



Health Information

National Trends Survey



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



START HERE:

Instructions

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

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

AdultsInHH

1 Yes

2 No → **GO TO Question 1 on the next page**

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

MailHHAdults

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

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

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Si prefiere recibir la encuesta en español, por favor llame 1-888-738-6812



1. Your answers on this survey may influence cancer communication efforts and public health policy and thus affect the lives of many people in the United States. In order for the survey results to be the most helpful, it is important that you try to be as accurate as possible and to think carefully about each question.

Are you willing to do this?

CommitmentStmt

- 1 Yes
- 2 No

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 in the next column

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 |
| <i>CancerLotOfEffort</i> | | | | |
| 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 |
| <i>CancerFrustrated</i> | | | | |
| 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 |
| <i>CancerConcernedQuality</i> | | | | |
| 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 |
| <i>CancerTooHardUnderstand</i> | | | | |

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 |
| <i>CancerTrustDoctor</i> | | | | |
| b. Family or friends..... | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <i>CancerTrustFamily</i> | | | | |
| c. Government health agencies..... | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <i>CancerTrustGov</i> | | | | |
| d. Charitable organizations..... | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <i>CancerTrustCharities</i> | | | | |
| e. Religious organizations and leaders..... | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <i>CancerTrustReligiousOrgs</i> | | | | |
| f. Scientists..... | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <i>CancerTrustScientists</i> | | | | |

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: Internet and Technology Use

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

FreqUseInternet

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

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

Yes No

- a. A cellular network (4G / 5G / LTE)?..... 1 2
Internet_Cell2
- b. A service such as DSL, cable, FiOS, Wi-Fi, or satellite?..... 1 2
Internet_HighSpeed2

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..... 1 2
Electronic2_HealthInfo
- b. Send a message to a health care provider or a health care provider's office..... 1 2
Electronic2_MessageDoc
- c. View medical test results..... 1 2
Electronic2_TestResults
- d. Make an appointment with a health care provider..... 1 2
Electronic2_MadeAppts

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 much do you agree or disagree with the following statements?

Strongly agree Somewhat agree Somewhat disagree Strongly disagree

- a. I find learning how to use new technology frustrating..... 1 2 3 4
DigLit_Frustrating
- b. I can use applications/programs (like Zoom) on my cell phone or computer without asking someone for help..... 1 2 3 4
DigLit_UseNoHelp
- c. I have the skills to find the health information I need on the Internet..... 1 2 3 4
DigLit_SearchSkills

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

Yes No

- a. Desktop computer or laptop..... 1 2
UseDevice_Computer
- b. Smartphone..... 1 2
UseDevice_SmPhone
- c. Tablet..... 1 2
UseDevice_Tablet
- d. Smartwatch or other electronic wearable device (for example an Apple Watch or Fitbit)..... 1 2
UseDevice_SmWatch

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
- 4 I do not have a 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.

WearableDevTrackHealth2

- 1 Yes
- 2 No, not in the past 12 months
- 3 I have **never** used an electronic wearable device

GO TO B11 below

B9. In the past month, how often did you use an electronic wearable device to track your health?

FreqWearDevTrackHealth2

- 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 electronic wearable device with your health care provider?

WillingShareData_HCP2

- 1 Yes
- 2 No

B11. Electronic monitoring devices include electronic wearable devices and other devices such as blood glucose meters, blood pressure monitors, etc.

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

SharedHealthDeviceInfo2

- 1 Yes
- 2 No
- 5 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, 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 C1 in the next column**

- 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..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <i>SocMed_MakeDecisions</i> | | | | |
| b. I use information from social media in discussions with my health care provider..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <i>SocMed_DiscussHCP</i> | | | | |
| c. I find it hard to tell whether health information on social media is true or false..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <i>SocMed_TrueFalse</i> | | | | |
| d. Most of the people in my social media networks have the same views about health as me..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <i>SocMed_SameViews</i> | | | | |

C: Your Health Care

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

HealthInsurance2

- 1 Yes
- 2 No

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

FreqGoProvider

0 None → **GO TO C7 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

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

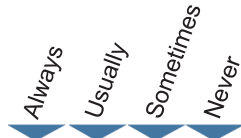
QualityCare

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor



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

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

- ProbCare_WaitLong2*
- 1 Yes
 - 2 No

C6. In the past 12 months, when getting care for a medical problem, was there a time when you had to redo a test or procedure because the earlier test results were not available?

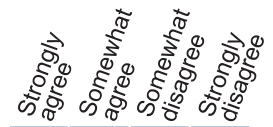
- ProbCare_RedoTest*
- 1 Yes
 - 2 No

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

- TalkedDoctor2*
- 1 Never → **GO TO C10 below**
 - 2 1 or 2 times
 - 3 More than 2 times

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

In the past 12 months, when I talked with a healthcare professional about information I found on the Internet...



- a. They were open to talking about the information with me..... 1 2 3 4
DocOpenToInfo
- b. They respected what I had to say..... 1 2 3 4
DocRespectedInfo

C9. As a result of talking to my doctor, nurse or other health professional about health information from the Internet, our interaction became...

- DocInteraction*
- 1 A lot worse
 - 2 A little worse
 - 3 No impact on our interaction
 - 4 A little better
 - 5 A lot better

C10. How confident are you filling out medical forms by yourself?

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



C11. How much do you trust the health care system (for example, hospitals, pharmacies, and other organizations involved in health care)?

TrustHCSytem

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

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

DiscriminatedMedCare2

- 1 Yes
- 2 No

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

ManageMultipleProviders

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 5 I did not need help coordinating my care
- 6 I did not visit a primary care provider → **GO TO D1 in the next column**

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

UpToDateMultiProv

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 5 Not applicable

D: Telehealth

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

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

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 D3 on the next page

D2. If you have not used telehealth in the last 12 months, what was the primary reason?

NoTelehealth

Mark only **one**.

- 1 I did not have a need to visit a doctor or health professional
- 2 I needed an examination or test that could only be done in-person
- 3 I was not offered telehealth
- 4 I didn't know how to use telehealth
- 5 I preferred to see a doctor or health professional in-person
- 6 I was concerned about the privacy of my personal health data
- 7 My Internet or phone data cost too much
- 8 My insurance did not cover telehealth or I could not afford it
- 91 Other → Specify:
NoTelehealth_IMP



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

Otherwise, go to D3 on the next page



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

Mark **all that apply**.

- 1 The health care provider recommended or required the visit use telehealth
Telehealth_HCPRecommended
- 1 I wanted advice about whether I needed in-person medical care
Telehealth_WantedAdvice
- 1 I wanted to avoid possible infection at the doctor's office or hospital (for example, COVID-19 or flu)
Telehealth_AvoidExposure
- 1 It was more convenient than going to a doctor or health professional (for example, less travel or wait times)
Telehealth_Convenient
- 1 I needed to see a health professional that was not available in my area (for example, a second opinion from a specialist in another state)
Telehealth_AddtlHCP
- 1 I could include family or other caregivers in my appointment
Telehealth_IncludeOthers
- 1 Other → Specify: *Telehealth_Other*
Telehealth_Other_OS
TelehealthReasons_Cat

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



- a. I had technical problems with my telehealth visit(s) (for example, difficulty using the technology, trouble seeing or hearing my health care provider)..... 1 2 3 4
Telehealth_TechProbs
- b. The care I received from telehealth was as good as a regular in-person visit..... 1 2 3 4
Telehealth_GoodCare
- c. Telehealth made it easier for me to get care when and where I needed it..... 1 2 3 4
Telehealth_EasyCare
- d. I would recommend using telehealth to another person..... 1 2 3 4
Telehealth_Recommend

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

RecentTelehealthReason2

Mark **only one**.

- 1 Annual visit or follow up appointment
- 2 Acute care for a minor illness (for example, fever, sinus infection)
- 3 Managing my chronic health condition/disease (for example, high blood pressure, diabetes, heart disease, obesity, cancer)
- 5 Mental health, behavioral, or substance abuse issues (for example, depression, anxiety, drug or alcohol use)
- 7 Physical Rehabilitation (physical therapy, occupational therapy, speech-language pathology)
- 6 Other → Specify: *RecentTelehealthReason2_OS*
RecentTelehealthReason2_IMP

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

WillingUseTelehealth

- 1 Very willing
- 2 Somewhat willing
- 3 Somewhat unwilling
- 4 Very unwilling



E: Medical Records

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

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

	Yes	No	Don't Know
a. health care provider?..... <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?

AccessOnlineRecord3

- 0 → **GO TO E7 in the next column**
 1 1 to 2 times
 2 3 to 5 times
 3 6 to 9 times
 4 10 or more times
- } **GO TO E4 in the next column**

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>RecordsOnline2_ViewResults</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. View clinical notes (a health care provider's written notes that describe your visit)?.....
<i>RecordsOnline2_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 Hospital
OnlinePortal_Hospital
 1 I do not have any online medical records or patient portals
OnlinePortal_NoRec
OnlinePortal_Cat

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E8. 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?

UsedPortalOrganizeApp

- 1 Yes
- 2 No

E9. In the past 12 months, were you given the option to decide whether or not you wanted to receive test results before your health care provider could discuss them with you?

OptionResultsBeforeHCP

- 1 Yes
- 2 No
- 3 Don't know

E10. In the past 12 months, did you look at test results made available to you through your online medical record or patient portal **before** hearing about the result from your health care provider?

LookResultsBeforeHCP

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

E11. How well did you understand what the test results showed and what they meant for your care?

UnderstandResultsBeforeHCP

- 1 Very well
- 2 Well
- 3 Fairly well
- 4 Poorly

F: Palliative Care & Caregiving

F1. How would you describe your level of knowledge about palliative care?

KnowledgePalliativeCare

- 1 I've never heard of it → **GO TO F3 below**
- 2 I know a little bit about palliative care
- 3 I know what palliative care is and could explain it to someone else

F2. How much do you agree or disagree with the following statement about palliative care?

If you accept palliative care, you must stop other treatments.

PCStopTreatments2

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 5 Don't know

F3. Are you currently caring for or making health care decisions for someone **with a disability or a medical, behavioral, or other condition**?

Mark **all that apply**.

- 1 Yes, a parent/parents
Caregiving2_Parent
- 1 Yes, a spouse/partner
Caregiving2_Spouse
- 1 Yes, a child/children that need(s) special care due to a medical condition or disability
Caregiving2_Child2
- 1 Yes, another family member
Caregiving2_AnotherFam
- 1 Yes, a friend or other non-relative
Caregiving2_Friend
- 1 No → **GO TO G1 on the next page**
Caregiving2_No
CaregivingWho2_Cat

F4. 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



F5. Please think about the individual for whom you are **currently providing the most care**.

Please **mark all** conditions for which you have provided care for this person.

Mark **all that apply**.

- 1 Cancer
Caregiving2_Cancer
- 1 Alzheimer's, confusion, dementia, forgetfulness, brain injury, stroke, or other neurological issue
Caregiving2_AlzNeuro
- 1 A short-term but serious condition such as recovery from surgery or an injury
Caregiving2_ShortTerm
- 1 A long-term illness such as high blood pressure, hypertension, diabetes, heart disease, heart attack, lung disease, or emphysema
Caregiving2_LongTerm
- 1 Difficulty moving around such as an orthopedic issue, a musculoskeletal issue, or an aging-related issue
Caregiving2_OrthoAging
- 1 A mental health issue, substance abuse, intellectual or developmental issue
Caregiving2_MentalHealth2
- 1 Other → Specify: *Caregiving2_Other*
Caregiving2_Other_OS
- 1 Not sure/don't know
Caregiving2_NotSure
CaregivingCond2_Cat

F6. 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 **had**?

Mark **all that apply**.

- 1 **Ancestry testing** to understand where you and your relatives come from (for example, tests offered by companies such as Ancestry or 23andMe)
HadTest3_Ancestry2
- 1 **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
- 1 **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
- 1 **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
- 1 Other → Specify: *HadTest3_Other*
HadTest3_Other_OS
- 1 Not sure what type of genetic test I've had
HadTest3_NotSure
- 1 I have not had any genetic tests
HadTest3_NotHad
HadTest3_Cat

GO TO H1 on the next page

G2. 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

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G3. 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

G4. If you had a genetic test, who did you think the laboratory that did your genetic test would share your results with?

Mark all that apply.

- 1 My healthcare provider
LabShare2_HCP
- 1 Scientific researchers for research purposes
LabShare2_ScientificRes
- 1 Other for-profit companies for commercial purposes such as pharmaceutical companies or companies that gather and sell data
LabShare2_ForProfitCo2
- 1 Law enforcement agencies
LabShare2_LEAgencies
- 1 Health insurance companies
LabShare2_HealthIns
- 1 Insurance companies for life, disability, or long term care insurance
LabShare2_OthIns
- 1 I was not sure with whom the laboratory would share my results
LabShare2_NotSure
- 1 I did not think my genetic test results would be shared with anyone besides me
LabShare2_NotShared
LabShare2_Cat

H: Clinical Trials

H1. Clinical trials are research studies that involve people. They are designed to compare new kinds of health care with the standard health care people currently get to learn if it's better or about its side effects. Clinical trials could test a new type of drug or a new exercise program to help patients live longer.

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

ExpClinicalTrial

Mark only one.

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

H2. Imagine that you had a health issue and you were invited to participate in a clinical trial for that issue. Which of the following would most influence your decision to participate in the clinical trial?

Please mark up to 3.

- 1 If I would be helping other people by participating
ClinTrial2_HelpingPeople
- 1 If I would receive payment or other support for participating, such as transportation, childcare, or paid time off from work
ClinTrial2_ReceiveComp
- 1 If my doctor encouraged me to participate
ClinTrial2_DocEncouraged
- 1 If my family and friends encouraged me to participate
ClinTrial2_FamEncouraged
- 1 If trying a new kind of care might give me a chance to get better
ClinTrial2_GetBetter
- 1 If participating in the trial wasn't disruptive to my everyday life
ClinTrial2_NotDisruptive
- 1 I would not be willing to participate in a clinical trial
ClinTrial2_NotWilling
ClinTrial2_Cat



H3. How much do you agree or disagree with the following statement?

People should be suspicious of clinical trials.

- SusClinTrial
- 1 Strongly agree
 - 2 Somewhat agree
 - 3 Neither agree nor disagree
 - 4 Somewhat disagree
 - 5 Strongly disagree

I4. Do any of the following significantly limit your daily activities?

- | | Yes | No |
|---|----------------------------|----------------------------|
| a. Deafness or serious difficulty hearing..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| <small>HealthLimits_Deaf</small> | | |
| b. Visual impairment or blindness..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| <small>HealthLimits_Blind</small> | | |
| c. Permanent or long term physical or mobility limitations..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| <small>HealthLimits_Mobility</small> | | |
| d. Chronic pain..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| <small>HealthLimits_Pain</small> | | |

I5. 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"/> 1 | <input type="checkbox"/> 2 |
| <small>MedConditions_Diabetes</small> | | |
| b. High blood pressure or hypertension?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| <small>MedConditions_HighBP</small> | | |
| c. A heart condition such as heart attack, angina, or congestive heart failure?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| <small>MedConditions_HeartCondition</small> | | |
| d. Chronic lung disease, asthma, emphysema, or chronic bronchitis?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| <small>MedConditions_LungDisease</small> | | |
| e. Depression or anxiety disorder?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| <small>MedConditions_Depression</small> | | |

I: Your Overall Health

I1. In general, would you say your health is...?

- GeneralHealth
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor

I2. 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

I3. Do you have friends or family members that you talk to about your health?

- TalkHealthFriends
- 1 Yes
 - 2 No

I6. About how tall are you without shoes?

Feet **and** Inches

Height_Feet, Height_Inches

I7. About how much do you weigh, in pounds, without shoes?

Pounds

Weight

I8. During the past 30 days, how many hours of sleep did you usually get in a 24-hour period...

- a. On a weekday?..... Number of hours
SleepWeekdayHr
- b. On a weekend day?..... Number of hours
SleepWeekendHr2



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

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

- | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Little interest or pleasure in doing things..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <i>LittleInterest</i> | | | | |
| b. Feeling down, depressed, or hopeless..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <i>Hopeless</i> | | | | |
| c. Feeling nervous, anxious, or on edge..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <i>Nervous</i> | | | | |
| d. Not being able to stop or control worrying..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <i>Worrying</i> | | | | |

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

Always
 Usually
 Sometimes
 Rarely
 Never

- | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. I feel left out..... | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <i>FeelLeftOut</i> | | | | | |
| b. I feel that people barely know me..... | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <i>FeelPeopleBarelyKnow</i> | | | | | |
| c. I feel isolated from others..... | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <i>FeelIsolated</i> | | | | | |
| d. I feel that people are around me but not with me.... | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <i>FeelPeopleNotWithMe</i> | | | | | |

111. **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 I13 in the next column**
- 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

GO TO I12 in the next column

112. 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

113. **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

114. 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

J: Environment and Health

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

ClimateChgHarmHealth

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

J2. Thinking about your neighborhood, over the past 12 months, how much was it affected by extreme weather events (such as severe storms, droughts, floods, heat waves, cold snaps, etc.)?

ExtremeWeatherEvents

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

J3. How much do you worry that each of the following will harm your health?

	Not at all	A little	Some	A lot
a. Outdoor air pollution.....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
HarmHealth_OutdoorAir				
b. Indoor air pollution.....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
HarmHealth_IndoorAir				

J4. 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? TimesSunburned

Sunburns in past 12 months

(IF 0 THEN GO TO K1 on the next page)

J5. On the most recent time you were sunburned, what were you doing when you were sunburned?

Mark all that apply.

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

J6. Were you doing any of the following at any of the times when you were sunburned?

	Yes	No
a. Drinking alcohol.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Sunburned_Alcohol2		
b. Using marijuana or a marijuana product.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Sunburned_Marijuana		

K: Financial Concerns

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



- a. Someone in your household cut the size of meals or skipped meals because there wasn't enough money for food..... 1 2 3 4 5
CutSkipMeals
- b. Someone in your household was not able to afford to eat balanced meals..... 1 2 3 4 5
CannotAffordMeals2
- c. Someone in your household was worried about being forced to move (for example, because of eviction or foreclosure)..... 1 2 3 4 5
WorryForcedMove2
- d. Lack of reliable transportation kept someone in your household from medical appointments, work, or from getting things needed for daily living..... 1 2 3 4 5
LackTransportation2
- e. You or someone in your household had difficulty paying or was unable to pay medical bills..... 1 2 3 4 5
DiffPayMedBills

K2. If you were experiencing issues with housing, transportation, or affording or accessing healthy food, how comfortable would you be with your health care providers doing the following?



- a. Documenting the issue in your medical record for your healthcare purposes?..... 1 2 3 4
FinIssues_HCPDocumenting
- b. Sharing your information about these issues with other providers for your healthcare purposes?..... 1 2 3 4
FinIssues_HCPSharing

L: Health and Nutrition

L1. About how many cups of fruit (including 100% pure fruit juice) do you eat or drink **each day**?

- Fruit2*
- 0 None
- 1 ½ cup or less
- 2 ½ cup to less than 1 cup
- 3 1 to less than 2 cups
- 4 2 to less than 3 cups
- 5 3 to less than 4 cups
- 6 4 or more cups

1 cup of fruit could be:

- 1 small apple
- 1 large banana
- 1 large orange
- 8 large strawberries
- 1 medium pear
- 2 large plums
- 32 seedless grapes
- 1 cup (8 oz.) fruit juice
- ½ cup dried fruit
- 1 inch-thick wedge of watermelon

L2. About how many cups of vegetables (including 100% pure vegetable juice) do you eat or drink **each day**?

- Vegetables2*
- 0 None
- 1 ½ cup or less
- 2 ½ cup to less than 1 cup
- 3 1 to less than 2 cups
- 4 2 to less than 3 cups
- 5 3 to less than 4 cups
- 6 4 or more cups

1 cup of vegetables could be:

- 3 broccoli spears
- 1 cup cooked leafy greens
- 2 cups lettuce or raw greens
- 12 baby carrots
- 1 medium potato
- 1 large sweet potato
- 1 large ear of corn
- 1 large raw tomato
- 2 large celery sticks
- 1 cup of cooked beans

L3. MyPlate is developed by the U.S. government to share with the public how to follow a healthy eating style and guide portion sizes at meals. Have you tried to follow the recommendations in the MyPlate plan? Would you say...

- FollowMyPlate*
- 1 Yes, I know about the MyPlate plan and have tried to follow recommendations
- 2 I know about the MyPlate plan but have not tried to follow the recommendations
- 3 No, I have never heard of MyPlate



L4. **Prepared meals** include ready-to-eat foods from a deli, hot bar, or salad bar as well as packaged food items like frozen meals and canned items.

Thinking about the last time you bought a **prepared meal** at a grocery store, did you use the calorie information in deciding what to buy?

PreparedMeal_CalInfo

- 1 Yes
- 2 No
- 3 I did not notice any calorie information on the last prepared meal I bought
- 4 I do not buy prepared meals

M3. **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

M4. In your opinion, how does drinking alcohol affect the risk of getting cancer?

Alcohol_CancerRisk

- 1 Decreases risk of cancer
- 2 Has no effect on the risk of cancer
- 3 Increases risk of cancer
- 4 Don't know

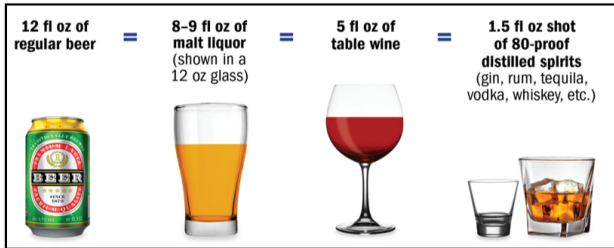
M5. To what extent would you support or oppose the following measures related to alcohol?



- a. Banning outdoor advertising of alcohol such as on billboards and bus stops?..... 1 2 3 4 5
ExcessiveAlcohol2_BanAds
- b. Requiring specific warnings about cancer on alcohol containers?..... 1 2 3 4 5
ExcessiveAlcohol_ReqWarn

M: Alcohol

M1. These are examples of one drink of alcohol:



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

DrinkDaysPerMonth

Days per month

(IF 0 THEN GO TO M4 in the next column)

M2. During the past 30 days, **on the days when you drank alcohol**, about how many alcoholic drinks did you drink on average?

DrinksPerDay2

Average alcoholic drinks **per day**



N: Tobacco & Marijuana Products

N1. Some products are approved to help people quit smoking. These include over the counter Nicotine Replacement Therapy (NRT) like gum, lozenges, or the patch, prescription nicotine replacement therapy like a spray or inhaler, or prescription medications like varenicline and bupropion.

Do you believe that any of the following **tobacco products** can help people quit smoking cigarettes?

Mark **all that apply**.

- Electronic nicotine devices (ENDS), like e-cigarettes
NRTHelpQuit_ENDS
- Nicotine pouches
NRTHelpQuit_NicPouch
- Heated tobacco products, like IQOS
NRTHelpQuit_HeatTob
- Modified Risk Tobacco Products, like General Snus or VLN KING, VLN Menthol King
NRTHelpQuit_ModRisk
- None of these can help smokers quit smoking
NRTHelpQuit_None
- I don't know
NRTHelpQuit_DK
NRTHelpQuit_Cat

N2. In the past 6 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 stores where people buy cigarettes.**

SeenFederalCourtTobaccoMessages3

- Yes
- No → **GO TO N4 in the next column**

N3. Based on the message(s) that you saw, which of the following statements are true?

Mark **all that apply**.

- I trusted the information
TobMessages_Trusted
- I wanted to look for more information about the harms of smoking
TobMessages_MoreInf
- I thought about quitting smoking
TobMessages_ThoughtQuit
- I thought about friends and family who smoke
TobMessages_ThoughtFam
- I liked that a court is ordering tobacco companies to "tell the truth"
TobMessages_LikedOrder
TobMessages_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. Have you **ever used** any of the following tobacco products, even one or two times?

Mark **all that apply**.

- E-cigarettes (also known as vapes, vape-pens, tanks, mods or pod-mods)
EverUsed_ECig
- Cigars, including cigars, cigarillos, and little filtered cigars
EverUsed_Cigars
- Hookah (also known as Waterpipe or shisha)
EverUsed_Hookah
- Smokeless tobacco, including chewing tobacco, snus, and snuff
EverUsed_Smokeless
- Nicotine pouches
EverUsed_NicPouch
- Heated tobacco products, like IQOS
EverUsed_HeatTob
- Modified Risk Tobacco Products, like General Snus or VLN KING, VLN Menthol King
EverUsed_ModRisk
- I have never used any of these tobacco products → **GO TO N8 on the next page**
EverUsed_None
EverUsed_Cat

N7. Do you **now use** any of the following tobacco products every day or some days?

Mark **all that apply**.

- E-cigarettes (also known as vapes, vape-pens, tanks, mods or pod-mods)
NowUse_ECig
- Cigars, including cigars, cigarillos, and little filtered cigars
NowUse_Cigars
- Hookah (also known as Waterpipe or shisha)
NowUse_Hookah
- Smokeless tobacco, including chewing tobacco, snus, and snuff
NowUse_Smokeless
- Nicotine pouches
NowUse_NicPouch
- Heated tobacco products, like IQOS
NowUse_HeatTob
- Modified Risk Tobacco Products, like General Snus or VLN KING, VLN Menthol King
NowUse_ModRisk
- I do not currently use any of these products
NowUse_None
NowUse_Cat

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N8. The next set of questions are about marijuana products, sometimes called cannabis, pot, weed, hashish, or concentrates. Some of the ways these products can be used are smoking (such as in joints, pipes, bong, blunts, or hookahs), vaping (using vape pens, dab pens, tabletop vaporizers, or portable vaporizers), dabbing, eating, drinking, or applying as a lotion. Please exclude the use of CBD or hemp products when answering these questions.

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

Mark **all that apply**.

- 1 I have not used any product containing marijuana in the past 12 months → **GO TO N10 below**
Marijuana_NotUsed
- 1 Smoking
Marijuana_Smoking
- 1 Vaping
Marijuana_Vaping
- 1 Dabbing
Marijuana_Dabbing
- 1 Eating
Marijuana_Eating
- 1 Drinking
Marijuana_Drinking
- 1 Applying a Lotion
Marijuana_Lotion
MarijuanaUse_Cat

N9. When you used marijuana during the past 12 months was it usually...

- 1 For medical reasons
MarijuanaUseReason
- 2 For recreational reasons
- 3 For medical and recreational reasons

N10. I believe that using marijuana is...

- 1 Very harmful
MarijuanaUseEffect
- 2 Somewhat harmful
- 3 Both harmful and beneficial
- 4 Neither harmful nor beneficial
- 5 Somewhat beneficial
- 6 Very beneficial
- 7 Don't know

O: Cancer Screening and Awareness

O1. In the last 12 months, how much did worry about COVID-19 cause you to delay or avoid having a cancer screening test?

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

O2. 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?

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

O3. 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 test** - For this test, you collect a stool sample at home, and then provide it to a doctor or lab for testing. The fecal immunochemical test (FIT) and Cologuard are both stool tests.

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

- 1 Yes
DocTellColorectalTests2
- 2 No
- 3 I have never discussed these tests with a doctor or other health professional



O4. Scientists have developed new tests to “screen” for cancers early when they are easier to treat. These new tests, called Multi-Cancer Early Detection tests, use a single blood test to detect many different cancers at the same time.

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

HeardMultiCaTest

- 1 Yes
- 2 No

O5. How valuable do you think it would be for you to have a Multi-Cancer Early Detection test right now?

ValueMultiCaTest

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

O6. Do you think the Hepatitis B virus (also known as Hep B or HBV) can cause cancer?

HBVCauseCancer

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

O7. Do you think the Hepatitis C virus (also known as Hep C or HCV) can cause cancer?

HCVCauseCancer

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

O8. Cervical cancer screening helps to prevent and detect cervical cancer in people who have no symptoms. In the future, it may be possible for people to collect their own sample for the cervical cancer screening test at home using a mailed test kit. This might involve using a swab (like a long cotton bud) to take a sample from the vagina or by collecting a sample of urine.

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

PrefCervCaTest

- 1 Not applicable – I do not need cervical cancer screening → **GO TO P1 on the next page**
- 2 I would prefer to have a health professional do the test in a doctor's office (as happens now) → **GO TO P1 on the next page**
- 3 I would prefer to do the test myself at home
- 4 I don't know which option I would choose

O9. What are the reasons you would consider collecting your own at-home sample for cervical cancer screening?

Mark **all that apply**.

- 1 Prefer not to take time off work
CervCaTest_Work
- 1 Save transportation cost
CervCaTest_TranspCost
- 1 I live far from my healthcare provider
CervCaTest_HCPDistance
- 1 Privacy
CervCaTest_Privacy
- 1 To avoid embarrassment
CervCaTest_AvoidEmb
- 1 Other reasons not listed
CervCaTest_OthReasons
CervCaTest_Cat



P: Beliefs About Cancer

P1. 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

P2. Have you heard of “chemo brain,” “chemo fog,” or “cancer-related cognitive impairment?”

- HeardChemoBrain*
- 1 Yes
 2 No

P3. As far as you know, who has a greater chance of getting cancer - a person with a 1 in 1,000 chance of getting cancer, or a person with a 1 in 100 chance?

- WhichRatioCancerChance2*
- 2 1 in 1,000 is a greater chance of getting cancer
 1 1 in 100 is a greater chance of getting cancer
 3 Don't know

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

R2. What is your current gender?

GenderIdentity2

Mark only **one**.

- 1 Female
- 2 Male
- 3 Transgender
- 5 Non-binary
- 91 Other → Specify:

<i>GenderIdentity2_OS</i>

- 6 Don't know

R3. What sex were you assigned at birth, on your original birth certificate?

BirthSex

- 1 Female
- 2 Male
- 3 Don't know

R4. About how many hours do you work per week at all of your jobs and businesses combined?

--	--	--

WorkHrsPerWeek
Hours of work per week

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

Mark **all that apply**.

- 1 Employed, including self-employed
Occupation2_Employed
- 1 Out of work for 1 year or more
Occupation2_OOW1Y
- 1 Out of work for less than 1 year
Occupation2_OOWLess1Y
- 1 A homemaker/caregiver
Occupation2_Homemaker
- 1 A student
Occupation2_Student
- 1 Retired
Occupation2_Retired
- 1 Unable to work (disabled) *Occupation2_Disabled*
- 1 Other → Specify:

<i>Occupation2_Other</i> <i>Occupation2_Other_OS</i> <i>Occupation2_Cat</i>

R6. In the past 30 days, my work hours included...

Mark **all that apply**.

- 1 I did not work in the past 30 days
WorkHrs_DidNotWork
- 1 Early morning hours (4am-8am)
WorkHrs_EarlyAM
- 1 Morning hours (8am-12pm)
WorkHrs_AM
- 1 Afternoon hours (12pm-6pm)
WorkHrs_Afternoon
- 1 Evening hours (6pm-11pm)
WorkHrs_Evening
- 1 Night hours (11pm-4am)
WorkHrs_Night
WorkHrs_Cat

R7. 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

R8. 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



R9. 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

R10. 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

R11. 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.

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

R12. Do you think of yourself as...

Mark **only one**. SexualOrientation2

- 1 Lesbian or gay
- 2 Straight, that is, not gay or lesbian
- 3 Bisexual
- 4 I use a different term:
- 5 Don't know

SexualOrientation2_IMP

R13. **Including yourself**, how many people live in your household?

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

R14. How many children under the age of 18 live in your household?

<input type="text"/>	<input type="text"/>	<small>ChildrenInHH</small>
Number of children under 18		

R15. Thinking about politics these days, how would you describe your own political viewpoint?

- 1 Very Liberal
PoliticalViewpoint
- 2 Liberal
- 3 Somewhat Liberal
- 4 Moderate
- 5 Somewhat Conservative
- 6 Conservative
- 7 Very Conservative

R16. 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?

- 1 \$0 to \$9,999
IncomeRanges
- 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

R17. Which one of these comes closest to your own feelings about your household's income?

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



R18. We invite you to participate in future health surveys for the National Cancer Institute (NCI). These are voluntary and will involve answering online surveys a few times a year. You will receive a \$20 Amazon e-gift card once you have completed your first survey.

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

First name:

Last name:

E-mail:

Thank you!

We would like to send you \$10 as a token of appreciation for completing this survey. You can receive the \$10 cash in the mail or we can email you an Amazon e-gift card code.

To receive \$10 in the mail at the address where you received this survey, please provide your first and last name below so we can address the envelope to you.

First name:

Last name:

To receive \$10 as an Amazon e-gift card, please provide your e-mail address below. Please write legibly; we can only e-mail one gift code to your household:

Use the email I provided above.

E-mail:

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

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

HINTS Study, WB 380F
Westat
1600 Research Boulevard
Rockville, MD 20850

