heated tobacco products include iQOS and Eclipse.

Thinking about heated tobacco products, which of the following statements BEST applies to you?

   HeardHeatedTobacco
   1 I have never heard of heated tobacco products
   2 I have heard of heated tobacco products but have never tried them
   3 I have tried heated tobacco products but do not use them anymore
   4 I currently use heated tobacco products
   5 Don't know

L7. In the past 12 months, have you seen messages saying that a Federal Court has ordered tobacco companies to make statements about the dangers of smoking cigarettes? These messages have been in newspapers, on television, on tobacco company websites, and on cigarette packs.

   SeenFederalCourtTobaccoMessages
   1 Yes
   2 No ➔ GO TO L9 on the next page

L8. Which of the following messages have you seen?

   Mark all that apply.

   TobaccoMessages_HESmoking
   1 That a Federal Court has ordered tobacco companies to make statements about the health effects of smoking.

   TobaccoMessages_HESecondhand
   1 That a Federal Court has ordered tobacco companies to make statements about the health effects of secondhand smoke.

   TobaccoMessages_Addictiveness
   1 That a Federal Court has ordered tobacco companies to make statements about the addictiveness of smoking and nicotine.

   TobaccoMessages_EnhanceDelivery
   1 That a Federal Court has ordered tobacco companies to make statements about how cigarettes are designed to enhance the delivery of nicotine.

   TobaccoMessages_LowTarLight
   1 That a Federal Court has ordered tobacco companies to make statements about low tar and light cigarettes being just as harmful as regular cigarettes.

   TobaccoMessages_Cat
L9. To what extent would you support or oppose the following measures related to cigarettes?

a. Just like with violence and sex, movies with cigarette smoking should be rated "R" to protect children and youth from seeing cigarette smoking in movies.  
   - Strongly oppose  1  2  3  4  5

b. Cigarette packs should be required to have warning labels that use both images and words to show the negative health effects of smoking.  
   - Strongly oppose  1  2  3  4  5

L10. To what extent would you support or oppose the following measures related to all tobacco products, including cigarettes, e-cigarettes, smokeless tobacco, hookah, and cigars?

a. Stores should be required to keep tobacco products out of customers' view at the checkout counter.  
   - Strongly oppose  1  2  3  4  5

b. Stores should be required to keep advertisements for tobacco products away from cash registers and out of windows.  
   - Strongly oppose  1  2  3  4  5

c. Tobacco products should not be advertised on social media.  
   - Strongly oppose  1  2  3  4  5

M: Cancer Screening and Awareness

M1. "Precision medicine" is an approach for disease treatment and prevention that takes into account individual differences in genes, environment, and lifestyle. Before completing this survey, had you ever heard of approaches like precision medicine?
   - Yes  1  2  3  4  5

M2. At any time in the past year, have you talked with your doctor or other health professional about having a test to check for lung cancer?
   - Yes  1  2  3  4  5

M3. For males: GO TO M5 on the next page

For females: How long ago did you have your most recent Pap test to check for cervical cancer?
   - A year ago or less  1  2  3  4  5

M4. When did you have your most recent mammogram to check for breast cancer, if ever?
   - A year ago or less  1  2  3  4  5
M5. There are a few different tests to check for colon cancer. These tests include:

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

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

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

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

EverTestedColonCa
1 Yes
2 No

M6. Have you ever heard of HPV? HPV stands for Human Papillomavirus. It is not HCV, HIV, HSV, or herpes.

HeardHPV
1 Yes
2 No ➔ GO TO M8 below

M7. Do you think HPV can cause...

HPVCauseCancer_Cervical
1 Yes
2 No
3 Not sure

HPVCauseCancer_Penile
1 Yes
2 No
3 Not sure

HPVCauseCancer_Anal
1 Yes
2 No
3 Not sure

HPVCauseCancer_Oral
1 Yes
2 No
3 Not sure

M8. A vaccine to prevent HPV infection is available and is called the HPV shot, cervical cancer vaccine, GARDASIL®.

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

HeardHPVVaccine2
1 Yes
2 No

N: Beliefs About Cancer

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

N1. How worried are you about getting cancer?
FreqWorryCancer
1 Not at all
2 Slightly
3 Somewhat
4 Moderately
5 Extremely

N2. How much do you agree or disagree with each of the following statements?

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

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

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

HighRiskChangeBehavior
1 Strongly agree
2 Somewhat agree
3 Somewhat disagree
4 Strongly disagree
N3. How much would you want to know if you have a genetic change that increases your chances of getting cancer?

GeneticChangeIncreasedRisk
- 4 Not at all
- 3 A little
- 2 Somewhat
- 1 A lot

N4. How much do you think that each of the following can influence whether or not a person will develop cancer?

<table>
<thead>
<tr>
<th>Influence</th>
<th>Cancer Related Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Being overweight or obese</td>
<td>Obesity</td>
</tr>
<tr>
<td>b. Gaining weight in adult life</td>
<td>AdultWeight</td>
</tr>
<tr>
<td>c. Eating too much red meat</td>
<td>RedMeat</td>
</tr>
</tbody>
</table>

O: Cancer History

O1. Have you ever been diagnosed as having cancer?

- 1 Yes
- 2 No ➔ GO TO O6 on the next page

O2. What type of cancer did you have?

**Mark all that apply.**
- Bladder cancer (CaBladder)
- Bone cancer (CaBone)
- Breast cancer (CaBreast)
- Cervical cancer (cancer of the cervix) (CaCervical)
- Colon cancer (CaColon)
- Endometrial cancer (cancer of the uterus) (CaEndometrial)
- Head and neck cancer (CaHeadNeck)
- Leukemia/Blood cancer (CaLeukemia)
- Liver cancer (CaLiver)
- Lung cancer (CaLung)
- Lymphoma (Hodgkin's) (CaHodgkin)
- Lymphoma (Non-Hodgkin's) (CaNonHodgkin)
- Melanoma (CaMelanoma)
- Oral cancer (CaOral)
- Ovarian cancer (CaOvarian)
- Pancreatic cancer (CaPancreatic)
- Pharyngeal (throat) cancer (CaPharyngeal)
- Prostate cancer (CaProstate)
- Rectal cancer (CaRectal)
- Renal (kidney) cancer (CaRenal)
- Skin cancer, non-melanoma (CaSkin)
- Stomach cancer (CaStomach)
- Other – Specify: (CaOther_Cat)

O3. At what age were you first told that you had cancer?

- WhenDiagnosedCancer

Years old
O4. Has a doctor or other member of your medical team discussed clinical trials as a possible treatment option for your cancer?

Yes  
No

O5. Have you ever participated in a clinical trial for treatment of your cancer?

Yes  
No  
Don't know

O6. The following questions ask about your knowledge about cancer in your family. By family we mean your first- and second-degree biological relatives: your parents, brothers and sisters, children, grandparents, aunts and uncles, nieces and nephews.

How well do you know your family's cancer history, including if you have no history of cancers in your family?

Not at all  
A little  
Somewhat  
Well  
Very well

O7. 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

P1. What is your age?

Age  Years old

P2. On your original birth certificate, were you listed as male or female?

Male  
Female  
Don't know

P3. What is your current gender identity?

Male  
Female  
Transgender  
Gender non-conforming  
Other - Specify

P4. In the past 30 days, did you usually work 35 hours or more per week in total at all jobs or businesses?

Yes  
No

P5. Which of the following best describe your current occupational status?

Mark all that apply.

Employed  
Unemployed for 1 year or more  
Unemployed for less than 1 year  
Homemaker  
Student  
Retired  
Disabled  
Other-Specify

Other-Specify

Occupation Other

Occupation Cat

FullTimeOcc Cat
P6. What is your marital status?

Mark only one.

1. Married
2. Living as married or living with a romantic partner
3. Divorced
4. Widowed
5. Separated
6. Single, never been married

P7. What is the highest grade or level of schooling you completed?

Education
1. Less than 8 years
2. 8 through 11 years
3. 12 years or completed high school
4. Post high school training other than college (vocational or technical)
5. Some college
6. College graduate
7. Postgraduate

P8. Are you of Hispanic, Latino/a, or Spanish origin? One or more categories may be selected.

Mark all that apply.

1. No, not of Hispanic, Latino/a, or Spanish origin
2. Yes, Mexican, Mexican American, Chicano/a
3. Yes, Puerto Rican
4. Yes, Cuban
5. Yes, another Hispanic, Latino/a, or Spanish origin

P9. What is your race? One or more categories may be selected.

Mark all that apply.

1. White
2. Black or African American
3. American Indian or Alaska Native
4. Asian Indian
5. Chinese
6. Filipino
7. Japanese
8. Korean
9. Vietnamese
10. Other Asian
11. Native Hawaiian
12. Guamanian or Chamorro
13. Samoan
14. Other Pacific Islander

P10. How much do you agree or disagree with the following statement?

I have a strong sense of belonging to my own ethnic group.

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

P11. Do you think of yourself as...

SexualOrientation
1. Heterosexual, or straight
2. Homosexual, or gay or lesbian
3. Bisexual
4. Something else – Specify

SexualOrientation_OS
P12. Including yourself, how many people live in your household?

<table>
<thead>
<tr>
<th>TotalHousehold</th>
<th>Number of people</th>
</tr>
</thead>
</table>

P13. Starting with yourself, please mark the sex, and write in the age and month of birth for each adult 18 years of age or older living at this address.

<table>
<thead>
<tr>
<th>Person</th>
<th>Sex</th>
<th>Age</th>
<th>Month Born (01-12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SelfGender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Male</td>
<td>SelfAge</td>
<td>SelfMOB</td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HHAdultGender2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Male</td>
<td>HHAdultAge2</td>
<td>HHAdultMOB2</td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HHAdultGender3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Male</td>
<td>HHAdultAge3</td>
<td>HHAdultMOB3</td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HHAdultGender4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Male</td>
<td>HHAdultAge4</td>
<td>HHAdultMOB4</td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HHAdultGender5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Male</td>
<td>HHAdultAge5</td>
<td>HHAdultMOB5</td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

P14. How many children under the age of 18 live in your household?

<table>
<thead>
<tr>
<th>ChildrenInHH</th>
<th>Number of children under 18</th>
</tr>
</thead>
</table>

P15. Thinking about politics these days, how would you describe your own political viewpoint?

<table>
<thead>
<tr>
<th>PoliticalViewpoint</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Very Liberal</td>
</tr>
<tr>
<td>2</td>
<td>Liberal</td>
</tr>
<tr>
<td>3</td>
<td>Somewhat Liberal</td>
</tr>
<tr>
<td>4</td>
<td>Moderate</td>
</tr>
<tr>
<td>5</td>
<td>Somewhat Conservative</td>
</tr>
<tr>
<td>6</td>
<td>Conservative</td>
</tr>
<tr>
<td>7</td>
<td>Very Conservative</td>
</tr>
</tbody>
</table>

P16. 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?

<table>
<thead>
<tr>
<th>IncomeRanges</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>$0 to $9,999</td>
</tr>
<tr>
<td>1</td>
<td>$10,000 to $14,999</td>
</tr>
<tr>
<td>2</td>
<td>$15,000 to $19,999</td>
</tr>
<tr>
<td>3</td>
<td>$20,000 to $34,999</td>
</tr>
<tr>
<td>4</td>
<td>$35,000 to $49,999</td>
</tr>
<tr>
<td>5</td>
<td>$50,000 to $74,999</td>
</tr>
<tr>
<td>6</td>
<td>$75,000 to $99,999</td>
</tr>
<tr>
<td>7</td>
<td>$100,000 to $199,999</td>
</tr>
<tr>
<td>8</td>
<td>$200,000 or more</td>
</tr>
</tbody>
</table>

P17. Which one of these comes closest to your own feelings about your household’s income?

<table>
<thead>
<tr>
<th>IncomeFeelings</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Living comfortably on present income</td>
</tr>
<tr>
<td>2</td>
<td>Getting by on present income</td>
</tr>
<tr>
<td>3</td>
<td>Finding it difficult on present income</td>
</tr>
<tr>
<td>4</td>
<td>Finding it very difficult on present income</td>
</tr>
</tbody>
</table>
Thank you!

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

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

HINTS Study, TC 1046F
Westat
1600 Research Boulevard
Rockville, MD 20850