Health Information National Trends Survey 2005 (HINTS 2005)
MAIN STUDY INTERVIEW INSTRUMENT - ENGLISH

December 2005
Post-Analysis Version

NATIONAL CANCER INSTITUTE (NCI)

The Privacy Act requires us to tell you that we are authorized to collect this information by Section 411.285a, 42 USC. You do not have to provide the information requested. However, the information you provide will help the National Cancer Institute's ongoing efforts to promote good health and prevent disease. There are no penalties should you choose not to participate in this study.

The information we collect in this study is in accordance with the clearance requirements of the paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid control number from the Office of Management and Budget in the Federal Government. We estimate that it will take you between 25 and 30 minutes to answer our questions in this interview. This includes the time it takes to hear the instructions, gather the necessary facts, and complete the interview. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0538)

OMB # 0925-0538
Expiration Date: 11/30/2007
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USE AUTODIALER .............................................................................. 1  
BYPASS AUTODIALER ..................................................................... 2

[SINTRO_1] Hello, this is {INTERVIEWER NAME} and I’m calling about a federally-sponsored research study for the National Cancer Institute.  [This is a nationwide study about health issues related to cancer.]  [We are not asking for donations or selling anything.]  
OR
Hello, this is {INTERVIEWER NAME} and your household has been selected for a nationwide research study on health issues related to cancer.  [This study is sponsored by a part of the federal government called the National Cancer Institute.]  [We are not asking for donations or selling anything.]

HE-1.  Are you a member of this household and at least 18 years old?

YES ........................................................................................  1  (HE-3)
NO ..........................................................................................  2
BUSINESS ADDRESS ....................................................................  3  (END STATEMENT 1)

HE-2.  May I speak with a household member who is at least 18 years old?

[IF NEEDED: Household members include people who think of this household as their primary place of residence.  It includes persons who usually stay in the household but are temporarily away on business, vacation, in a hospital, or living at school in a dorm, fraternity or sorority.]

AVAILABLE ............................................................................  1  (SINTRO_1)
NOT AVAILABLE ........................................................................  2  (MAKE APPOINTMENT)
THERE ARE NONE........................................................................  3  (END STATEMENT 2)

HE-3.  Is this phone number used for...

home use, ...............................................................................  1
home and business use, or ......................................................  2
business use only? .................................................................  3  (END STATEMENT 1)

[HE-4 INTRO] I have some questions to see if someone in your household is eligible to participate in this study.  [If so, this person will be paid {$5/$15} for completing an interview over the telephone.]

HE-4.  Including yourself, how many people aged 18 or older currently live in this household?

[IF NEEDED: Include people who usually stay in this household, but are temporarily away on business, vacation, or in the hospital.  Do not include persons who are away on full-time active military duty with the armed forces, students living away from home in their own apartment, or any other family member who may be in a nursing home or other institution.]

|___|___|
# OF ADULT HH MEMBERS
HE-5. The computer has randomly determined that one of the adults in the household other than yourself should participate in the rest of the interview. To help us select this person, may I please have the first name of the (older/younger) of these two adults? May I please have (his/her) age?

SCQHEGender
SCQHEAge
[PROBE FOR GENDER (IF NOT OBVIOUS).]
[IF NEEDED: I only need something that I can use to refer to (him/her). Could you please give me (his/her) initials or something else that would allow me to identify (him/her)?)

NAME: 
GENDER: MALE ....... 1 AND AGE: [___|___] 
FEMALE...... 2
DK .......................................................................................... (HE-8) 
RF .......................................................................................... (END STATEMENT 2)

GO TO HE-10.

HE-6. The computer has randomly determined that one of the [HE-4 answer minus 1] adults other than yourself should participate in the rest of the interview. To help us select this person, do you know who has had the most recent birthday among these adults?

SCQHE6KnowBirthdays
YES ........................................................................................ 1
NO.......................................................................................... 2 (HE-8)

HE-7. Other than yourself then, may I please have the first name of the adult who has had the most recent birthday? May I please have (his/her) age?

SCQHEGender
SCQHEAge
[PROBE FOR GENDER (IF NOT OBVIOUS).]
[IF NEEDED: I only need something that I can use to refer to (him/her). Could you please give me (his/her) initials or something else that would allow me to identify (him/her)?)

NAME: 
GENDER: MALE ....... 1 AND AGE: [___|___] 
FEMALE...... 2

GO TO HE-10.
HE-8. So that the computer can choose someone to interview, may I please have have the first names and ages of the
[FILL # FROM HE-4 MINUS 1] adults currently living in this household? Please do not include yourself. May I please have
(his/her) age?

[IF NEEDED: Include people who usually stay in this household, but are temporarily away on business, vacation, or in the
hospital. Do not include persons who are away on full-time active military duty with the armed forces, students living away
from home in their own apartment, or any other family member who may be in a nursing home or other institution.]

[IF NOT OBVIOUS, ASK: "Is {NAME} male or female?"]

SCQAskAge
SCQGender

[IF R ANSWERS DK OR RF TO IDENTIFYING HH MEMBERS, EXIT INTERVIEW.]

[IF NEEDED: I only need something that I can use to refer to {him/her}. Could you please give me {his/her} initials or
something else that would allow me to identify {him/her}?]

FIRST NAME   GENDER   AGE
MALE............  1
FEMALE .......  2
MALE............  1
FEMALE .......  2
MALE............  1
FEMALE .......  2

BOX HE-2
RUN SELECTION ALGORITHM ON HH MEMBERS LISTED IN HE-8 TO SELECT EXTENDED RESPONDENT. THEN, GO TO HE-10.

HE-9. {May I please have your first name? May I please have your age?/The computer has randomly determined that the other adult
in this household should participate in the rest of the interview. I would like to get the first name of this person so I can ask him
or her to participate in the study. May I please have the first name of the other adult? May I please have (his/her) age?}

SCQHEYourGender
SCQHEYourAge
SCQHEPersonGender
SCQHEPersonAge

[PROBE FOR GENDER (IF NOT OBVIOUS).]

[IF NEEDED: I only need something that I can use to refer to {you/him/her}. Could you please give me {your/his/her} initials or
something else that would allow me to identify {you/him/her}?]

NAME: __________________________________________

GENDER: MALE ....... 1 AND AGE: _____
FEMALE ...... 2

HE-10. Besides the number I called, do you have other telephone numbers in your household that are for regular telephone usage?
Please exclude telephone numbers that are dedicated for business use, faxes, or modems and all cell phones.

MorePhones

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

BOX HE-3

IF EXTENDED RESPONDENT = SCREENER RESPONDENT,
GO TO XINTRO_1.
OTHERWISE, CONTINUE.
HE-11. {HH MEMBER} has been selected to participate in the next part of the study. May I please speak to {HH MEMBER}?

AVAILABLE ............................................................................ 1  (XINTRO_1)
NOT AVAILABLE .................................................................... 2  (MAKE APPOINTMENT)

[XINTRO_1] [Hello], my name is [INTERVIEWER'S NAME] and I am calling for a nationwide research study being conducted for the National Cancer Institute. This study is about health issues related to cancer. You have been selected to participate in this important research study. {We know your time is important, so as a token of our appreciation, we will provide you with [INCENTIVE AMOUNT] once we complete the interview.} The interview will take about 25-30 minutes depending on your answers, but your participation is voluntary and you can refuse to answer any questions or withdraw from the study at any time. All information obtained will be kept confidential to the extent the law allows. If you want, we can do part of the interview and finish it at another time.

END STATEMENT 1. Thank you, but we are only interviewing private residences. Good-bye.

END STATEMENT 2. These are all the questions I have for you at this time. Thank you very much for your cooperation. Good-bye.
GROUP ASSIGNMENT (GA)

GA-0A. [AUTOFILL. ASK ONLY IF NECESSARY: May I please have your age?]

**SPAge**

| ______ | ______ | ______ | ............................... (GA-0C) 

**AGE**

DK ................................................................. (GA-0B) 
RF ........................................................................ (GA-0B)

**IMGAgeRange**

less than 18 years old,......................................................... 1 (END STATEMENT 2)
between 18 and 34, .......................................................... 2 
35 to 39, ......................................................................... 3 
40 to 44, or ........................................................................ 4 
45 or older? ........................................................................ 5 
DK .................................................................................... 9 (END STATEMENT 2) 
RF ................................................................................... 8 (END STATEMENT 2)

GA-0C. [ASK IF NOT OBVIOUS: Are you male or female?]

**SPGender**

MALE............................................................................... 1 
FEMALE ........................................................................... 2

GA-0D. WHICH LANGUAGE IS THIS INTERVIEW GOING TO BE CONDUCTED IN?

**GA0Language**

ENGLISH........................................................................... 1 
SPANISH........................................................................... 2

(We are interested in conducting this survey over the Internet in the future/We are giving some respondents the option to complete the questionnaire on the Internet.) So, I need to ask you a few questions about your access to the Internet.

[INTERNET REFERS TO ALL SERVICES OFFERED BY AN INTERNET SERVICE PROVIDER. IT INCLUDES THE USE OF E-MAIL, THE WORLD WIDE WEB, BULLETIN BOARDS, CHAT GROUPS, DISCUSSION GROUPS, NEWS GROUPS, ON-LINE ORDERING FACILITIES, FILE TRANSFER (FTP), WEB TV, REAL AUDIO, ETC.]

GA-1. Do you ever go on-line to use the Internet or World Wide Web, or to send and receive e-mail?

**GA1UseInternet**

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

GA-2. Where do you go on-line from to use the Internet? [PROBE: Anywhere else?]

[CODE ALL THAT APPLY.]

**GA2WhereUseInternet (1-5)**

HOME................................................................. 11 
WORK ............................................................................ 12 
SCHOOL................................................................. 13 
A PUBLIC LIBRARY.................................................. 14 
A COMMUNITY CENTER........................................... 15 
SOMEONE ELSE'S HOUSE................................. 16 
SOME OTHER PLACE (SPECIFY) _____________________ 91
GA-3. Where do you use the Internet from most often?

Where do you use the Internet from most often?

HOME ................................................................. 1
WORK ..................................................................... 2
SCHOOL ............................................................ 3
A PUBLIC LIBRARY ............................................. 4
A COMMUNITY CENTER ....................................... 5
SOMEONE ELSE’S HOUSE .................................... 6
[PLACE SPECIFIED IN GA-2] ................................. 7

GA-4A. When you use the Internet at home, do you mainly access it through . . .

When you use the Internet at home, do you mainly access it through . . .
a telephone modem .............................................. 1
a cable or satellite modem ..................................... 2
a DSL modem ....................................................... 3
a wireless device such as a PDA, or ......................... 4
some other way? (SPECIFY) ................................. 91

GA-4B. When you use the Internet at [FILL GA-3], do you mainly access it through . . .

When you use the Internet at [FILL GA-3], do you mainly access it through . . .
a telephone modem or .......................................... 1
some other way? .................................................. 2

GA-5. To make participation in this study as convenient as possible for you, you have the choice of completing the rest of the questions over the telephone or on the Internet. Which would you prefer?

To make participation in this study as convenient as possible for you, you have the choice of completing the rest of the questions over the telephone or on the Internet. Which would you prefer?

TELEPHONE ..................................................................... 1
INTERNET .................................................................... 2
GA-6. We would like to e-mail the information you need to access the questionnaire on the Internet. What is your e-mail address?

EMAIL: ___________________________________________  (END 2)

DOESN'T HAVE AN EMAIL ADDRESS.......................................  (GA-7)
DK .................................................................  (GA-7)
RF .................................................................  (GA-7)

GA-7. It is easier to give you the information for accessing the Internet questionnaire in writing, because you will need some detailed instructions. In order to mail you the information, I need your name and address.

DK .................................................................  (GA-08)
RF .................................................................  (GA-08)

FIRST NAME

LAST NAME

STREET ADDRESS1

STREET ADDRESS2

CITY

|___|___|___|___|___|___|___|___|___|___|___|

STATE ZIP CODE

GO TO END2.

GA-8. Then, let me give you the information you need to access the web site over the phone. Do you have a pencil and paper? First, let me give you the web site address. It is [INSERT URL]. On the home page, you will be asked to log in with a unique name and password. Your login name is [FILL LOGIN] and your password is [FILL PASSWORD]. The survey will be available to you starting tomorrow evening.

[END2] Thank you for your time today. Please call us at 1-888-314-1133 if you have any questions about accessing the web site to complete the rest of the questions. If we haven't received your survey in 2 weeks, we will call you back to make sure you haven't had any problems getting onto the web site.
HEALTH COMMUNICATION (HC)

BOX HC-1

IF RESPONDENT DOES NOT WATCH TV (HC-01a=95) THEN SKIP QUESTIONS HC-02a, HC-03b, HC-03c, HC-08, HC-09 AND HC-13g.

IF RESPONDENT DOES NOT LISTEN TO THE RADIO (HC-01b=95) THEN SKIP QUESTIONS HC-02b, AND HC-13e.

IF RESPONDENT DOES NOT USE THE INTERNET (GA-1=2 OR HC01c=95) THEN SKIP QUESTIONS HC-01c, HC-02c, HC-10, HC-11, HC-13f, AND HC-14 THROUGH HC-16.

IF RESPONDENT CANNOT READ (HC-03a=9) THEN SKIP QUESTIONS HC-04, HC-05, HC-13c AND HC-13d.

MEDIA EXPOSURE

Before the questions specifically about cancer, there are some questions about how you get information in general.

HC-01. On a typical weekday, about how many hours do you…

[IF GREATER THAN ZERO, BUT LESS THAN ONE HOUR, ENTER 1.]

[IF NOT APPLICABLE, ENTER 95.]

<table>
<thead>
<tr>
<th>HOURS</th>
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a. watch television?.................................................................................. HOURS
HC01aWatchTV

b. listen to the radio?................................................................................ HOURS
HC01bListenRadio

c. use the Internet for personal reasons? ............................................... HOURS
HC01cUseInternet

HC-02. During a typical weekend, including both Saturday and Sunday, about how many hours do you…

[IF GREATER THAN ZERO, BUT LESS THAN ONE HOUR, ENTER 1.]

<table>
<thead>
<tr>
<th>HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

a. watch television?.................................................................................. HOURS
HC02aWeekendWatchTV

b. listen to the radio?................................................................................ HOURS
HC02bWeekendRadio

c. use the Internet for personal reasons? ............................................... HOURS
HC02cWeekendInternet

HC-03. In the past seven days, how many days did you...

[IF NOT APPLICABLE, ENTER 9]

<table>
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<tr>
<th>DAYS</th>
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a. read a newspaper?................................................................................... DAYS
HC03aReadNewspaper

b. watch the national news on television?................................................. DAYS
HC03bNationalNews

c. watch the local news on television?..................................................... DAYS
HC03cLocalNews
EXPOSURE TO HEALTH INFORMATION

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

HC-04. Some newspapers or general magazines publish a special section that focuses on health. In the past 12 months, have you read health sections of the newspaper or of a general magazine?

HC04ReadHealthSection
YES...................................................................................................... 1
NO........................................................................................................ 2 (HC-08)

HC-05. About how often have you read such health sections in the past 12 months? Would you say…..

HC05HowOftenHealthSection
once or more per week, or..................................................................... 1
less than once per week? ................................................................. 2

HC-06 AND HC-07 DELETED.

HC-08. Some local television news programs include special segments of their newscasts that focus on health issues. In the past 12 months, have you watched health segments on the local news?

HC08HealthOnNews
YES...................................................................................................... 1
NO........................................................................................................ 2 (HC-10)

HC-09. How often have you watched health segments on local news in the past 12 months? Would you say…..

HC09HowOftenHealthOnNews
once or more per week, or..................................................................... 1
less than once per week? ................................................................. 2

HC-10. Some people notice information about health on the Internet, even when they are not trying to find out about a health concern they have or someone in the family has. Have you read such health information on the Internet in the past 12 months?

HC10NoticeInfo
YES...................................................................................................... 1
NO........................................................................................................ 2 (HC-13)

HC-11. About how often have you read this sort of information in the past 12 months? Would you say…

HC11HowOftenNoticeInfo
once or more per month, or ............................................................... 1
less than once per month? ............................................................... 2

HC-12 DELETED.
HC-13. How much would you trust information about health or medical topics [FILL SOURCE]? Would you say a lot, some, a little or not at all? (How about from [FILL SOURCE]?)

[ASK IN RANDOM ORDER.] HCGRP

A LOT SOME A LITTLE NOT AT ALL
a. from a doctor or other health care professional ........1........2 3 4
HC13aTrustDoctor
b. from family or friends ..................................1........2 3 4
HC13bTrustFamily
c. in newspapers ..............................................1........2 3 4
HC13cTrustNewspaper
d. in magazines ..............................................1........2 3 4
HC13dTrustMagazines
e. on the radio ..................................................1........2 3 4
HC13eTrustRadio
f. on the Internet ..............................................1........2 3 4
HC13fTrustInternet
g. on television ..................................................1........2 3 4
HC13gTrustTV

INTERNET USAGE FOR HEALTH

HC-14. Here are some ways people use the Internet. Some people have done these things, but other people have not. In the past 12 months, have you done the following things while using the Internet?

YES NO
a. Looked for health or medical information for yourself?...................... 1 2
HC14aHealthInfoSelf
b. Looked for health or medical information for someone else?.................... 1 2
HC14bHealthInfoOther
c. Bought medicine or vitamins on-line?...................................... 1 2
HC14cBuyMedicine
d. Participated in an on-line support group for people with a similar health or medical issue? ...................................... 1 2
HC14dSupportGroup
e. Used e-mail or the Internet to communicate with a doctor or a doctor’s office? ...................................... 1 2
HC14eTalkDoctor
f. Looked for information about physical activity or exercise?.................... 1 2
HC14fExerciseInfo
g. Looked for information about diet or nutrition?.................................. 1 2
HC14gDietInfo
h. Looked for information about protecting yourself from the sun?.............. 1 2
HC14hSunInfo
i. Looked for information about quitting smoking?.................................. 1 2
HC14iSmokingInfo
k. Done anything else health-related on the Internet?
(SPECIFY) ______________________________________________ 1 2
HC14kAnythingElseOnline

HC14j DELETED.
HC-15. Have you ever talked to a doctor, nurse, or other health care provider about any kind of health information you have gotten from the Internet?

HC15TalkedDoctor
YES................................................................. 1
NO............................................................................. 2 (NEXT SECTION)

HC-16. When you talked with a health care provider, how interested were they in hearing about the information you found on-line?

HC16DoctorInterested
very interested, .......................................................... 1
somewhat interested, ............................................... 2
a little interested, or............................................... 3
not at all interested? ............................................. 4
TOUCHED BY CANCER

The next few questions are about your personal experience with cancer.

CA-01. Have you ever been told by a doctor that you had cancer?

CA01EverHadCancer

YES...................................................................................................... 1
NO........................................................................................................ 2 (CA-06)
YES, BUT IT WAS A MIS-DIAGNOSIS .................................................. 3 (CA-06)

CA-02. What type of cancer was it, or in what part of the body did the cancer start? [PROBE: Anything else?]

[CODE ALL THAT APPLY.]

CA02TypeofSPsCancer (01-05)
CA02TypeofSPsCancer_OS

BLADDER CANCER ............................................................................. 10
BONE CANCER.................................................................................... 11
BREAST CANCER................................................................................ 12
CERVICAL CANCER (CANCER OF THE CERVIX)................................. 13
COLON CANCER................................................................................. 14
ENDOMETRIAL CANCER (CANCER OF THE UTERUS)....................... 15
HEAD AND NECK CANCER ................................................................. 16
HODGKIN’S LYMPHOMA ................................................................. 17
LEUKEMIA/BLOOD CANCER............................................................... 18
LIVER CANCER ................................................................................... 19
LUNG CANCER.................................................................................... 20
MELANOMA......................................................................................... 21
NON-HODGKIN’S LYMPHOMA............................................................. 22
OTHER SKIN CANCER ........................................................................ 23
ORAL CANCER ................................................................................... 24
OVARIAN CANCER ............................................................................. 25
PANCREATIC CANCER ....................................................................... 26
PHARYNGEAL (THROAT) CANCER..................................................... 27
PROSTATE CANCER........................................................................... 28
RECTAL CANCER............................................................................... 29
RENAL (KIDNEY) CANCER................................................................. 30
STOMACH CANCER............................................................................ 31
OTHER (SPECIFY) ________________________________________ 91

CA-03. At what age or in what year were you first told that you had cancer?

CA03WhenDiagnosedCancer_Unit
CA03WhenDiagnosedCancer

[ENTER UNIT.]

AGE ..................................................................................................... 1
YEAR ................................................................................................... 2

[ENTER {AGE/YEAR}]

AGE/YEAR
CA-04. Did you undergo treatment for your cancer?

CA04UndergoCancerTreatment

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

CA-05. How long ago did you finish your treatment?

CA05HowLongFinishTreatment_Unit

[ENTER UNIT.]

|___| UNIT

MONTHS............................................................................................. 1
YEARS ................................................................................................ . 2
STILL IN TREATMENT ......................................................................... 3 (CA-06)

[ENTER NUMBER.]

|___|___|

NUMBER

CA-06. Have any of your family members ever had cancer?

CA06FamilyEverHadCancer

[IF INDICATE “DOESN’T HAVE FAMILY,” CODE AS “NO FAMILY.”]

YES...................................................................................................... 1
NO........................................................................................................ 2 (CA-08)
NO FAMILY .......................................................................................... 3 (CA-08)

CA-07. What type of cancer was it? [PROBE: Anything else?]

[CODE ALL THAT APPLY.]

CA07TypeFamilyCancer (01-08)
CA07TypeFamilyCancer_OS

BLADDER CANCER ............................................................................. 10
BONE CANCER .................................................................................. 11
BREAST CANCER .............................................................................. 12
CERVICAL CANCER (CANCER OF THE CERVIX) ................................ 13
COLON CANCER ............................................................................... 14
ENDOMETRIAL CANCER (CANCER OF THE UTERUS) ....................... 15
HEAD AND NECK CANCER ............................................................... 16
HODGKIN’S LYMPHOMA ................................................................ 17
LEUKEMIA/BLOOD CANCER ............................................................ 18
LIVER CANCER ............................................................................... 19
LUNG CANCER ............................................................................... 20
MELANOMA .................................................................................... 21
NON-HODGKIN’S LYMPHOMA ......................................................... 22
OTHER SKIN CANCER .................................................................... 23
ORAL CANCER ................................................................................ 24
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PANCREATIC CANCER ..................................................................... 26
PHARYNGEAL (THROAT) CANCER .................................................... 27
PROSTATE CANCER ........................................................................ 28
RECTAL CANCER ............................................................................ 29
RENAL (KIDNEY) CANCER ............................................................... 30
STOMACH CANCER ........................................................................ 31
OTHER (SPECIFY) .......................................................................... 91
INFORMATION SEEKING ABOUT CANCER

Next are some questions about looking for information on cancer. Please consider all sources of information such as the Internet, the library, friends, and health care professionals.

CA-08. Have you ever looked for information about cancer from any source?
CA08SeekCancerInfo
YES.......................................................................................................... 1
NO.......................................................................................................... 2

CA-09. Not including your doctor or other health care provider, has someone else ever looked for information about cancer for you?
CA09OtherSeekCancerInfo
YES...................................................................................................... 1
NO........................................................................................................ 2 (BOX CA-1)

CA-10. Who was that? [PROBE: Anyone else?]
CA10WhoSeekCancerInfo (1-4)
CA10WhoSeekCancerInfo_OS
SPOUSE .............................................................................................. 10
OTHER FAMILY MEMBER................................................................. 11
FRIEND................................................................................................. 12
CO-WORKER....................................................................................... 13
INFORMATION SPECIALIST (E.G., LIBRARIAN)................................. 14
OTHER (SPECIFY)_______________________________________________ 91

IF RESPONDENT HAS NOT LOOKED FOR INFORMATION FROM ANY SOURCE ON CANCER, NEITHER INDIVIDUALLY NOR THROUGH SOMEONE ELSE (CA-08=2 AND CA-09=2), THEN GO TO CA-17. OTHERWISE, CONTINUE.

BOX CA-1

IF SOMEONE ELSE LOOKED FOR INFORMATION (CA-09=1), THEN INCLUDE BRACKETED PHRASE IN CA-11 INTRODUCTION.
Think about the most recent time you looked for cancer-related information from any source (either on your own or by someone else looking for you).

CA-11. About how long ago was that?

[ENTER UNIT.]

<table>
<thead>
<tr>
<th>UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAYS AGO</td>
</tr>
<tr>
<td>WEEKS AGO</td>
</tr>
<tr>
<td>MONTHS AGO</td>
</tr>
<tr>
<td>YEARS AGO</td>
</tr>
</tbody>
</table>

[ENTER NUMBER.]

<table>
<thead>
<tr>
<th>NUMBER</th>
</tr>
</thead>
</table>

BOX CA-2

IF SP HAS NOT LOOKED FOR INFORMATION ABOUT CANCER THEMSELF (CA-08=2), THEN GO TO CA-17.
OTHERWISE, CONTINUE.

CA-12. The most recent time you wanted information on cancer, where did you go first?

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

| BOOKS | 1 |
| BROCHURES, PAMPHLETS, ETC. | 2 |
| CANCER ORGANIZATION | 3 |
| FAMILY | 4 |
| FRIEND/CO-WORKER | 5 |
| HEALTH CARE PROVIDER | 6 |
| INTERNET | 7 |
| LIBRARY | 8 |
| MAGAZINES | 9 |
| NEWSPAPERS | 10 |
| SOMEONE WITH CANCER | 11 |
| TELEPHONE INFORMATION NUMBER (1-800 NUMBER) | 12 |
| OTHER (SPECIFY) | 91 |
CA-13. What type of information were you looking for in your most recent search?  
[CODE ALL THAT APPLY.]
CA13WhatLookCancerInfo (1-6)
CA13WhatLookCancerInfo_OS

A SPECIFIC CANCER ................................................................. 10
CANCER ORGANIZATIONS ..................................................... 11
CAUSES OF CANCER / RISK FACTORS FOR CANCER .......... 12
COPIING WITH CANCER / DEALING WITH CANCER ............ 13
DIAGNOSIS OF CANCER .......................................................... 14
INFORMATION ON CANCER IN GENERAL ................................. 15
PAYING FOR MEDICAL CARE / INSURANCE ............................ 16
PREVENTION OF CANCER ...................................................... 17
PROGNOSIS / RECOVERY FROM CANCER ................................. 18
SCREENING / TESTING / EARLY DETECTION ........................... 19
SYMPTOMS OF CANCER ......................................................... 20
TREATMENT / CURES FOR CANCER ......................................... 21
WHERE TO GET MEDICAL CARE ............................................ 22
OTHER (SPECIFY) ___________________________________________ 91

BARRIERS TO CANCER INFORMATION SEEKING

CA-14. Based on the results of your most recent search for information on cancer, how much do you agree or disagree with the following statements?

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

<table>
<thead>
<tr>
<th>Statement</th>
<th>STRONGLY AGREE</th>
<th>SOMETHAT AGREE</th>
<th>SOMETHAT DISAGREE</th>
<th>STRONGLY DISAGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. It took a lot of effort to get the information you needed. Would you say you...</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. You felt frustrated during your search for the information. (Would you say you...)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. You were concerned about the quality of the information. (Would you say you...)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. The information you found was too hard to understand. (Would you say you...)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

CA14aALotEffort
CA14bFrustrated
CA14cConcernedQuality
CA14dTooHardUnderstand

IF RESPONDENT DOESN'T USE INTERNET (GA-1=2), GO TO CA-17.
IF RESPONDENT'S MOST RECENT SEARCH WAS ON THE INTERNET (CA-12=7), GO TO CA-16.
OTHERWISE, CONTINUE.

CANCER INFO ON THE INTERNET

CA-15. Have you ever visited an Internet web site to learn specifically about cancer?

CA15InternetForCancer

YES ........................................................................................................ 1
NO ........................................................................................................ 2 (CA-17)
CA-16. {Thinking about all the times you’ve looked for cancer information on the Internet,} {How/how} useful was the cancer-related information you got from the Internet? Would you say . . .

\begin{itemize}
\item very useful, ........................................................................................... 1
\item somewhat useful, ............................................................................... 2
\item a little useful, or .................................................................................. 3
\item not at all useful? .................................................................................. 4
\end{itemize}

\section*{INFORMATION EFFICACY}

CA-17. Overall, how confident are you that you could get advice or information about cancer if you needed it? Would you say...

\begin{itemize}
\item completely confident, ............................................................................. 1
\item very confident, ...................................................................................... 2
\item somewhat confident, ............................................................................. 3
\item a little confident, or ................................................................................ 4
\item not confident at all? ............................................................................... 5
\end{itemize}

\section*{SOURCE PREFERENCES}

CA-18. {The next time you have a strong need to get information about cancer, where will you go first?/Imagine that you had a strong need to get information about cancer. Where would you go first?}

\begin{itemize}
\item BOOKS ................................................................................................ . 1
\item BROCHURES, PAMPHLETS, ETC. ...................................................... 2
\item CANCER ORGANIZATION ................................................................ 3
\item FAMILY .............................................................................................. 4
\item FRIEND/CO-WORKER ....................................................................... 5
\item HEALTH CARE PROVIDER ............................................................ 6
\item INTERNET ............................................................................................ 7
\item LIBRARY .............................................................................................. 8
\item MAGAZINES ......................................................................................... 9
\item NEWSPAPERS ...................................................................................... 10
\item TELEPHONE INFORMATION NUMBER (1-800 NUMBER) ................. 11
\item SOMEONE WITH CANCER ............................................................... 12
\item OTHER (SPECIFY)............................................................................... 91
\end{itemize}
CA-21. Before being contacted for this study, had you ever heard of...

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>c. the National Cancer Institute?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d. the National Cancer Institute’s Cancer Information Service?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e. the 1-800-4-Cancer information number?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>h. the 1-800-ACS-2345 cancer information number?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>i. Cancer Control of America?</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

CA-21a, CA-21b, CA-21f AND CA-21g DELETED.

BOX CA-4

IF HAVE NEVER HEARD OF CIS OR 800-NUMBER (CA-21d AND CA-21e = 2) THEN GO TO NEXT SECTION.

OTHERWISE, ASK CA-22 FOR EACH “YES” ANSWER IN CA-21d AND CA-21e BEFORE MOVING ON TO NEXT ITEM IN CA-21.

CA-22. Have you ever contacted it for information?

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

BOX CA-5

IF RESPONDENT HAS EVER LOOKED FOR CANCER INFORMATION (CA-08=1) AND ANSWERED “NO” TO CA-22e, THEN CONTINUE. OTHERWISE, GO TO NEXT SECTION.

CA-23. Is there a particular reason you didn’t contact it?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The next few questions are about getting tested for cancer. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer.

PC-01. Have you ever heard of a PSA or prostate-specific antigen test?

PC01EverHeardPSATest

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

PC-02. Have you ever had a PSA test?

PC02HadPSATest

YES...................................................................................................... 1
NO........................................................................................................ 2 (INTRO TO PC-04)
HAD BLOOD TEST, BUT DK IF CHECKED PSA.............................. 3 (INTRO TO PC-04)

PC-03. When did you have your most recent PSA test?

PC03WhenPSATest

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

The next few questions are about discussions that health care providers might have had with you about the PSA test.

PC-04. Has a health care provider such as a doctor or nurse ever talked to you about a PSA test?

PC04ProviderTalkedPSA

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

PC-05. Thinking about the last time a health care provider talked to you about a PSA test, which of the following statements best describes your health care provider’s recommendation about PSA tests?

PC05ProviderRecommendPSA

That you should have a PSA test, ..................................................... 1
that you should NOT have a PSA test, or ...................................... 2
your health care provider did not make a recommendation ....... 3

PC-06. Thinking about the last time a health care provider talked to you about a PSA test, did your health care provider encourage you to ask questions or express any concerns you had about PSA testing? Would you say.....

PC06QuestionsAboutPSA

yes, definitely, ................................................................. 1
yes, somewhat, or............................................................... 2
no, not at all? ................................................................. 3
DID NOT HAVE ANY QUESTIONS OR CONCERNS ABOUT PSA .... 4

PC-07 DELETED.
The next few questions are about getting tested for cancer. A Pap smear is a test for cancer of the cervix.

CV-01. Have you ever had a Pap smear?

CV01HadPapSmear

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

CV-02. When did you have your most recent Pap smear?

CV02WhenPapSmear

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

CV-03. What was the main reason that you had this Pap smear?

CV03WhyPapSmear

CV03WhyPapSmear_OS

ROUTINE ANNUAL PAP SMEAR OR PART OF ROUTINE PHYSICAL EXAM................................. 1
LAST PAP SMEAR WAS NOT NORMAL..................................................... 2
A SPECIFIC PROBLEM........................................................................ 3
SOMETHING SHE HEARD / SAW / READ ............................................ 4
SHE HAD NEVER HAD ONE AND THOUGHT SHE SHOULD ............... 5
PREGNANCY / FOLLOW-UP TO BIRTH............................................... 6
OTHER (SPECIFY)__________________________________________ 91

CV-04. You said your most recent Pap smear was {INSERT TIME FRAME FROM CV-02}. How long before that Pap smear was the previous one?

CV04PapSmearBeforeLast

A YEAR OR LESS BEFORE ................................................................. 1
MORE THAN 1 BUT NOT MORE THAN 3 YEARS BEFORE................ 2
MORE THAN 3 BUT NOT MORE THAN 5 YEARS BEFORE.................. 3
OVER 5 YEARS BEFORE........................................................................ 4
THIS WAS FIRST PAP SMEAR............................................................. 5

CV-05. Have you had a hysterectomy?

CV05Hysterectomy

[IF NEEDED: A hysterectomy is an operation to remove the uterus (womb).]

YES...................................................................................................... 1 (CV-07)
NO........................................................................................................ 2
CV-06. When do you expect to have your next Pap smear?

CV06WhenNextPapSmear
A YEAR OR LESS FROM NOW ............................................................ 1
MORE THAN 1 BUT NOT MORE THAN 3 YEARS FROM NOW ............ 2
MORE THAN 3 BUT NOT MORE THAN 5 YEARS FROM NOW ............ 3
OVER 5 YEARS FROM NOW ............................................................... 4
AM NOT PLANNING TO HAVE ANOTHER ................................... 5
IF I HAVE SYMPTOMS .................................................................. 6
WHEN DOCTOR / HEALTH PROVIDER RECOMMENDS ............... 7

CV-07. How often do you think a woman your age should have a Pap smear?

CV07HowOftenPapSmear
MORE THAN TWICE A YEAR ........................................................... 1
TWICE A YEAR / EVERY SIX MONTHS ........................................... 2
ONCE A YEAR .............................................................................. 3
EVERY TWO YEARS ...................................................................... 4
EVERY THREE YEARS ................................................................... 5
MORE THAN EVERY THREE YEARS ............................................. 6
NEVER ........................................................................................... 7

CV-08. Most medical organizations now recommend a Pap smear every three years for healthy adult women. Have you heard about this change in guidelines?

CV08GuidelinesChange
YES ............................................................................................... 1
NO ................................................................................................. 2

BOX CV-2

IF RESPONDENT DOES NOT PLAN TO HAVE ANOTHER PAP SMEAR (CV-06=5) OR HAS HAD A HYSTERECTOMY (CV-05=1), GO TO CV-10.
OTHERWISE, CONTINUE.

CV-09. Would you agree to have Pap smears every three years if your health care provider recommended it?

CV09LessFrequentPapSmear
YES ............................................................................................... 1
NO ................................................................................................. 2

CV-10. Have you ever been treated for venereal warts or condyloma?

CV10TreatedWarts
YES ............................................................................................... 1
NO ................................................................................................. 2

CV-11. Have you ever heard of HPV? HPV stands for Human Papillomavirus.

CV11HeardHPV
YES ............................................................................................... 1
NO ................................................................................................. 2 (NEXT SECTION)

CV-12. Have you ever been told by a health care provider that you had HPV infection?

CV12EverHadHPV
YES ............................................................................................... 1
NO ................................................................................................. 2
CV-13. Next are some questions on your opinion about HPV.

a. Do you think that HPV causes cervical cancer? ....................... 1 2
   CV13aHPVCauseCancer
b. Do you think that HPV is a sexually transmitted disease? ......... 1 2
   CV13bHPVSTD
c. Do you think that HPV infection is rare? ............................ 1 2
   CV13cHPVRare
d. Do you think that HPV will often go away on its own without
treatment? ................................................................. 1 2
   CV13dHPVGoAway
e. Do you think HPV can cause abnormal Pap smears? ............... 1 2
   CV13eHPVCauseAbnormalPap
f. Do you think that HPV can affect a woman’s ability to get
   pregnant? ................................................................. 1 2
   CV13fHPVAffectPregnancy
The next few questions are about breast cancer.

BC-01. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

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

BC-02. When did you have your most recent mammogram to check for breast cancer?

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

BC-03 DELETED.
The next few questions are about colon cancer.

CC-01. Can you think of any tests that detect colon cancer? [PROBE: Anything else?]

CODE ALL THAT APPLY. IF R DOES NOT KNOW NAME OF TEST, ENTER DESCRIPTION OF TEST IN OTHER, SPECIFY.

[DO NOT NAME OR DEFINE TESTS FOR THE RESPONDENT.]

<table>
<thead>
<tr>
<th>Test</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>BARIUM ENEMA</td>
<td>10</td>
</tr>
<tr>
<td>BIOPSY</td>
<td>11</td>
</tr>
<tr>
<td>STOOL BLOOD TEST/FECAL OCCULT BLOOD TEST</td>
<td>12</td>
</tr>
<tr>
<td>COLONOSCOPY</td>
<td>13</td>
</tr>
<tr>
<td>DIGITAL RECTAL EXAM</td>
<td>14</td>
</tr>
<tr>
<td>ENDOSCOPY</td>
<td>15</td>
</tr>
<tr>
<td>PROCTOSCOPY</td>
<td>16</td>
</tr>
<tr>
<td>SIGMOIDOSCOPY</td>
<td>17</td>
</tr>
<tr>
<td>OTHER (SPECIFY)</td>
<td>91</td>
</tr>
<tr>
<td>NO/NOTHING</td>
<td>0</td>
</tr>
</tbody>
</table>

CC-02 AND CC-03 DELETED.

BOX CC-1

IF RESPONDENT IS LESS THAN 45 YEARS OLD OR HAS HAD COLON CANCER, GO TO NEXT SECTION. OTHERWISE, CONTINUE.

CC-04. Has a doctor, nurse or other health professional ever advised you to get a test to check for colon cancer?

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

CC-05. A stool blood test, also known as a Fecal Occult Blood Test, is a test done to check for colon cancer. It is done at home using a set of 3 cards to determine whether the stool contains blood. Have you ever done this test using a home kit?

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

(CC-07)
CC-06. When did you do your most recent stool blood test using a home kit to check for colon cancer?

CC06WhenStoolBlood

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

CC-07. A sigmoidoscopy and a colonoscopy are both tests that examine the bowel by inserting a tube in the rectum. Have you ever had either a colonoscopy or a sigmoidoscopy?

CC07HadSigCol

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

CC-08. When did you have your most recent sigmoidoscopy or colonoscopy to check for colon cancer?

CC08WhenSigCol

A YEAR AGO OR LESS................................................................. 1
MORE THAN 1 BUT NOT MORE THAN 5 YEARS AGO ............... 2
MORE THAN 5 BUT NOT MORE THAN 10 YEARS AGO .......... 3
OVER 10 YEARS AGO............................................................... 4
MENTAL MODEL OF CANCER: COLON (MM)

BOX MM-1

RESPONDENTS WILL BE RANDOMLY ASSIGNED TO RECEIVE
MENTAL MODEL QUESTIONS ON COLON, LUNG OR SKIN CANCER.

IF RESPONDENT IS ASSIGNED TO COLON CANCER, CONTINUE.

IF RESPONDENT IS ASSIGNED TO COLON CANCER BUT HAS HAD
COLON CANCER, GO TO THE NEXT SECTION.

IF RESPONDENT IS NOT ASSIGNED TO COLON CANCER, GO TO THE
NEXT SECTION.

MM-01. How likely do you think it is that you will develop colon cancer in the future? Would you say your chance of getting colon cancer is . . .

MM01ChanceGetCancerC
very low, ............................................................................................... 1
somewhat low, ...................................................................................... 2
moderate, ............................................................................................. 3
somewhat high, or ................................................................................. 4
very high?............................................................................................. 5

MM-02. Compared to the average person your age, would you say that you are . . .

MM02RelativeChanceCancerC
more likely to get colon cancer,.............................................................. 1
less likely, or ......................................................................................... 2
about as likely? ..................................................................................... 3

MM-03. How often do you worry about getting colon cancer? Would you say . . .

MM03FreqWorryCancerC
rarely or never,...................................................................................... 1
sometimes, ........................................................................................... 2
often, or ................................................................................................ 3
all the time? .......................................................................................... 4

MM-04. What are some things that people can do to reduce their chances of getting colon cancer?

MM04ReduceCancerC (01-08)
MM04ReduceCancerC_OS
[CODE ALL THAT APPLY.]

DON'T DRINK ALCOHOL ................................................................. 10
DON'T SMOKE ................................................................................ 11
EAT FIBER ....................................................................................... 12
EAT FRUITS AND VEGETABLES .................................................. 13
EAT HEALTHY / BETTER NUTRITION.......................................... 14
EXERCISE ....................................................................................... 15
GET SCREENED FOR CANCER / GET TESTED FOR CANCER........ 16
HAVE REGULAR CHECK-UPS....................................................... 17
OTHER (SPECIFY).......................................................................... 91
MM-05. Do you agree or disagree with the following statements?

<table>
<thead>
<tr>
<th>Statement</th>
<th>AGREE</th>
<th>DISAGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. There’s not much you can do to lower your chances of getting colon cancer. Would you say you….</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. There are so many different recommendations about preventing colon cancer that it’s hard to know which ones to follow. (Would you say you)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. Colon cancer develops over a period of several years. (Would you say you…)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d. There are ways to slow down or disrupt the development of colon cancer. (Would you say you....)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e. Colon cancer is most often caused by a person’s behavior or lifestyle. (Would you say you...)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>f. It seems like almost everything causes colon cancer. (Would you say you…).</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>g. You are reluctant to get checked for colon cancer because you fear you may have it. (Would you say you…)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>h. Getting checked regularly for colon cancer increases the chances of finding cancer when it’s easy to treat. (Would you say you…)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>i. People with colon cancer would have pain or other symptoms prior to being diagnosed. (Would you say you…)</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

MM-06. What are the common symptoms of colon cancer?

MM06SymptomsOfCancerC (01-09)

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood in Stool</td>
<td>10</td>
</tr>
<tr>
<td>Change in Bowel Habits</td>
<td>11</td>
</tr>
<tr>
<td>Consipation</td>
<td>12</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>13</td>
</tr>
<tr>
<td>Loss of Appetite</td>
<td>14</td>
</tr>
<tr>
<td>Rectal Bleeding</td>
<td>15</td>
</tr>
<tr>
<td>Stomach Pain</td>
<td>16</td>
</tr>
<tr>
<td>Swelling</td>
<td>17</td>
</tr>
<tr>
<td>Tiredness / Fatigue</td>
<td>18</td>
</tr>
<tr>
<td>Vomiting</td>
<td>19</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>91</td>
</tr>
</tbody>
</table>

MM-07. Overall, how many people who develop colon cancer do you think survive at least 5 years? Your best guess is fine. Would you say…..

<table>
<thead>
<tr>
<th>Survival Rate</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>less than 25 percent,</td>
<td>1</td>
</tr>
<tr>
<td>about 25 percent,</td>
<td>2</td>
</tr>
<tr>
<td>about 50 percent,</td>
<td>3</td>
</tr>
<tr>
<td>about 75 percent, or</td>
<td>4</td>
</tr>
<tr>
<td>nearly all?</td>
<td>5</td>
</tr>
</tbody>
</table>
The next few questions are about things people might do to protect themselves from the sun.

SP-01. When you go outside for more than 1 hour on a warm, sunny day, how often do you...

[IF R DOES NOT GO OUTSIDE ON A SUNNY DAY FOR MORE THAN ONE HOUR, CODE 95.]

<table>
<thead>
<tr>
<th></th>
<th>ALWAYS</th>
<th>OFTEN</th>
<th>SOMETIMES</th>
<th>RARELY</th>
<th>NEVER</th>
<th>DOES NOT GO OUT ON SUNNY DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. wear sunscreen? Would you say ........</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>95 (SP-02)</td>
</tr>
<tr>
<td>b. stay in the shade? (Would you say…)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>c. wear a hat that shades your face, ears and neck? (Would you say…)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>d. wear a long-sleeve shirt? (Would you say…)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>e. wear long pants? (Would you say…)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

SP-02. How many times in the past 12 months have you used indoor tanning devices such as a sun lamp, a sun bed, or a tanning booth?

<table>
<thead>
<tr>
<th></th>
<th>0 TIMES</th>
<th>1-2 TIMES</th>
<th>3-10 TIMES</th>
<th>11-24 TIMES</th>
<th>25 TIMES OR MORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SP02TanningDevices</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

SP-03. How many times in the past 12 months have you used sunless tanning products? These are products that you either have sprayed on or which you apply to darken the color of your skin.

<table>
<thead>
<tr>
<th></th>
<th>0 TIMES</th>
<th>1-2 TIMES</th>
<th>3-10 TIMES</th>
<th>11-24 TIMES</th>
<th>25 TIMES OR MORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SP03TanningProducts</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

SP-04 DELETED.
MENTAL MODEL OF CANCER: SKIN (MM)

The next few questions are about skin cancer.

MM-01. How likely do you think it is that you will develop skin cancer in the future? Would you say your chance of getting skin cancer is . . .  

MM01ChanceGetCancerS
very low, ............................................................................................... 1
somewhat low, ...................................................................................... 2
moderate, ............................................................................................. 3
somewhat high, or................................................................................. 4
very high?............................................................................................. 5

MM-02. Compared to the average person your age, would you say that you are . . .  

MM02RelativeChanceCancerS
more likely to get skin cancer,................................................................ 1
less likely, or ......................................................................................... 2
about as likely? ..................................................................................... 3

MM-03. How often do you worry about getting skin cancer? Would you say . . .  

MM03FreqWorryCancerS
rarely or never,...................................................................................... 1
sometimes, ........................................................................................... 2
often, or ................................................................................................ 3
all the time? .......................................................................................... 4

MM-04. What are some things that people can do to reduce their chances of getting skin cancer?  

MM04ReduceCancerS (01-06)
MM04ReduceCancerS_OS
[CODE ALL THAT APPLY.]

DO NOT USE TANNING BEDS / TANNING SALONS ................. 10
GET SCREENED FOR CANCER / GET TESTED .............................. 11
HAVE REGULAR CHECK UPS ......................................................... 12
STAY OUT OF THE SUN ................................................................. 13
WEAR PROTECTIVE CLOTHING / HAT ...................................... 14
WEAR SUNSCREEN ........................................................................ 15
OTHER (SPECIFY) ........................................................................... 91
MM-05. Do you agree or disagree with the following statements?

<table>
<thead>
<tr>
<th>Statement</th>
<th>AGREE</th>
<th>DISAGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>There’s not much you can do to lower your chances of getting skin cancer.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>There are so many different recommendations about preventing skin cancer</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Skin cancer develops over a period of several years.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>There are ways to slow down or disrupt the development of skin cancer.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Skin cancer is most often caused by a person’s behavior or lifestyle.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>It seems like almost everything causes skin cancer.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>You are reluctant to get checked for skin cancer because you fear you</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Getting checked regularly for skin cancer increases the chances of</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>People with skin cancer would have pain or other symptoms prior to</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

MM-06. What are the common symptoms of skin cancer?

ABNORMAL GROWTHS ........................................................................ 10
BLISTERS .................................................................................... 11
BLOTCHES ................................................................................... 12
LESIONS ....................................................................................... 13
MOLE / CHANGE IN MOLE ................................................................ 14
PIGMENT DISCOLORATION ............................................................. 15
RASH ........................................................................................... 16
REDNESS OF SKIN ......................................................................... 17
OTHER (SPECIFY) .......................................................................... 91

MM-07. Overall, how many people who develop skin cancer do you think survive at least 5 years?  Your best guess is fine.  Would you say.....

less than 25 percent, .................................................................... 1
about 25 percent, ......................................................................... 2
about 50 percent, ......................................................................... 3
about 75 percent, or ...................................................................... 4
nearly all? .................................................................................. 5
TOBACCO USE (TU)

TOBACCO SCREENER

Next are some questions about your use of cigarettes.

TU-01. Have you smoked at least 100 cigarettes in your entire life?

[IF NEEDED: 5 Packs = 100 Cigarettes.]

TU01Smoke100

YES................................................................. 1
NO............................................................... 2 (TU-17)

TU-02. Do you now smoke cigarettes . . .

TU02SmokeNow

every day, ................................................................. 1
some days, or ........................................................... 2 (TU-4)
not at all? .............................................................. 3 (TU-11)
DK ......................................................................... 9 (TU-17)
RF ......................................................................... 8 (TU-17)

TU-03. On the average, how many cigarettes do you now smoke a day?

TU03SmokeDayAlways

[IF NEEDED: 1 Pack = 20 Cigarettes.]

[IF LESS THAN ONE A DAY, ENTER 0. IF 76 OR MORE, ENTER 76.]

|___|___|
NUMBER OF CIGARETTES

GO TO TU-7.

TU-04. On how many of the past 30 days did you smoke cigarettes?

TU04SmokePast30Days

|___|___|
DAYS

TU-05. On the average, on those (FILL WITH TIME PERIOD FROM TU-04) days, how many cigarettes did you usually smoke each day?

TU05SmokeDaySometimes

[IF NEEDED: 1 Pack = 20 Cigarettes.]

[IF LESS THAN ONE A DAY, ENTER 0. IF 76 OR MORE, ENTER 76.]

|___|___|
NUMBER OF CIGARETTES
QUIT ATTEMPTS

BOX TU-1

IF SMOKED 12 OR MORE OF THE PAST 30 DAYS (TU-04=>12), GO TO TU-07.
OTHERWISE, CONTINUE.

TU-06. During the past 12 months, have you tried to quit smoking completely?
   TU06TriedQuit
   YES...................................................................................................... 1
   NO........................................................................................................ 2

   GO TO TU-10.

TU-07. Have you ever stopped smoking for one day or longer because you were trying to quit smoking?
   TU07StoppedSmokeTryQuit
   YES...................................................................................................... 1
   NO........................................................................................................ 2 (TU-09)

   TU-09 DELETED.

TU-10. Are you seriously considering quitting smoking within the next 6 months?
   TU10ConsiderQuit
   YES...................................................................................................... 1
   NO........................................................................................................ 2

   BOX TU-2
   IF SMOKE EVERY DAY OR SOME DAYS (TU-02=1 OR 2),
   GO TO TU-17.
   OTHERWISE, CONTINUE.
FORMER SMOKERS

TU-11. About how long has it been since you completely quit smoking cigarettes?

TU11WhenQuitSmoke

TU11WhenQuitSmoke_Unit

I___I___|___|___|___|              |___|
TIME                     UNIT

[ENTER UNIT.]

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

TU-12. Have you ever smoked cigarettes every day for at least 6 months?

TU12SmokeEveryDay6Months

YES.......................................................................... 1
NO........................................................................... 2  (BOX TU-3)

TU-13. When you last smoked every day, how many cigarettes did you usually smoke each day?

TU13SmokeDayFormer

[IF NEEDED: 1 Pack = 20 Cigarettes.]

[IF LESS THAN ONE A DAY, ENTER 0. IF 76 OR MORE, ENTER 76.]

NUMBER OF CIGARETTES

BOX TU-3

IF QUIT SMOKING OVER 1 YEAR AGO, GO TO TU-17.
IF QUIT SMOKING 1 YEAR AGO OR LESS, CONTINUE.

TU-14. Around this time 12 months ago, were you smoking cigarettes.....

TU14HowOftenFormerSmoker

every day, ............................................................... 1
some days, or ....................................................... 2
not at all? ............................................................ 3

TU-15 AND TU-16 DELETED.

ALL RESPONDENTS

TU-17. If a new cigarette were advertised as less harmful than current cigarettes, how interested would you be in trying it? Would you say...

TU17WouldTryLessHarmfulCig

very interested, .......................................................... 1
somewhat interested, or ........................................... 2
not interested? ....................................................... 3
TU-18. Next are some questions about new types of tobacco products that have been recently introduced. Have you ever heard of a tobacco product called....(How about…)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Eclipse?</td>
<td>1</td>
</tr>
<tr>
<td>b. Quest?</td>
<td>1</td>
</tr>
<tr>
<td>c. Marlboro UltraSmooth?</td>
<td>1</td>
</tr>
<tr>
<td>d. Ariva?</td>
<td>1</td>
</tr>
<tr>
<td>e. Revel?</td>
<td>1</td>
</tr>
</tbody>
</table>


TU-18jI. Have you heard of any other types of new tobacco products? These would include products like Accord, Advance, Omni, Exalt and Stonewall.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2 (BOX TU-5)</td>
</tr>
</tbody>
</table>

BOX TU-5

IF TU-18a THROUGH TU-18jI = NO, THEN GO TO NEXT SECTION.

TU-18jII. What other new products have you heard of?

[CODE ALL THAT APPLY.]

<table>
<thead>
<tr>
<th>ACCORD</th>
<th>ADVANCE</th>
<th>OMNI</th>
<th>EXALT</th>
<th>STONEWALL</th>
<th>OTHER (SPECIFY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
<td>91</td>
</tr>
</tbody>
</table>

ASK TU-19 INDIVIDUALLY FOR EACH ITEM LISTED IN TU-18jII.
TU-19. How did you hear about (FILL TU-18a-jII)? [PROBE: Anything else?]
[CODE ALL THAT APPLY.]

TU19HowHeard
FROM A DOCTOR OR HEALTH CARE PROVIDER.............................. 10
FROM FAMILY OR FRIENDS ............................................................. 11
IN A NEWSPAPER ........................................................................... 12
IN A MAGAZINE ............................................................................. 13
ON THE RADIO .............................................................................. 14
ON THE INTERNET ........................................................................ 15
ON TELEVISION ............................................................................ 16
SAW IT IN A STORE ....................................................................... 17
OTHER (SPECIFY) ........................................................................ 91

TU-20. You said you have heard of (FILL WITH LIST OF ITEMS MENTIONED IN TU-18a-jII). Have you ever tried (this product/any of these products)?

TU20TriedNewProduct
YES................................................................................................. 1
NO................................................................................................. 2 (NEXT SECTION)

BOX TU-5a
IF RESPONDENT HAS ONLY HEARD OF 1 PRODUCT,
GO TO TU-21.
OTHERWISE, CONTINUE.

TU-20a. Which (one/ones)?
[CODE ALL THAT APPLY.]

TU20aTriedWhichProduct (01-02)
ACCORD............................................................................................ 10
ADVANCE .......................................................................................... 11
ARIVA ............................................................................................... 12
ECLIPSE ......................................................................................... 13
EXALT.............................................................................................. 14
MARLBORO ULTRASMOOTH ......................................................... 15
OMNI............................................................................................... 16
QUEST ............................................................................................. 17
REVEL .............................................................................................. 18
STONEWALL................................................................................... 19
{FILL WITH OTHER, SPECIFY IN TU-18jII} ...................................... 20

BOX TU-5b
IF ONE PRODUCT NAMED IN TU-20a, ASK TU-21 THROUGH TU-24 FOR THIS PRODUCT.

IF MORE THAN ONE PRODUCT NAMED IN TU20a, SELECT ONE PRODUCT AT RANDOM FROM GROUP 1 AND ONE FROM GROUP 2. ASK TU-21 THROUGH TU-24 FOR THE RANDOMLY SELECTED PRODUCTS IN EACH GROUP.

GROUP 1: ECLIPSE, QUEST, MARLBORO ULTRASMOOTH, ACCORD, ADVANCE AND OMNI.

GROUP 2: ARIVA, REVEL, EXALT AND STONEWALL.
TU-21. Do you now use (FILL)……

**TU21NowUseNewProductGrp1**

**TU21NowUseNewProductGrp2**

every day ......................................................................................... 1

some days, or ...................................................................................... 2

not at all? ........................................................................................... 3

**BOX TU-6**

IF FORMER USER OF NEW PRODUCT (TU-21=3), THEN USE PAST TENSE IN TU-22 AND TU-23.

IF CURRENT USER OF NEW PRODUCT (TU-21=1 OR 2), THEN USE PRESENT TENSE IN TU-22 AND TU-23.

TU-22. {Now that you are using/When you tried or used} {FILL}, {did/do} you smoke.....

**TU22HowOftenNewProductGrp1**

** TU22HowOftenNewProductGrp2**

less of your usual brand of cigarettes, ................................................ 1

about the same number of your usual brand of cigarettes, or .............. 2

more of your usual brand of cigarettes? ............................................. 3

I DID NOT SMOKE USUAL BRAND OF CIGARETTES AT ALL /

I COMPLETELY SWITCHED TO THIS PRODUCT.......................... 4

TU-23. What is the main reason you {use/tried or used} {FILL}?

**TU23WhyUseNewProductGrp1**

**TU23WhyUseNewProductGrp1_OS**

**TU23WhyUseNewProductGrp2**

**TU23WhyUseNewProductGrp2_OS**

INSTEAD OF QUITTING, AS A WAY TO REDUCE HEALTH RISKS...... 1

AS A WAY OF CUTTING DOWN THE NUMBER OF CIGARETTES/
OTHER CIGARETTES SMOKED.............................................................. 2

TO HELP YOU QUIT SMOKING............................................................. 3

BECAUSE OF THE TASTE....................................................................... 4

BECAUSE LOWER COSTS/CHEAPER THAN CIGARETTES/
OTHER CIGARETTES/OTHER TYPES OF TOBACCO PRODUCTS. 5

OUT OF CURIOSITY ............................................................................... 6

BECAUSE NOT AS STRONG/LESS NICOTINE/LIGHTER/LESS TAR
THAN CIGARETTES/OTHER CIGARETTES ........................................... 7

BECAUSE LESS HARMFUL TO USE AROUND
FAMILY/FRIENDS/CHILDREN THAN CIGARETTES/OTHER
CIGARETTES .......................................................................................... 8

BECAUSE CAN USE IN PLACES WHERE CAN'T SMOKE
CIGARETTES/OTHER CIGARETTES...................................................... 9

OTHER (SPECIFY) .................................................................................. 91

TU-24. As far as you know, is {FILL}……

**TU24HowHarmfulNewProductGrp1**

**TU24HowHarmfulNewProductGrp2**

less harmful than conventional cigarettes, ........................................ 1

equally harmful, or ............................................................................ 2

more harmful than conventional cigarettes? ...................................... 3

**REPEAT ITEMS TU-21 THROUGH TU-24 FOR ITEM IN GROUP 2 IF APPLICABLE.**
MENTAL MODEL OF CANCER: LUNG (MM)

BOX MM-1

RESPONDENTS WILL BE RANDOMLY ASSIGNED TO RECEIVE MENTAL MODEL QUESTIONS ON COLON, LUNG OR SKIN CANCER.

MMGRP

IF RESPONDENT IS ASSIGNED TO LUNG CANCER, CONTINUE.

IF RESPONDENT IS ASSIGNED TO LUNG CANCER, BUT HAS HAD LUNG CANCER, GO TO THE NEXT SECTION.

IF RESPONDENT IS NOT ASSIGNED TO LUNG CANCER, GO TO THE NEXT SECTION.

The next few questions are about lung cancer.

MM-01. How likely do you think it is that you will develop lung cancer in the future? Would you say your chance of getting lung cancer is . . .

MM01ChanceGetCancerL

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

MM-02. Compared to the average person your age, would you say that you are . . .

MM02RelativeChanceCancerL

more likely to get lung cancer, ............................................................... 1
less likely, or ....................................................................................... 2
about as likely? .................................................................................. 3

MM-03. How often do you worry about getting lung cancer? Would you say . . .

MM03FreqWorryCancerL

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

MM-04. What are some things that people can do to reduce their chances of getting lung cancer?

[CODE ALL THAT APPLY.]

MM04ReduceCancerL (01-06)

MM04ReduceCancerL_OS

AVOID ASBESTOS............................................................................... 10
AVOID POLLUTED AIR ...................................................................... 11
DON'T SMOKE / QUIT SMOKING....................................................... 12
EAT HEALTHY ................................................................................... 13
EXERCISE .......................................................................................... 14
GET SCREENED FOR CANCER / GET TESTED.................................... 15
HAVE REGULAR CHECK UPS........................................................... 16
STAY AWAY FROM SECOND-HAND SMOKE................................. 17
OTHER (SPECIFY) ............................................................................ 91
MM-05. Do you agree or disagree with the following statements?

<table>
<thead>
<tr>
<th>Statement</th>
<th>AGREE</th>
<th>DISAGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. There’s not much you can do to lower your chances of getting lung cancer. Would you say you…</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. There are so many different recommendations about preventing lung cancer that it’s hard to know which ones to follow. (Would you say you)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. Lung cancer develops over a period of several years. (Would you say you…</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d. There are ways to slow down or disrupt the development of lung cancer. (Would you say you…</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e. Lung cancer is most often caused by a person’s behavior or lifestyle. (Would you say you…</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>f. It seems like almost everything causes lung cancer. (Would you say you…</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>g. You are reluctant to get checked for lung cancer because you fear you may have it. (Would you say you…</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>h. Getting checked regularly for lung cancer increases the chances of finding cancer when it’s easy to treat. (Would you say you…</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>i. People with lung cancer would have pain or other symptoms prior to being diagnosed. (Would you say you…</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

MM-06. What are the common symptoms of lung cancer?

[CODE ALL THAT APPLY.]

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronchitis</td>
<td>10</td>
</tr>
<tr>
<td>Chest pain</td>
<td>11</td>
</tr>
<tr>
<td>Coughing</td>
<td>12</td>
</tr>
<tr>
<td>Depression</td>
<td>13</td>
</tr>
<tr>
<td>Difficulty breathing / Shortness of breath / wheezing</td>
<td>14</td>
</tr>
<tr>
<td>Excessive Phlegm / Mucus</td>
<td>15</td>
</tr>
<tr>
<td>Fatigue / Tiredness</td>
<td>16</td>
</tr>
<tr>
<td>Loss of appetite</td>
<td>17</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>18</td>
</tr>
<tr>
<td>Spitting up blood</td>
<td>19</td>
</tr>
<tr>
<td>Swelling of neck and/or face</td>
<td>20</td>
</tr>
<tr>
<td>Weakness</td>
<td>21</td>
</tr>
<tr>
<td>Weight loss</td>
<td>22</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>91</td>
</tr>
</tbody>
</table>
Overall, how many people who develop lung cancer do you think survive at least 5 years? Your best guess is fine. Would you say.....

- less than 25 percent, ................................................................. 1
- about 25 percent, ........................................................................... 2
- about 50 percent, .......................................................................... 3
- about 75 percent, or ................................................................. 4
- nearly all? .................................................................................. 5
NUTRITION

These next few questions are about how often you ate or drank different kinds of foods during the past 30 days, for example, twice a week, three times a month, and so forth. Include all foods you ate or drank, both at home and away from home.

EB-01. During the past 30 days, how often did you drink 100% fruit juice such as orange, apple, and grape juices? Do not include fruit drinks like Kool-Aid or Hi-C.

EB01FruitJuice

EB01FruitJuice_Unit

[ENTER NUMBER.]

[IF NEVER, ENTER 95.]

|___|___|  |___|
TIMES   UNIT

[ENTER UNIT.]

PER DAY.............................................................................................. 1
PER WEEK........................................................................................... 2
PER MONTH ........................................................................................ 3
PER YEAR ........................................................................................... 4

EB-02. During the past 30 days, how often did you eat fruit? Include fresh, canned, or frozen fruit.

EB02Fruits

EB02Fruits_Unit

[ENTER NUMBER.]

[IF NEVER, ENTER 95.]

|___|___|  |___|
TIMES   UNIT

[ENTER UNIT.]

PER DAY.............................................................................................. 1
PER WEEK........................................................................................... 2
PER MONTH ........................................................................................ 3
PER YEAR ........................................................................................... 4

EB-03. During the past 30 days, how often did you eat potatoes? Do not include things like fried potatoes, french fries, or rice.

EB03Potatoes

EB03Potatoes_Unit

[ENTER NUMBER.]

[IF NEVER, ENTER 95.]

|___|___|  |___|
TIMES   UNIT

[ENTER UNIT.]

PER DAY.............................................................................................. 1
PER WEEK........................................................................................... 2
PER MONTH ........................................................................................ 3
PER YEAR ........................................................................................... 4
EB-04. During the past 30 days, how often did you eat vegetables other than potatoes? Include things like salad, cooked dried beans, corn, and broccoli.

EB04Vegetables
EB04Vegetables_Unit

[ENTER NUMBER.]

[IF NEVER, ENTER 95.]

|___|___|  |___|
| TIMES   UNIT |

[ENTER UNIT.]

PER DAY.............................................................................................. 1
PER WEEK........................................................................................... 2
PER MONTH ........................................................................................ 3
PER YEAR ........................................................................................... 4

EB-05. How many servings of fruits and vegetables do you think a person should eat each day for good health?

EB05NumberServings

[IF R GIVES RANGE, PROBE FOR AN EXACT NUMBER. IF DON'T KNOW, DO NOT PROBE.]

|___|___|
SERVINGS

EXERCISE

The next few questions are about your exercise, recreation, and physical activity patterns.

EB-06. In a typical week, how many days do you do any moderate-intensity physical activity or exercise comparable to walking as if you were in a hurry?

EB06TimesModerateExercise

|___|___|
DAYS

NONE................................................................................................... 95 (EB-08)

EB-07. On the days that you do any moderate physical activity or exercise, how long are you typically doing these activities?

EB07HowLongModerateExercise
EB07HowLongModerateExercise_Unit

|___|___|___|___|  |___|
| NUMBER   UNIT |

[ENTER UNIT.]

MINUTES ............................................................................................. 1
HOURS ................................................................................................ 2

EB-08. How many days a week of physical activity or exercise are recommended for the average adult to stay healthy?

EB08RecommendDaysExercise

|___|___|
DAYS

NONE................................................................................................... 95 (EB-10)
EB-09. On those days, how long should the average adult be physically active to stay healthy?

**EB09RecommendTimeExercise**

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[ENTER UNIT.]

- MINUTES ................................................................. 1
- HOURS ........................................................................ 2

EB-10. As far as you know, does physical activity or exercise increase the chances of getting some types of cancer, decrease the chances of getting some types of cancer, or does it not make much difference?

**EB10ExerciseLowerRiskCancer**

- INCREASES CHANCES OF CANCER ................................... 1
- DECREASES CHANCES OF CANCER ................................. 2
- MAKES NO DIFFERENCE ............................................... 3

**WEIGHT LOSS**

EB-11. Have you tried to lose any weight in the past year?

**EB11LostWeight**

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

EB-12. Are you aware of low carbohydrate, high protein diets such as the Atkins Diet, the Zone, Sugar Busters, or the South Beach Diet?

**EB12AwareLowCarb**

- YES ............................................................................... 1
- NO ............................................................................... 2 (BOX EB-1)

EB-13. Have you tried a low carbohydrate, high protein diet in the past 12 months?

**EB13TriedLowCarb**

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

EB-15. Do you think that a low carbohydrate, high protein diet is a healthy way to lose weight?

**EB15LowCarbDietHealthy**

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

**BOX EB-1**

RESPONDENTS RANDOMIZED TO RECEIVE EITHER NUTRITION OR EXERCISE SERIES IN EB-16 THROUGH EB-21.

**NEGRP**
DIET AND EXERCISE INFORMATION

EB-16. When you hear or read a new recommendation about (nutrition/physical activity or exercise), are you more likely to pay attention to it or to ignore it?

EB16PayAttentionDiet  
PAY ATTENTION TO IT................................................................. 1
IGNORE IT ...................................................................................... 2 (EB-18)

EB-17. Think about the last time you heard a new recommendation about (nutrition/physical activity or exercise). Which of the following things did you do in response to the new recommendation?

EB17ChangeBehaviorDiet  
I changed what I do,.............................................................................. 1
I did not change what I do, or................................................................ 2
I waited to get more information............................................................. 3

EB-18. How much do you agree or disagree with the following statement? There are so many different recommendations about (nutrition/physical activity or exercise) that it’s hard to know which ones to follow. Would you say you …

EB18TooManyRecommendDiet  
strongly agree, ................................................................................ 1
somewhat agree, ................................................................................ 2
somewhat disagree, or ....................................................................... 3
strongly disagree? ................................................................................ 4

BOX EB-2

IF RESPONDENT WAS RANDOMIZED TO RECEIVE NUTRITION SERIES, GO TO EB-20.  
OTHERWISE, CONTINUE.

EB-19. People who are overweight can lose a significant amount of weight by doing 30 minutes of moderate activities such as brisk walking on most days of the week. Would you say you . . .

EB19Lose30Minutes  
strongly agree, ................................................................................ 1
somewhat agree, ................................................................................ 2
somewhat disagree, or ....................................................................... 3
strongly disagree? ................................................................................ 4

EB-20. Now think about (nutrition/physical activity or exercise) and cancer. Within the past 12 months, have you seen, heard, or read anything about (nutrition/physical activity or exercise) and cancer?

EB20HeardDiet  
YES................................................................................................. 1
NO................................................................................................. 2 (EB-22)
BOX EB-3

IF RESPONDENT DOES NOT WATCH TV (HC-01a=95) THEN SKIP EB-21a.

IF RESPONDENT CANNOT READ (HC-03a=9) THEN SKIP EB-21b AND EB-21c.

IF RESPONDENT DOES NOT USE THE INTERNET (GA-1=2) THEN SKIP EB-21d.

EB-21.  Thinking about the past 12 months only, how much have you heard about (nutrition/physical activity or exercise) and cancer [FILL SOURCE]? Would you say a lot, some, a little or not at all? (How about from [FILL SOURCE])?

[ASK IN RANDOM ORDER.] HCGRP

a. on television? .................................................................1 2 3 4
   EB21aTVDiet
   EB21aTVExer
b. in newspapers ..............................................................1 2 3 4
   EB21bNewspaperDiet
   EB21bNewspaperExer
c. in magazines ...............................................................1 2 3 4
   EB21cMagazineDiet
   EB21cMagazineExer
d. on the Internet ............................................................1 2 3 4
   EB21dInternetDiet
   EB21dInternetExer
e. from a doctor or other health care professional? ............1 2 3 4
   EB21eDoctorDiet
   EB21eDoctorExer

HEIGHT AND WEIGHT

The next questions are about your health now.

EB-22. About how tall are you without shoes?

   [ENTER FEET.]

   [ENTER INCHES. ROUND FRACTIONS OF INCHES DOWN TO WHOLE INCH.]

EB-23. About how much do you weigh without shoes?

   [ROUND FRACTIONS UP TO WHOLE NUMBER.]
HEALTH STATUS (HS)

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

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

DEPRESSION

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

HS-02. During the past 30 days, how often did you feel [FEELING]? Would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?

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<tbody>
<tr>
<td>a. so sad that nothing could cheer you up</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. nervous</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. restless or fidgety</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. hopeless</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. that everything was an effort</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>f. worthless</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

BOX HS-1

IF RESPONDENT HAD ANY OF THE FEELINGS IN HS-02 ALL, MOST, OR SOME OF THE TIME, CONTINUE.
OTHERWISE, GO TO HS-04.

HS-03. The last few questions were about a number of feelings you had during the past 30 days. Altogether, how much did these feelings interfere with your life or activities? Would you say . . .

- a lot, ................................................................. 1
- some, ...................................................................... 2
- a little, or ...................................................... 3
- not at all? ......................................................... 4
HEALTH COVERAGE

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

HS04HealthInsurance

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

HS-05. During the past 12 months, not counting times you went to an emergency room, how many times did you go to a doctor, nurse or other health care provider to get care for yourself?

HS05FreqGoProvider

1 TIME.................................................................................................. 1
2 TIMES ............................................................................................... 2
3 TIMES ............................................................................................... 3
4 TIMES ............................................................................................... 4
5-9 TIMES ............................................................................................ 5
10 OR MORE TIMES............................................................................ 6
NONE................................................................................................... 95
Next are some questions about your participation in community organizations. By community organization we mean any group that you might participate in such as church, sports leagues, self-help groups, service clubs, or professional organizations.

SN-01. How many community organizations are you currently a member of?

SN01CommunityOrgs

<table>
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<tr>
<th>NUMBER</th>
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NONE................................................................................................... 95 (SN-03)

SN-02. (Does this/Do any of these) community organization(s) provide you with information on health?

SN02CommOrgsHealthInfo

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

SN-03. Do you have friends or family members that you talk to about your health?

SN03TalkHealthFriends

YES...................................................................................................... 1
NO........................................................................................................ 2 (SN-05)

SN-04. How frequently do you talk to these friends or family members about health? Would you say…..

SN04FreqTalkHealthFriends

very frequently, ..................................................................................... 1
somewhat frequently, or ........................................................................ 2
not very frequently?............................................................................... 3

SN-05. How many people live near you who you can rely on in case you need a ride to visit your health care provider?

SN05RideToProvider

[ENTER NUMBER.]

[IF NONE, ENTER 95.]

<table>
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<th>NUMBER</th>
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SN-06. Not including funerals and weddings, how often do you attend religious services? Would you say…..

SN06ReligiousServices

every week, .......................................................................................... 1
once or twice a month, .......................................................................... 2
a few times a year, or ............................................................................ 3
never? .................................................................................................... 4
It’s getting close to the end of the survey. There are just a few more questions.

DM-01. Are you currently .

employed for wages, ................................................................. 1
self-employed, .............................................................................. 2
out of work for more than one year, ............................................. 3
out of work for less than one year, ............................................... 4
a homemaker, .............................................................................. 5
a student, ...................................................................................... 6
retired, or .................................................................................... 7
unable to work? ........................................................................... 8

DM-02. Are you .

married, ............................................................................................ 1
divorced, ......................................................................................... 2
widowed, ......................................................................................... 3
separated, ....................................................................................... 4
never been married, or ................................................................ 5
living with a partner? ................................................................. 6

DM-03. What is the highest level of school you completed?

NEVER ATTENDED SCHOOL OR ONLY ATTENDED
NUSERY SCHOOL/KINDERGARTEN ........................................ 1
GRADES 1 THROUGH 5 (ELEMENTARY) ................................. 2
GRADES 6 THROUGH 8 (MIDDLE) ............................................. 3
GRADES 9 THROUGH 12 (SOME HIGH SCHOOL BUT NO DIPLOMA) 4
HIGH SCHOOL GRADUATE (HIGH SCHOOL DIPLOMA OR
EQUIVALENT, E.G., GED, FOREIGN EQUIVALENT) ............... 5
VOCATIONAL OR TRADE SCHOOL GRADUATE .................... 6
SOME COLLEGE, BUT NO DEGREE ......................................... 7
ASSOCIATE DEGREE IN COLLEGE ....................................... 8
BACHELOR'S DEGREE .............................................................. 9
MASTER'S DEGREE ................................................................. 10
PROFESSIONAL SCHOOL OR DOCTORATE DEGREE (MD, DDS,
JD, DVM, Ph.D., EdD, etc) ....................................................... 11

DM-04. Are you Hispanic or Latino?

YES ............................................................................................ 1
NO ............................................................................................. 2
DM-05. Which one or more of the following would you say is your race? Are you American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, or White?

**DM05Race (1-5)**

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

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

DM-06. Where you born in the United States?

**DM06BornInUSA**

- YES...................................................................................................... 1 (BOX DM-1)
- NO........................................................................................................ 2

DM-07. In what year did you come to live in the United States?

**DM07YearCameToUSA**

|___|___|___|___I
| YEAR |

[IF RESPONDENT IS HISPANIC OR WAS NOT BORN IN THE UNITED STATES (DM-04=1 OR DM-06=2), CONTINUE. OTHERWISE, GO TO DM-09.]

DM-08. How comfortable do you feel speaking English? Would you say....

**DM08ComfortWithEnglish**

- completely comfortable,................................................................. 1
- very comfortable,............................................................................. 2
- somewhat comfortable, ................................................................. 3
- a little comfortable, or.................................................................... 4
- not at all comfortable? ..................................................................... 5
- ENGLISH IS NATIVE LANGUAGE ...................................................... 6
- DOES NOT SPEAK ENGLISH.............................................................. 95

DM-09. Do you currently rent or own your home?

**DM09RentOrOwn**

- OWN .................................................................................................... 1
- RENT ................................................................................................... 2
- OCCUPIED WIHTOUT PAYING MONETARY RENT ............................. 3

DM-10 DELETED.

DM-11. Including yourself, how many people live in your household?

**DM11NumberInHH**

|___|___|___|   (IF “1”, GO TO DM-14)
| NUMBER |

DM-12. How many people in your household are related to you by blood, marriage, or adoption?

**DM12NumberInHHRelated**

|___|___|   [IF 0, GO TO DM-14] | NUMBER |
DM-13. How many of these family members are under the age of 18?

DM13NumberUnder18

I ___ I ___ I

NUMBER

DM-14. (Thinking about members of your family living in this household, what/What) is your (combined) annual income, meaning the total pre-tax income from all sources earned in the past year?

DM14Income

$ I ___ I ___ I ___ I ___ I ___ I ___ I ___ I ___ I

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

YES  NO

a. less than $25,000? ................................................................. 1  2  (GO TO DM-14e)

DM14aIncome25Thousand

b. less than $20,000? ................................................................. 1  2  (DM-15)

DM14bIncome20Thousand

c. less than $15,000? ................................................................. 1  2  (DM-15)

DM14cIncome15Thousand

d. less than $10,000? ................................................................. 1  2  (DM-15)

DM14dIncome10Thousand

e. less than $35,000? ................................................................. 1  2  (DM-15)

DM14eIncome35Thousand

f. less than $50,000 ($35,000 to less than $50,000)? ..................... 1  2  (DM-15)

DM14fIncome50Thousand

g. less than $75,000 ($50,000 to less than $75,000)? ..................... 1  2  (DM-15)

DM14gIncome75Thousand

h. less than $100,000? ($75,000 to less than $100,000)? ............... 1  2  (DM-15)

DM14hIncome100Thousand

i. less than $200,000? ($100,000 to $200,000)? .......................... 1  2  (DM-15)

DM14iIncomeOver100Thousand

j. $200,000 or more? ................................................................ 1  2

DM14jIncomeOver200Thousand

DM-15. At the end of the month, how much money are you able to put aside? Your best estimate is fine.

DM15MoneySetAside

NOTHING................................................................. 1

$100 OR LESS ................................................................. 2

$101 TO $250 ........................................................................ 3

$251 TO $500 ........................................................................ 4

$501 TO $1,000 ...................................................................... 5

MORE THAN $1,000.............................................................. 6
There are just a few final questions for you about your participation in this study.

BOX DB-1

IF THE RESPONDENT COMPLETED THE QUESTIONNAIRE BY TELEPHONE, GO TO BOX DB-2.

IF RESPONDENT COMPLETED THE QUESTIONNAIRE BY INTERNET, CONTINUE.

INTERNET COMPLETERS

DB-01. You were given a choice of whether to do this questionnaire over the phone or over the Internet. Why did you decide to do this survey over the Internet?

DB01WhyChoseInternet

____________________________________________________________

DB-02. Did you receive an e-mail with information about how to complete the survey over the Internet?

DB02ReceivedEmail

Yes....................................................................................................... 1 (DB-04)
No........................................................................................................ 2

DB-03. Did you receive a letter with information about how to complete the survey over the Internet?

DB03ReceivedLetter

Yes....................................................................................................... 1
No........................................................................................................ 2

DB-04. Did you have any difficulties accessing the survey?

DB04AccessDifficulties

Yes....................................................................................................... 1
No........................................................................................................ 2 (DB-06)

DB-05. What difficulties did you have?

DB05SpecifyDifficulties

____________________________________________________________

DB-06. How satisfied were you with the speed of your connection to the survey? Would you say.....

DB06HowSatisfiedWithSpeed

very satisfied,........................................................................................ 1
somewhat satisfied,.............................................................................. 2
somewhat dissatisfied, or ................................................................... 3
very dissatisfied? .............................................................................. 4

DB-07. Did you complete this survey all in one sitting, or did you do it in more than one sitting?

DB07TookBreak

I completed the survey all in one sitting.................................................. 1
I completed the survey in more than one sitting...................................... 2

DB-08. During the time that you have been completing this survey, were you also doing other things such as talking to someone, reading a newspaper, or caring for children?

DB08WhetherDistracted

Yes....................................................................................................... 1
No........................................................................................................ 2 (DB-10)
DB-09. What other things were you doing?

DB-10. Where were you when you completed this survey?

DB-11. You were given a choice of whether to do this questionnaire over the phone or over the Internet. Why did you decide to do this survey over the telephone?

DB-13. Did you receive an e-mail with information about how to complete the survey over the Internet?
DB-14. Did you receive a letter with information about how to complete the survey on the Internet?

DB14ReceivedLetter
YES................................................................. 1
NO............................................................................ 2

ALL RESPONDENTS

DB-15. What do you think about the length of this survey? Would you say...

DB15LengthOfSurvey
The survey was too short,........................................... 1
The survey was too long, or........................................ 2
The survey was a good length?................................. 3

BOX DB-4
IF RESPONDENT IS NOT RECEIVING AN INCENTIVE, GO TO THE NEXT SECTION.
OTHERWISE, CONTINUE.

DB-16. How likely is it that you would have participated in this survey if you were not receiving {FILL AMOUNT}? Would you say....

DB16InfluenceOfIncentive
very likely............................................................. 1
somewhat likely.................................................... 2
somewhat unlikely, or............................................ 3
very unlikely?...................................................... 4
We would like to send you a check for {FILL AMOUNT} as a thank you for your participation in this study.

CI-01. What would be the best name and address to put on the check?

DK .................................................................................................................. (END STATEMENT2)
RF .................................................................................................................. (END STATEMENT2)

_________________________________________
FIRST NAME

_________________________________________
LAST NAME

_________________________________________
STREET ADDRESS1

_________________________________________
STREET ADDRESS2

_________________________________________
CITY

[PROGRAMMER: DISPLAY FULL STATE NAME AFTER INTERVIEWER ENTERS 2-DIGIT STATE ABBREVIATION.]

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
---|---|---|---|---|---|---|---|---|---|---|---|---|---|
STATE ZIP CODE

CI1HHState
CI1HHZipCode

END STATEMENT 2. If you have questions about cancer or want some information about cancer, you can call 1-800-4-CANCER or go to the National Cancer Institute's web site at: www.cancer.gov. Those are all of the questions that I have for you. Thank you for your time.
APPENDIX A: ITEM TU-19 VARIABLE LIST

TU19aHowHeardEclipse (1-4)
TU19aHowHeardEclipse_OS

TU19bHowHeardQuest (1-4)
TU19bHowHeardQuest_OS

TU19cHowHeardMarlboro (1-4)
TU19cHowHeardMarlboro_OS

TU19dHowHeardAriva (1-4)
TU19dHowHeardAriva_OS

TU19eHowHeardRevel (1-5)
TU19eHowHeardRevel_OS

TU19jHowHeardAccord (1-5)
TU19jHowHeardAccord_OS

TU19jHowHeardAdvance (1-5)
TU19jHowHeardAdvance_OS

TU19jHowHeardOmni (1-5)
TU19jHowHeardOmni_OS

TU19jHowHeardExault (1-5)
TU19jHowHeardExault_OS

TU19jHowHeardStonewall (1-3)
TU19jHowHeardStonewall_OS

TU19jHowHeardOther (1-2)
TU19jHowHeardOther_OS
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<tr>
<th>Item</th>
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<tbody>
<tr>
<td><strong>HEALTH COMMUNICATION</strong></td>
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</table>
| HC-01a   | • Soft check not conducted.  
            • Respondents were not allowed to enter "95".  
            • Range =0-24.  
            • No skip based on "0" |
| HC-01b   | • Soft check not conducted.  
            • Respondents were not allowed to enter "95".  
            • Range =0-24.  
            • No skip based on "0" |
| HC-01c   | • Respondents were not allowed to enter "95".  
            • Range =0-24.  
            • No skip based on "0"  
            • Soft check not conducted. |
| HC-02a   | • Soft check not conducted.  
            • Range =0-48.  
            • If both HC-01a=0 and HC-02a=0 then enter skip pattern. |
| HC-02b   | • Soft check not conducted.  
            • Range =0-48.  
            • If both HC-01b=0 and HC-02b=0 then enter skip pattern. |
| HC-02c   | • Soft check not conducted. |
| **CANCER COMMUNICATION**                                     |
| CA-02    | • Only the following response options showed to respondents:  
            • Breast cancer, cervical cancer, colon cancer, lung cancer,  
            • melanoma, other skin cancer, prostate cancer, other (specify). |
| CA-07    | • Only the following response options showed to respondents:  
            • Breast cancer, cervical cancer, colon cancer, lung cancer,  
            • melanoma, other skin cancer, prostate cancer, other (specify). |
<p>| CA-13    | • No response categories provided. |
| <strong>COLON CANCER</strong>                                             |  |
| CC-01    | • No response categories provided. |
| <strong>MENTAL MODEL OF CANCER (COLON, SKIN AND LUNG)</strong>             |
| MM-04    | • No response categories provided. |
| MM-06    | • No response categories provided. |
| <strong>TOBACCO USE</strong>                                             |  |
| TU-03    | • Soft check not conducted. |
| TU-05    | • Soft check not conducted. |
| TU-11    | • Soft check not conducted. |
| TU-13    | • Soft check not conducted. |
| <strong>ENERGY BALANCE</strong>                                          |  |
| EB-01    | • If never, respondents entered &quot;0&quot; rather than &quot;95.&quot; |
| EB-02    | • If never, respondents entered &quot;0&quot; rather than &quot;95.&quot; |
| EB-03    | • If never, respondents entered &quot;0&quot; rather than &quot;95.&quot; |
| EB-04    | • If never, respondents entered &quot;0&quot; rather than &quot;95.&quot; |
| EB-05    | • Soft check not conducted. |
| EB-06    | • If never, respondents entered &quot;0&quot; rather than &quot;95.&quot; |
| EB-07    | • Soft check not conducted. |
| EB-08    | • If never, respondents entered &quot;0&quot; rather than &quot;95.&quot; |</p>
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<tr>
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<td>EB-22</td>
<td>• Soft check not conducted.</td>
</tr>
<tr>
<td>EB-23</td>
<td>• Soft check not conducted.</td>
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<tr>
<td><strong>SOCIAL NETWORKS</strong></td>
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<td>SN-01</td>
<td>• Respondent entered &quot;0&quot; for none instead of &quot;95.&quot;</td>
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<td>• Soft check not conducted.</td>
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<tr>
<td>SN-05</td>
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<td><strong>DEMOGRAPHICS</strong></td>
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<td>• Soft check not conducted.</td>
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<td>DM-14</td>
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