



Health Information

National Trends Survey



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

H6



Annotated Form
English Version

Revised February 7, 2025 in accordance with the January 20, 2025 Executive Order titled "Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government." Questions [R2 and R3] have been redacted from this survey instrument.

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?

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?

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
a. It took a lot of effort to get the information you needed.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. You felt frustrated during your search for the information.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. You were concerned about the quality of the information.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. The information you found was hard to understand.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
b. Family or friends.....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
c. Government health agencies.....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
d. Charitable organizations.....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
e. Religious organizations and leaders.....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
f. Scientists.....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

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

HealthRecsConflict

- ☐ 1 Never
☐ 2 Rarely
☐ 3 Often
☐ 4 Very Often

A5. How often do health recommendations from experts seem to change over time?

HealthRecsChange

- ☐ 1 Never
☐ 2 Rarely
☐ 3 Often
☐ 4 Very Often

B: Using the Internet to Find Information

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

UseInternet

- ☐ 1 Yes
☐ 2 No → **GO TO B5 on the next page**

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

	Yes	No
a. A regular dial-up telephone line?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. A high-speed service such as DSL, cable, FiOS, Wi-Fi, or satellite?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. A cellular network (i.e., phone, 3G/4G/5G)?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

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"/> 1	<input type="checkbox"/> 2
b. Send a message to a health care provider or a health care provider's office.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. View medical test results.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Make an appointment with a health care provider.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

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

InternetConnection

- ☐ 1 Extremely satisfied
☐ 2 Very satisfied
☐ 3 Somewhat satisfied
☐ 4 Not very satisfied
☐ 5 Not at all satisfied

B5. How confident are you that you can find helpful health resources on the Internet?

ConfidentInternetHealth

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

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

Mark *all that apply*.

- ☐ 1 Tablet computer (for example, an iPad, Samsung Galaxy, Motorola Xoom, or Kindle Fire)
HaveDevice_Tablet
- ☐ 1 Smartphone (for example, an iPhone, Android, Blackberry, or Windows phone)
HaveDevice_SmartPh
- ☐ 1 Basic cell phone only
HaveDevice_CellPh
- ☐ 1 I do not have any of the above } **GO TO B8**
HaveDevice_None
- HaveDevice_Cat

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

UsedHealthWellnessApps2

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 I do not have any health apps on my tablet or smartphone

B8. In the past 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 B11 in the next column**

B9. 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

B10. Would you be willing to share health data from your wearable device with...

Yes No

- a. your health care provider?..... ☐ 1 ☐ 2
WillingShareData_HCP
- b. your family or friends?..... ☐ 1 ☐ 2
WillingShareData_Fam

B11. 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
- ☐ 4 Not Applicable – I do not use a smartphone or electronic monitoring device

B12. Sometimes people use the Internet to connect with other people online through social media. Examples of social media sites include Facebook, Twitter, 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..... ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
SocMed_Visited
- b. Shared **personal** health information on social media.. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
SocMed_SharedPers
- c. Shared **general** health-related information on social media (for example, a news article)..... ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
SocMed_SharedGen
- d. Interacted with people who have similar health or medical issues on social media or online forums..... ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
SocMed_Interacted
- e. Watched a health-related video on a social media site (for example, YouTube)..... ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
SocMed_WatchedVid

B13. How much of the health information that you see on social media do you think is false or misleading?

MisleadingHealthInfo

☐ 5 I do not use social media → GO TO B15 below

☐ 4 None

☐ 3 A little

☐ 2 Some

☐ 1 A lot

B14. How much do you agree or disagree with the following statements?

Strongly agree
Somewhat agree
Somewhat disagree
Strongly disagree

a. I use information from social media to make decisions about my health..... ☐ 1 ☐ 2 ☐ 3 ☐ 4

SocMed_MakeDecisions

b. I use information from social media in discussions with my health care provider..... ☐ 1 ☐ 2 ☐ 3 ☐ 4

SocMed_DiscussHCP

c. I find it hard to tell whether health information on social media is true or false..... ☐ 1 ☐ 2 ☐ 3 ☐ 4

SocMed_TrueFalse

d. Most of the people in my social media networks have the same views about health as me..... ☐ 1 ☐ 2 ☐ 3 ☐ 4

SocMed_SameViews

B15. Who do you think has the **main** responsibility for reducing the amount of false or misleading health information on social media?

Mark only one.

ResponsibleReduceMisInf

☐ 1 The news media

☐ 2 Social media platforms like Facebook, Twitter, or YouTube

☐ 3 The government

☐ 4 Individual social media users

☐ 5 Medical providers and health care systems

☐ 6 Other – Specify → ResponsibleReduceMisInf_OS

C: Your Health Care

C1. 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?

FreqGoProvider

☐ 0 None → GO TO C5 on the next page

☐ 1 1 time

☐ 2 2 times

☐ 3 3 times

☐ 4 4 times

☐ 5 5-9 times

☐ 6 10 or more times

C2. Overall, how would you rate the quality of health care you received in the past 12 months?

QualityCare

☐ 1 Excellent

☐ 2 Very good

☐ 3 Good

☐ 4 Fair

☐ 5 Poor

C3. 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"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <i>ChanceAskQuestions</i> | | | | |
| b. Give the attention you needed to your feelings and emotions..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <i>FeelingsAddressed</i> | | | | |
| c. Involve you in decisions about your health care as much as you wanted..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <i>InvolvedDecisions</i> | | | | |
| d. Make sure you understood the things you needed to do to take care of your health..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <i>UnderstoodNextSteps</i> | | | | |
| e. Explain things in a way you could understand..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <i>ExplainedClearly</i> | | | | |
| f. Spend enough time with you..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <i>SpentEnoughTime</i> | | | | |
| g. Help you deal with feelings of uncertainty about your health or health care..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <i>HelpUncertainty</i> | | | | |

C4. In the past 12 months, when getting care for a medical problem, was there a time when you had to bring an X-ray, MRI, or other type of test result with you to the appointment?

BringTest

- ☐ 1 Yes
- ☐ 2 No

C5. In the past 12 months, did you delay or not get medical care you felt you needed—such as seeing a doctor, a specialist, or other health professional?

DelayNeededCare

- ☐ 1 Yes
- ☐ 2 No, I received the medical care I felt I needed
- ☐ 3 I did not need any medical care in the past 12 months

C6. 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?

HealthInsurance2

- ☐ 1 Yes
- ☐ 2 No

C7. How confident are you filling out medical forms by yourself?

ConfidentMedForms

- ☐ 4 Not at all
- ☐ 3 A little
- ☐ 2 Somewhat
- ☐ 1 Very

C8. How much do you trust the health care system (for example, hospitals, pharmacies, and other organizations involved in health care)?

TrustHCSystem

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

C9. Have you ever been treated unfairly or been discriminated against when getting medical care because of your race or ethnicity?

DiscriminatedMedCare

- ☐ 1 Yes
- ☐ 2 No

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? *ReceiveTelehealthCare*

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

GO TO D4 in the next column

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

- ☐ 1 Yes
- ☐ 2 No → **GO TO E1 on the next page**
- ☐ 3 I did not try to schedule any medical care in the past 12 months → **GO TO E1 on the next page**

D3. Did you choose **not** to participate in a telehealth visit for any of the following reasons?

- | | Yes | No |
|---|----------------------------|----------------------------|
| a. I preferred to have the appointment(s) in person..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. I was concerned about the privacy of telehealth visits..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. I thought the telehealth technology would be difficult to use..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |



If you have not had a telehealth visit in the last 12 months, go to E1 on the next page

Otherwise, go to D4 in the next column

D4. Why did you choose a telehealth visit(s) for yourself?

- | | Yes | No |
|--|----------------------------|----------------------------|
| a. The health care provider recommended or required the visit use telehealth..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. I wanted advice about whether I needed in-person medical care..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. I wanted to avoid possible infection at the doctor's office or hospital (for example, COVID-19 or flu)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. It was more convenient than going to the doctor (for example, less travel or wait times)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. I could include family or other caregivers in my appointment..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

D5. What was the primary reason for your most recent telehealth visit? *RecentTelehealthReason*

Mark only one.

- ☐ 1 Annual visit
- ☐ 2 Minor illness/acute care (for example, fever, sinus infection)
- ☐ 3 Managing my chronic health condition/disease (for example, high blood pressure, diabetes, heart disease, obesity, cancer)
- ☐ 4 Medical emergency
- ☐ 5 Mental health, behavioral, or substance abuse issues (for example, depression, anxiety, drug or alcohol abuse)
- ☐ 6 Other

D6. 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)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| b. The care I received through telehealth was as good as a regular in-person visit..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| c. I was concerned about the privacy of my telehealth visit(s)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

59749



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?..... <i>OfferedAccessHCP3</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. health insurer?..... <i>OfferedAccessInsurer3</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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?

HCPEncourageOnlineRec2

☐ 1 Yes

☐ 2 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?

AccessOnlineRecord2

☐ 5 I do not have an online medical record or patient portal that was offered to me by a health care provider or insurer. → **GO TO E7 on the next page**

☐ 0 → **GO TO E7 on the next page**

☐ 1 1 to 2 times

☐ 2 3 to 5 times

☐ 3 6 to 9 times

☐ 4 10 or more times

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

HowAccessOnlineRecord2

☐ 1 App

☐ 2 Website

☐ 3 Both app and website

☐ 4 Don't know

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

	Yes	No
a. Look up test results?..... <i>RecordsOnline_ViewResults</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Download your health information to your computer or mobile device, such as a cell phone or tablet?..... <i>RecordsOnline_DownloadHealth</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Electronically send your medical information to a third party (such as another health care provider, a family member, or a smartphone health app)?..... <i>RecordsOnline_Send3rdParty</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. View clinical notes (a health care provider's written notes that describe your visit)?..... <i>RecordsOnline_ViewNotes</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2



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

UnderstandOnlineMedRec2

- ☐ 1 Very easy
- ☐ 2 Somewhat easy
- ☐ 3 Somewhat difficult
- ☐ 4 Very difficult

E7. 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.

- ☐ 1 My primary care doctor's office
OnlinePortal_PCP
- ☐ 1 Other health care provider(s) such as a specialty provider, counselor, or dentist
OnlinePortal_OthHCP
- ☐ 1 My insurer(s)
OnlinePortal_Insurer
- ☐ 1 Clinical laboratory that performs lab tests
OnlinePortal_Lab
- ☐ 1 Pharmacy
OnlinePortal_Pharmacy
- ☐ 1 I do not have any online medical records or patient portals. → **GO TO F1 in the next column**
OnlinePortal_NoRec
OnlinePortal_Cat

E8. Do you have one, or more than one patient portal or online medical record?

MultipleOnlinePortals

- ☐ 1 One → **GO TO F1 in the next column**
- ☐ 2 More than one

E9. Have you ever used an app like 'Apple Health Records' or 'CommonHealth' to combine your medical information from different patient portals or online medical records into one place?

UsedPortalOrganizerApp

- ☐ 1 Yes
- ☐ 2 No

F: Caregiving

F1. Are you currently caring for or making health care decisions for someone with a **medical, behavioral, disability, or other condition?**

Mark all that apply.

- ☐ 1 Yes, a parent/parents
Caregiving_Parent
- ☐ 1 Yes, a spouse/partner
Caregiving_Spouse
- ☐ 1 Yes, a child/children that needs special care due to a medical condition or disability
Caregiving_Child2
- ☐ 1 Yes, another family member
Caregiving_AnotherFam
- ☐ 1 Yes, a friend or other non-relative
Caregiving_Friend
- ☐ 1 No → **GO TO G1 on the next page**
Caregiving_No
CaregivingWho_Cat

F2. Do you provide any of this care professionally as part of a job (for example, as a nurse or professional home health aide)?

Caregiving_Professional

- ☐ 1 Yes
- ☐ 2 No

F3. 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.

- ☐ 1 Cancer
Caregiving_Cancer
- ☐ 1 Alzheimer's, confusion, dementia, forgetfulness, brain injury, stroke, or other neurological issue
Caregiving_AlzNeuro
- ☐ 1 A short-term but serious condition such as recovery from surgery or an injury
Caregiving_ShortTerm
- ☐ 1 A long-term illness such as high blood pressure, hypertension, diabetes, heart disease, heart attack, lung disease, or emphysema
Caregiving_LongTerm
- ☐ 1 Difficulty moving around such as an orthopedic issue, a musculoskeletal issue, or an aging-related issue
Caregiving_OrthoAging
- ☐ 1 A mental health issue, substance abuse, intellectual or developmental issue
Caregiving_MentalHealth2
- ☐ 1 Other – Specify →

Caregiving_Other
Caregiving_Other_OS
- ☐ 1 Not sure/don't know
Caregiving_NotSure
CaregivingCond_Cat

F4. 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?

Caregiving_AccessMedRec2

- ☐ 5 Care recipient does not have an online medical record
- ☐ 0 None
- ☐ 1 1 to 2 times
- ☐ 2 3 to 5 times
- ☐ 3 6 to 9 times
- ☐ 4 10 or more times

G: Genetic Testing

G1. Genes are inherited from your parents and are passed down from one generation to the next through the family tree. 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 understand where you and your relatives come from (for example, tests offered by companies such as Ancestry or 23andMe)
HeardGenTest_Ancestry2
- ☐ **Personal trait testing** to understand whether you have genes that are linked to certain characteristics like enjoying the taste of cilantro (for example, tests offered by companies such as Ancestry or 23andMe)
HeardGenTest_PersonalTrait
- ☐ **Testing for specific diseases** to understand your risk of getting certain diseases such as breast cancer, colon cancer, cardiovascular (heart) disease, diabetes, or dementia/Alzheimer's
HeardGenTest_SpecificDisease
- ☐ **Prenatal genetic carrier testing** to determine the risk that a man and a woman will have a baby with certain diseases such as cystic fibrosis or Tay Sachs
HeardGenTest_Prenatal
- ☐ Other-Specify →

HeardGenTest_Other
HeardGenTest_Other_OS
- ☐ I have not heard of any genetic tests → **GO TO H1**
HeardGenTest_None
HeardGenTest_Cat

G2. From which of the following sources did you read or hear anything about genetic tests?

Mark all that apply.

- ☐ Internet (Social media, Google searches)
TestSource_IntSocMed
- ☐ Other media (TV, radio, newspaper, magazine)
TestSource_OthMedia
- ☐ Health care provider and/or counselor
TestSource_HCPCounselor
- ☐ Family or friend
TestSource_FamFriend
- ☐ I have not heard about genetic tests → **GO TO H1**
TestSource_NotHeard
TestSource_Cat

G3. Which of the following types of genetic tests have you **had**?

Mark all that apply.

- ☐ **Ancestry testing** to understand where you and your relatives come from (for example, tests offered by companies such as Ancestry or 23andMe)
HadTest3_Ancestry2
- ☐ **Personal trait testing** to understand whether you have genes that are linked to certain characteristics like enjoying the taste of cilantro (for example, tests offered by companies such as Ancestry or 23andMe)
HadTest3_PersonalTrait
- ☐ **Testing for specific diseases** to understand your risk of getting certain diseases such as breast cancer, colon cancer, cardiovascular (heart) disease, diabetes, or dementia/Alzheimer's
HadTest3_SpecificDisease
- ☐ **Prenatal genetic carrier testing** to determine the risk that a man and a woman will have a baby with certain diseases such as cystic fibrosis or Tay Sachs
HadTest3_Prenatal
- ☐ Other-Specify →

HadTest3_Other
HadTest3_Other_OS
- ☐ Not sure what type of genetic test I've had → **GO TO H1**
HadTest3_NotSure
- ☐ I have not HAD any genetic tests → **GO TO H1**
HadTest3_NotHad
HadTest3_Cat

G4. If you had a genetic test **for disease risk (including prenatal carrier testing)**, how did you get the test?

Mark all that apply.

- ☐ 1 A genetic counselor ordered the test
RiskTest_Counselor
- ☐ 1 My health care provider other than a genetic counselor ordered the test
RiskTest_HCP
- ☐ 1 I ordered the test directly from the laboratory or company on the Internet
RiskTest_TestCo
- ☐ 1 I have not had any genetic test for disease risk
RiskTest_NotHad
RiskTest_Cat

G5. What were the reasons you had genetic testing?

Mark all that apply.

- ☐ 1 Doctor's recommendation
ReasonTest_DocRec
- ☐ 1 Understand my family ancestry
ReasonTest_UnderstandFam
- ☐ 1 Find relatives
ReasonTest_FindFam
- ☐ 1 Learn more about personal traits that may be influenced by genetics
ReasonTest_PersTraits
- ☐ 1 Learn more about my risk for certain diseases (for example, cancer or heart disease)
ReasonTest_DiseaseRisk
- ☐ 1 Understand things like what diet might be best for me
ReasonTest_LearnStrategies
- ☐ 1 Prenatal testing - for example, carrier testing
ReasonTest_Prenatal
- ☐ 1 I received the test as a gift
ReasonTest_Gift
- ☐ 1 Other-Specify →

ReasonTest_Other
ReasonTest_Other_OS

ReasonTest_Cat

G6. Overall, how confident are you that your genetic testing results are correct and accurate?

- ConfidentTestAccurate
- ☐ 1 Completely confident
- ☐ 2 Very confident
- ☐ 3 Somewhat confident
- ☐ 4 A little confident
- ☐ 5 Not confident at all

G7. If you had a genetic test, who did you share the results with?

Mark all that apply.

- ☐ 1 Your health care provider
SharedRes4_HCP
- ☐ 1 Genetic counselor
SharedRes4_Counselor
- ☐ 1 Spouse/partner
SharedRes4_Spouse
- ☐ 1 Parents
SharedRes4_Parent
- ☐ 1 Siblings
SharedRes4_Sibling
- ☐ 1 Children
SharedRes4_Child
- ☐ 1 Friend
SharedRes4_Friend
- ☐ 1 Other
SharedRes4_Other
- ☐ 1 Did not share the results
SharedRes4_NotShared
SharedRes4_Cat

G8. If you had a genetic test, what did you expect would happen to your test results after the test?
GenTestExpectations

Mark only one.

- ☐ 1 The laboratory or company that did the test would only share my test results with me and/or my health care provider → **GO TO G10 on the next page**
- ☐ 2 The laboratory or company that did the test may also share my test results with other groups

G9. In addition to you and your health care provider, who did you think the laboratory that did your genetic test would share your results with?

Mark all that apply.

- ☐ 1 Scientific researchers for research purposes
LabShare_ScientificRes
- ☐ 1 Other for-profit companies for commercial purposes such as pharmaceutical companies or companies that gather and sell health data
LabShare_ForProfitCo
- ☐ 1 Law enforcement agencies for legal purposes
LabShare_LEAgencies
- ☐ 1 Insurance companies
LabShare_InsCo
LabShare_Cat

G10. If you had a genetic test, who helped you understand the results?

Mark all that apply.

- ☐ Your health care provider
UndGenTest3_HCP
- ☐ Genetic counselor
UndGenTest3_Counselor
- ☐ Spouse/partner
UndGenTest3_Spouse
- ☐ Parents
UndGenTest3_Parent
- ☐ Siblings
UndGenTest3_Sibling
- ☐ Children
UndGenTest3_Child
- ☐ Friend
UndGenTest3_Friend
- ☐ Other
UndGenTest3_Other
- ☐ No one helped me understand the results
UndGenTest3_NoOne
- ☐ UndGenTest3_Cat

G11. How have you changed your behavior based on the results of genetic testing?

Mark all that apply.

- ☐ I changed my lifestyle (for example, increased physical activity, changed diet, or quit smoking)
BehavChg_ChgLifeStyle
- ☐ I started taking or changed dietary supplements
BehavChg_DietSupp
- ☐ I changed medications
BehavChg_Meds
- ☐ I did more health screenings
BehavChg_MoreScreenings
- ☐ I did fewer health screenings
BehavChg_FewerScreenings
- ☐ Other - Specify → BehavChg_Other
BehavChg_Other_OS
- ☐ I have not changed my behavior based on genetic testing
BehavChg_NoChg
- ☐ BehavChg_Cat

H: Your Overall Health

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

- ☐ Excellent
GeneralHealth
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

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

OwnAbilityTakeCareHealth

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

H3. In general, how easy or hard do you find it to understand medical statistics?

UndMedicalStats

- ☐ Very easy
- ☐ Easy
- ☐ Hard
- ☐ Very hard

H4. Are you deaf or do you have serious difficulty hearing?

Deaf

- ☐ Yes
- ☐ No

H5. Do you have friends or family members that you talk to about your health?

TalkHealthFriends

- ☐ Yes
- ☐ No

H6. 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"/>
MedConditions_Diabetes		
b. High blood pressure or hypertension?.....	<input type="checkbox"/>	<input type="checkbox"/>
MedConditions_HighBP		
c. A heart condition such as heart attack, angina, or congestive heart failure?.....	<input type="checkbox"/>	<input type="checkbox"/>
MedConditions_HeartCondition		
d. Chronic lung disease, asthma, emphysema, or chronic bronchitis?.....	<input type="checkbox"/>	<input type="checkbox"/>
MedConditions_LungDisease		
e. Depression or anxiety disorder?.....	<input type="checkbox"/>	<input type="checkbox"/>
MedConditions_Depression		

H7. About how tall are you without shoes?

Height_Feet, Height_Inches

	Feet	and			Inches
--	------	-----	--	--	--------

H8. About how much do you weigh, in pounds, without shoes?

			Weight
			Pounds

H9. During the past 7 days, how many hours of sleep did you get on average per night?

		AverageSleepNight
		Hours of sleep per night

H10. Please respond to each item by marking one box per row.

	Very much	Quite a bit	Somewhat	A little bit	Not at all
a. My life has meaning.....	1	2	3	4	5
b. I have a clear sense of direction in life.....	1	2	3	4	5
c. I experience deep fulfillment in my life.....	1	2	3	4	5
d. My life has purpose.....	1	2	3	4	5

H11. 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.....	1	2	3	4
b. Feeling down, depressed, or hopeless.....	1	2	3	4
c. Feeling nervous, anxious, or on edge.....	1	2	3	4
d. Not being able to stop or control worrying.....	1	2	3	4

H12. Please respond to each item by marking one box per row.

	Always	Usually	Sometimes	Rarely	Never
a. I feel left out.....	5	4	3	2	1
b. I feel that people barely know me.....	5	4	3	2	1
c. I feel isolated from others.....	5	4	3	2	1
d. I feel that people are around me but not with me...	5	4	3	2	1

J: Environment and Health

J1. How much do you think climate change will harm your health?

1	A lot
2	Some
3	A little
4	Not at all
5	Don't know

J2. 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 J5 on the next page)

J3. On the most recent time you were sunburned, what were you doing when you were sunburned?

Mark *all that apply*.

- ☐ Working at your job
Sunburned_JobOutside
- ☐ Working outside at your own home or a family/friend's home
Sunburned_HomeOutside
- ☐ Sunbathing
Sunburned_Sunbathing
- ☐ Swimming
Sunburned_Swimming
- ☐ Exercise (running, hiking, sports) (do not include swimming)
Sunburned_Exercise
- ☐ Watching a sporting event
Sunburned_SportingEvent
- ☐ Attending an outdoor event or venue (a concert, the zoo, a fair, etc.)
Sunburned_OutdoorEvent
- ☐ Day-to-day activities
Sunburned_DayToDay
- ☐ Other
Sunburned_Other
- ☐ Don't know
Sunburned_Dk
SunburnedAct_Cat

J4. Were you drinking alcohol at any of the times when you were sunburned?

Sunburned_Alcohol

- ☐ Yes
- ☐ No

J5. 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 one of these best describes what would happen to your skin?

SunEffectAfter1Hour

- ☐ Get a severe sunburn with blisters
- ☐ Have a moderate sunburn with peeling
- ☐ Burn mildly with some or no tanning
- ☐ Turn darker without sunburn
- ☐ Nothing would happen to my skin

K: Social Determinants of Health

K1. In the past 12 months, how often were the following things true?

- | | Often true | Sometimes true | Never true |
|--|----------------------------|----------------------------|----------------------------|
| a. Someone in your household cut the size of meals or skipped meals because there wasn't enough money for food..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| <i>CutSkipMeals</i> | | | |
| b. Someone in your household was not able to afford to eat balanced meals..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| <i>CannotAffordMeals</i> | | | |
| c. Someone in your household was worried about being forced to move (for example, because of eviction or foreclosure)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| <i>WorryForcedMove</i> | | | |
| d. Lack of reliable transportation kept someone in your household from medical appointments, work, or from getting things needed for daily living..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| <i>LackTransportation</i> | | | |

K2. If you were experiencing one of the issues below, how comfortable would you be with your health care providers **sharing your information about these issues with each other for your treatment purposes?**

- | | Very comfortable | Somewhat comfortable | Somewhat uncomfortable | Very uncomfortable |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Issues with affording or accessing healthy food..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <i>HCPShare_FoodIssues</i> | | | | |
| b. Issues with transportation that make it difficult getting to work or medical appointments..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <i>HCPShare_TranspIssues</i> | | | | |
| c. Issues with housing (for example, concerns about eviction, making mortgage payments, lead paint, or asbestos)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <i>HCPShare_HousingIssues</i> | | | | |

L: Health and Nutrition

- L1. Think 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

- L2. 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 L4 below)

- L3. 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**

- L4. **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

- L5. In the next 12 months, I am likely to...

AlcoholIntent

- ☐ 1 Drink less alcohol than I do now
☐ 2 Drink about as much alcohol as I do now
☐ 3 Drink more alcohol than I do now
☐ 4 I do not drink alcohol now, and do not plan on drinking alcohol in the future

- L6. Have you ever heard or read that alcohol increases the risk of cancer?

HeardAlcoholIncreaseCancer

- ☐ 1 Yes
☐ 2 No
☐ 3 Don't know

- L7. In the past 12 months, have you heard about the negative health consequences of drinking alcohol **from doctors or other health care professionals**?

HCPAlcoholConsequences2

- ☐ 1 Yes
☐ 2 No → GO TO L9 below
☐ 3 I have not had any medical appointments in the past 12 months → GO TO L9 below

- L8. Which of the following health consequences of alcohol did the **doctor or other health care professional** discuss?

Mark all that apply.

- ☐ 1 Alcoholism
HCPAlcohol_Alcoholism
☐ 1 Cancer
HCPAlcohol_Cancer
☐ 1 Diabetes
HCPAlcohol_Diabetes
☐ 1 Heart Disease
HCPAlcohol_Heart
☐ 1 Liver Disease
HCPAlcohol_Liver
HCPAlcohol_Cat

- L9. Compared to drinking no alcohol, do you think that having 1-2 alcoholic drinks per day... AlcoholRiskHealth

- ☐ 1 Decreases risk of future health problems
☐ 2 Has no effect on the risk of future health problems
☐ 3 Increases risk of future health problems
☐ 4 Don't know



M: Physical Activity and Exercise

M1. 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)?

TimesModerateExercise

☐ 0 None → **GO TO M3 below**

☐ 1 1 day per week

☐ 2 2 days per week

☐ 3 3 days per week

☐ 4 4 days per week

☐ 5 5 days per week

☐ 6 6 days per week

☐ 7 7 days per week

M2. On the days that you do any physical activity or exercise of at least moderate intensity, how long do you typically do these activities?

HowLongModerateExerciseMinutes

Minutes of physical activity per day

M3. In a **typical week**, outside of your job or work around the house, how many days do you do leisure-time physical activities specifically designed to strengthen your muscles such as lifting weights or circuit training (do not include cardio exercise such as walking, biking, or swimming)?

TimesStrengthTraining

☐ 0 None

☐ 1 1 day per week

☐ 2 2 days per week

☐ 3 3 days per week

☐ 4 4 days per week

☐ 5 5 days per week

☐ 6 6 days per week

☐ 7 7 days per week

M4. 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 sitting per day

N: Tobacco Products

N1. In the **past 3 months**, how often, if at all, have you noticed the health warnings on cigarette packs?

CigPackWarnings

☐ 1 I did not see any cigarette packs in the last 3 months

☐ 2 Never

☐ 3 Rarely

☐ 4 Sometimes

☐ 5 Often

☐ 6 Very often

☐ 7 Don't know



N2. For the next few questions please think about **all tobacco products**, including cigarettes, e-cigarettes, smokeless tobacco, cigars, pipes, hookah, roll-your-own, and heated tobacco products

During the **past 3 months**, have you noticed or heard any **anti-tobacco messages** (that is, messages that talk about the dangers of tobacco products or encourage quitting) in any of the following places?

Mark all that apply.

- ☐ Inside or outside stores that sell tobacco products (including product displays and signs)
AntiTobacco_Stores
- ☐ On billboards (including by the roadside, places like bus stops, or on trains)
AntiTobacco_Billboards
- ☐ At a pharmacy
AntiTobacco_Pharmacy
- ☐ In bars or restaurants
AntiTobacco_BarRest
- ☐ At events (including fairs, markets, festivals, sporting events, or music concerts)
AntiTobacco_Events
- ☐ On radio
AntiTobacco_Radio
- ☐ On television or streaming platforms (including Netflix or Hulu)
AntiTobacco_TV
- ☐ On social media (including Facebook, Twitter, TikTok, YouTube, or Instagram)
AntiTobacco_SocMed
- ☐ Other websites or online sources
AntiTobacco_OthOnline
- ☐ In print newspapers or magazines
AntiTobacco_PrintMedia
- ☐ In the mail or an email sent to you
AntiTobacco_MailEmail
- ☐ Other - Specify → *AntiTobacco_Other*
AntiTobacco_OS
- ☐ I did not notice any anti-tobacco messaging
AntiTobacco_DidNotNotice
AntiTobacco_Cat

N3. During the past **3 months**, have you noticed or heard tobacco products being **advertised, marketed, or promoted** in any of the following places?

Mark all that apply.

- ☐ Inside or outside stores that sell tobacco products (including product displays and signs)
TobaccoAds_Stores
- ☐ On billboards (including by the roadside, places like bus stops, or on trains)
TobaccoAds_Billboards
- ☐ At a pharmacy
TobaccoAds_Pharmacy
- ☐ In bars or restaurants
TobaccoAds_BarRest
- ☐ At events (including fairs, markets, festivals, sporting events, or music concerts)
TobaccoAds_Events
- ☐ At temporary or mobile sales locations or kiosks (including shopping centers, parked in the street, other places, but not at specific events)
TobaccoAds_PopUps
- ☐ On radio
TobaccoAds_Radio
- ☐ On television or streaming platforms (including Netflix or Hulu)
TobaccoAds_TV
- ☐ On social media (including Facebook, Twitter, TikTok, YouTube, or Instagram)
TobaccoAds_SocMed
- ☐ Other websites or online sources
TobaccoAds_OthOnline
- ☐ In print newspapers or magazines
TobaccoAds_PrintMedia
- ☐ In the mail or an email sent to you
TobaccoAds_MailEmail
- ☐ Other - Specify → *TobaccoAds_Other*
TobaccoAds_OS
- ☐ I did not notice any tobacco products being advertised, marketed, or promoted
TobaccoAds_DidNotNotice
TobaccoAds_Cat

N4. Have you smoked at least 100 cigarettes in your entire life?

- Smoke100*
- ☐ Yes
 - ☐ No

N5. How often do you now smoke cigarettes?

- SmokeNow*
- ☐ Every day
 - ☐ Some days
 - ☐ Not at all

N6. The next few questions are about electronic cigarettes (e-cigarettes) that **contain nicotine**. You may also know them as vapes, vape-pens, tanks, mods or pod-mods. E-cigarettes are battery powered devices that contain a liquid that is vaporized and inhaled.

Compared to smoking cigarettes, would you say that using e-cigarettes that **contain nicotine** is...?

- ElectCigLessHarm2**
- ☐ 1 Much less harmful
 - ☐ 2 Less harmful
 - ☐ 3 Just as harmful
 - ☐ 4 More harmful
 - ☐ 5 Much more harmful
 - ☐ 7 I don't know

N7. Have you ever used an e-cigarette, even one or two times?

- UsedECigEver**
- ☐ 1 Yes
 - ☐ 2 No → **GO TO O1 in the next column**

N8. 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

O: Cancer Screening and Awareness

O1. How interested are you in having a cancer screening test in the next year?

InterestedCaScreening

- ☐ 1 Not at all
- ☐ 2 A little
- ☐ 3 Somewhat
- ☐ 4 Very
- ☐ 5 Not applicable/I am up-to-date with screening tests

O2. In the last 12 months, how much did worry about COVID-19 cause you to delay or avoid having a cancer screening test?

COVIDDelayCaScreening

- ☐ 1 Not at all
- ☐ 2 A little
- ☐ 3 Some
- ☐ 4 A lot
- ☐ 5 Not applicable (I had not planned to have a screening test)

O3. At any time in the past year, did a doctor or other health professional talk with you about having a low-dose CT (LDCT) scan to check for lung cancer?

DocTalkLDCT

- ☐ 1 I have never heard of this test
- ☐ 2 Yes
- ☐ 3 No
- ☐ 4 Don't know

O4. **For males:** GO TO O5 on the next page

For females: How long ago did you have your most recent Pap test to check for cervical cancer?

WhenPapTest

- ☐ 1 A year ago or less
- ☐ 2 More than 1, up to 2 years ago
- ☐ 3 More than 2, up to 3 years ago
- ☐ 4 More than 3, up to 5 years ago
- ☐ 5 More than 5 years ago
- ☐ 6 I have never had a Pap test

7= I am male (Web only)



O5. There are a few different tests to check for colorectal cancer in people who have no symptoms. These tests include:

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

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

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

Has a doctor or other health professional ever told you there are a few different tests to detect colorectal cancer?

DocTellColorectalTests

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 I have never discussed these tests with a doctor or other health professional

O6. 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 O8 below**

O7. Do you think **HPV** can cause cervical cancer?

HPVCauseCancer_Cervical

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Not sure

O8. A vaccine to prevent **HPV** infection is available and is called the HPV shot, cervical cancer vaccine, or GARDASIL®.

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

HeardHPVVaccine2

- ☐ 1 Yes
- ☐ 2 No

P: Beliefs About Cancer

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

P1. How worried are you about getting cancer?

FreqWorryCancer

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

P2. Compared to other people your age, how likely **do you think you are** to get cancer in your lifetime?

ChanceGetCancer2

- ☐ 1 I already had cancer
- ☐ 2 Very unlikely
- ☐ 3 Unlikely
- ☐ 4 Neither likely nor unlikely
- ☐ 5 Likely
- ☐ 6 Very likely
- ☐ 7 I don't know

P3. 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..... ☐ 1 ☐ 2 ☐ 3 ☐ 4
EverythingCauseCancer
- b. There's not much you can do to lower your chances of getting cancer..... ☐ 1 ☐ 2 ☐ 3 ☐ 4
PreventNotPossible
- c. There are so many different recommendations about preventing cancer, it's hard to know which ones to follow..... ☐ 1 ☐ 2 ☐ 3 ☐ 4
TooManyRecommendations
- d. When I think about cancer, I automatically think about death..... ☐ 1 ☐ 2 ☐ 3 ☐ 4
CancerFatal

P4. 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. Drinking soda or other sugar-sweetened drinks.....	1	2	3	4
<i>IncreaseCancer_SodaSugar</i>				
b. Drinking alcohol.....	1	2	3	4
<i>IncreaseCancer_Alcohol</i>				

P5. 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. Eating too much processed meat (for example: bacon, lunch meats, hot dogs).....	1	2	3	4
<i>IncreaseCancer_TMProcMeat</i>				
b. Eating too much red meat (for example: beef, pork, ham).....	1	2	3	4
<i>IncreaseCancer_TMRedMeat</i>				
c. Eating too much fast foods and processed foods high in fat, starches or sugars (for example: pre-prepared dishes, snacks, bakery foods, desserts).....	1	2	3	4
<i>IncreaseCancer_TMFastFood</i>				
d. Not eating enough fruits and vegetables.....	1	2	3	4
<i>IncreaseCancer_NEFruitVeg</i>				
e. Not getting enough sleep.....	1	2	3	4
<i>IncreaseCancer_NESleep</i>				

P6. The following questions are about progress in the treatment of cancer. Please answer based on what you believe; there are no right or wrong answers.

	A lot	Some	A little	Almost none	Don't know
a. How much progress has been made in preventing cancer?.....	1	2	3	4	5
<i>CaProgress_Prevention</i>					
b. How much progress has been made in curing cancer?.....	1	2	3	4	5
<i>CaProgress_Cures</i>					

Q: Cancer History

Q1. Have you ever been diagnosed as having cancer?

EverHadCancer

- 1 Yes
2 No → **GO TO Q4 on the next page.**

Q2. What type of cancer did you have?

Mark all that apply.

- 1 Bladder cancer
CaBladder
1 Bone cancer
CaBone
1 Breast cancer
CaBreast
1 Brain cancer
CaBrain
1 Cervical cancer (cancer of the cervix)
CaCervical
1 Colon cancer
CaColon
1 Endometrial cancer (cancer of the uterus)
CaEndometrial
1 Eye or eye socket cancer
CaEye
1 Head and neck cancer
CaHeadNeck
1 Leukemia/Blood cancer
CaLeukemia
1 Liver cancer
CaLiver
1 Lung cancer
CaLung
1 Lymphoma (Hodgkin's)
CaHodgkins
1 Lymphoma (Non-Hodgkin's)
CaNonHodgkin
1 Melanoma
CaMelanoma
1 Multiple myeloma
CaMultMyeloma
1 Oral cancer
CaOral
1 Ovarian cancer
CaOvarian
1 Pancreatic cancer
CaPancreatic
1 Pharyngeal (throat) cancer
CaPharyngeal
1 Prostate cancer
CaProstate
1 Rectal cancer
CaRectal
1 Renal cancer (kidney cancer)
CaRenal
1 Skin cancer, non-melanoma
CaSkin
1 Stomach cancer
CaStomach
1 Testicular cancer
CaTesticular
1 Thyroid cancer
CaThyroid
1 Other – Specify →

CaOther
CaOther_OS
Cancer_Cat

Q3. At what age were you first told that you had cancer? *WhenDiagnosedCancer*

			Years old
--	--	--	-----------

Q4. 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?

FamilyEverHadCancer2

- ☐ 1 Yes
☐ 2 No
☐ 3 Not sure

R: You and Your Household

R1. What is your age?

			Age
			Years old

R4. In the past 30 days, did you usually work 35 hours or more per week in total at all jobs or businesses?

WorkFullTime

- ☐ 1 Yes
☐ 2 No

R5. Which of the following best describe your current occupational status?

Mark all that apply.

- ☐ 1 Employed
Occupation_Employed
☐ 1 Unemployed for 1 year or more
Occupation_1YUnemployed
☐ 1 Unemployed for less than 1 year
Occupation_Less1YUnemployed
☐ 1 Homemaker
Occupation_Homemaker
☐ 1 Student
Occupation_Student
☐ 1 Retired
Occupation_Retired
☐ 1 Disabled
Occupation_Disabled
☐ 1 Other-Specify →

Occupation_Other
Occupation_Other_OS
Occupation_Cat

R6. What is your marital status?

MaritalStatus

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

R7. 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

R8. Are you of Hispanic, Latino/a, or Spanish origin? One or more categories may be selected.

Mark all that apply.

- ☐ 1 No, not of Hispanic, Latino/a, or Spanish origin
NotHisp
☐ 1 Yes, Mexican, Mexican American, Chicano/a
Mexican
☐ 1 Yes, Puerto Rican
PuertoRican
☐ 1 Yes, Cuban
Cuban
☐ 1 Yes, another Hispanic, Latino/a, or Spanish origin
OthHisp
Hisp_Cat

59749



R9. What is your race? One or more categories may be selected.

Mark all that apply.

- ☐ 1 White
White
- ☐ 1 Black or African American
Black
- ☐ 1 American Indian or Alaska Native
AmerInd
- ☐ 1 Asian Indian
AsInd
- ☐ 1 Chinese
Chinese
- ☐ 1 Filipino
Filipino
- ☐ 1 Japanese
Japanese
- ☐ 1 Korean
Korean
- ☐ 1 Vietnamese
Vietnamese
- ☐ 1 Other Asian
OthAsian
- ☐ 1 Native Hawaiian
Hawaiian
- ☐ 1 Guamanian or Chamorro
Guamanian
- ☐ 1 Samoan
Samoan
- ☐ 1 Other Pacific Islander
OthPacIsl
- Race_Cat2

R10. How much do you agree or disagree with the following statement?

I have a strong sense of belonging to my own ethnic, racial, and/or cultural group.

EthnicGroupBelonging

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

R11. Do you think of yourself as...

SexualOrientation

Mark only one.

- ☐ 1 Heterosexual, or straight
- ☐ 2 Homosexual, or gay or lesbian
- ☐ 3 Bisexual
- ☐ 91 Something else – Specify

SexualOrientation_OS

R12. **Including yourself**, how many people live in your household?

TotalHousehold

Number of people

R13. How many children under the age of 18 live in your household?

ChildrenInHH

Number of children under 18

R14. Thinking about members of your family living in this household, what is your combined annual income, meaning the total pre-tax income from all sources earned in the past year?

IncomeRanges

- ☐ 1 \$0 to \$9,999
- ☐ 2 \$10,000 to \$14,999
- ☐ 3 \$15,000 to \$19,999
- ☐ 4 \$20,000 to \$34,999
- ☐ 5 \$35,000 to \$49,999
- ☐ 6 \$50,000 to \$74,999
- ☐ 7 \$75,000 to \$99,999
- ☐ 8 \$100,000 to \$199,999
- ☐ 9 \$200,000 or more

R15. Which one of these comes closest to your own feelings about your household's income?

IncomeFeelings

- ☐ 1 Living comfortably on present income
- ☐ 2 Getting by on present income
- ☐ 3 Finding it difficult on present income
- ☐ 4 Finding it very difficult on present income

R16. 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 Amazon e-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 \$30 as a token of appreciation for your participation in HINTS. You have the choice to receive \$30 as an electronic Amazon gift card code via email, or to receive a check in the mail at the address where you received this survey.

To receive a \$30 Amazon gift card, please provide your email address:

E-mail:

To receive a \$30 check, please provide your first and last name:

First name:

Last name:

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

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

HINTS Study
Westat
1600 Research Boulevard
Rockville, MD 20850

