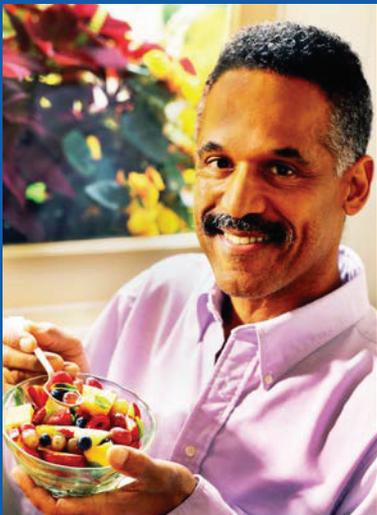


National Institutes of Health
U.S. Department of Health and Human Services

OMB # 0925-0538
Expiration Date: October 31, 2014



Health Information National Trends Survey



START HERE:

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

AdultsInHH

1 Yes

2 No → **GO TO A1 on the next page**

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

MailHHAdults

--	--

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

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

HHAdultNextBirthday

--

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

STATEMENT OF PRIVACY: Collection of this information is authorized by The Public Health Service Act, Sections 411 (42 USC 285 a) and 412 (42 USC 285a-1.a and 285a1.3). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private under the Privacy Act and will only be seen by people authorized to work on this project. The report summarizing the findings will not contain any names or identifying information. Identifying information will be destroyed when the project ends.

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A: Looking For Health Information

A1. Have you ever looked for information about health or medical topics from any source?

SeekHealthInfo

- 1 Yes
- 2 No → GO TO A7 in the next column

A2. The most recent time you looked for information about health or medical topics, where did you go first?

WhereSeekHealthInfo

Mark only one.

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

WhereSeekHealthInfo_IMP

A3. Did you look or go anywhere else that time?

LookElsewhere

- 1 Yes
- 2 No

A4. The most recent time you looked for information about health or medical topics, who was it for?

WhoLookingFor

- 1 Myself
- 2 Someone else
- 3 Both myself and someone else

A5. Have you ever looked for information about cancer from any source?

SeekCancerInfo

- 1 Yes
- 2 No → GO TO A7 in the next column

A6. Based on the results of your most recent search for information about cancer, how much do you agree or disagree with each of the following statements?

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

A7. Overall, how confident are you that you could get advice or information about cancer if you needed it?

CancerConfidentGetHealthInf

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

A8. In general, how much would you trust information about cancer from each of the following?

	<i>Not at all</i>	<i>A little</i>	<i>Some</i>	<i>A lot</i>
<i>CancerTrustDoctor</i>				
a. A doctor.....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
<i>CancerTrustFamily</i>				
b. Family or friends.....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
<i>CancerTrustNewsMag</i>				
c. Newspapers or magazines.....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
<i>CancerTrustRadio</i>				
d. Radio.....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
<i>CancerTrustInternet</i>				
e. Internet.....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
<i>CancerTrustTelevision</i>				
f. Television.....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
<i>CancerTrustGov</i>				
g. Government health agencies.....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
<i>CancerTrustCharities</i>				
h. Charitable organizations.....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
<i>CancerTrustReligiousOrgs</i>				
i. Religious organizations and leaders.....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1



A9. Imagine that you had a strong need to get information about cancer. Where would you go first? *StrongNeedCancerInfo*

Mark only one.

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

StrongNeedCancerInfo_IMP

A10. How much attention do you pay to information about cancer from each of the following sources?

	Not at all	A little	Some	A lot
a. <i>CancerAttention_OnlineNews</i> In online newspapers.....	4	3	2	1
b. <i>CancerAttention_PrintNews</i> In print newspapers.....	4	3	2	1
c. <i>CancerAttention_HealthNews</i> In special health or medical magazines or newsletters.....	4	3	2	1
d. <i>CancerAttention_Internet</i> On the Internet.....	4	3	2	1
e. <i>CancerAttention_Radio</i> On the radio.....	4	3	2	1
f. <i>CancerAttention_LocalTV</i> On local television news programs.....	4	3	2	1
g. <i>CancerAttention_NatTV</i> On national or cable television news programs.....	4	3	2	1

B: Using the Internet to Find Information

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

UseInternet

- 1 Yes
- 2 No → GO TO C1 on the next page

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

	Yes	No
a. <i>Internet_DialUp</i> A regular dial-up telephone line.....	1	2
b. <i>Internet_BroadBnd</i> Broadband such as DSL, cable or FiOS...	1	2
c. <i>Internet_Cell</i> A cellular network (i.e., phone, 3G/4G)....	1	2
d. <i>Internet_WiFi</i> A wireless network (Wi-Fi).....	1	2

B3. Do you access the Internet any other way?

Internet_Other

- 1 Yes - Specify → *Internet_OtherOS*
- 2 No

B4. In the past 12 months, have you used the Internet to look for information about cancer for yourself?

InternetCancerInfoSelf

- 1 Yes
- 2 No

B5. Is there a specific Internet site you like to go to for information about cancer?

InternetCancerInfoSite

- 1 Yes
- 2 No → GO TO C1 on the next page

B6. Specify which Internet site you especially like as a source of information about cancer:

InternetCancerInfoSite_OS



C: Your Health Care

C1. Not including psychiatrists and other mental health professionals, is there a particular doctor, nurse, or other health professional that you see most often?

RegularProvider

- 1 Yes
- 2 No

C2. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs or government plans such as Medicare?

HealthInsurance

- 1 Yes
- 2 No

C3. About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

MostRecentCheckup

- 1 Within past year
(anytime less than 12 months ago)
- 2 Within past 2 years
(1 year but less than 2 years ago)
- 3 Within past 5 years
(2 years but less than 5 years ago)
- 4 5 or more years ago
- 5 Don't know
- 6 Never

C4. In the past 12 months, not counting times you went to an emergency room, how many times did you go to a doctor, nurse, or other health professional to get care for yourself?

FreqGoProvider

- 0 None → **GO TO D1 on the next page**
- 1 1 time
- 2 2 times
- 3 3 times
- 4 4 times
- 5 5-9 times
- 6 10 or more times

C5. The following questions are about your communication with all doctors, nurses, or other health professionals you saw during the past 12 months...

How often did they do each of the following:

<i>Always</i>	<i>Usually</i>	<i>Sometimes</i>	<i>Never</i>
↓	↓	↓	↓

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

C6. In the past 12 months, how often did you feel you could rely on your doctors, nurses, or other health care professionals to take care of your health care needs?

DrTakeCareNeeds

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Never

C7. Overall, how would you rate the quality of health care you received in the past 12 months?

QualityCare

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



D: Medical Records

D1. As far as you know, do any of your doctors or other health care providers maintain your medical information in a computerized system?

ProviderMaintainEMR

- 1 Yes
 2 No

D2. Please indicate how important each of the following statements is to you.

	Very important	Somewhat important	Not at all important
a. <small>ShareEMR</small> Doctors and other health care providers should be able to share your medical information with each other electronically.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. <small>AccessPHR</small> You should be able to get to your own medical information electronically.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

D3. Have you ever kept information from your health care provider because you were concerned about the privacy or security of your medical record?

WithheldInfoPrivacy

- 1 Yes
 2 No

E: Medical Research

E1. Clinical trials are research studies that involve people. They are designed to test the safety and effectiveness of new treatments and to compare new treatments with the standard care that people currently get. Have you ever heard of a clinical trial?

HeardOfClinicalTrial

- 1 Yes
 2 No
 3 Don't know

E2. Genetic tests that analyze your DNA, diet and lifestyle for potential health risks are currently being marketed by companies directly to consumers. Have you heard or read about these genetic tests?

HeardGeneticTest

- 1 Yes
 2 No

E3. How much do you think health behaviors like diet, exercise and smoking determine whether or not a person will develop each of the following conditions?

	Not at all	A little	Somewhat	A lot
a. <small>Behaviors_Diabetes</small> Diabetes/High blood sugar.....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
b. <small>Behaviors_Obesity</small> Obesity.....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
c. <small>Behaviors_HeartDisease</small> Heart disease.....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
d. <small>Behaviors_HighBP</small> High Blood Pressure/Hypertension.....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
e. <small>Behaviors_Cancer</small> Cancer.....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

E4. How much do you think genetics, that is characteristics passed from one generation to the next, determine whether or not a person will develop each of the following conditions?

	Not at all	A little	Somewhat	A lot
a. <small>Genetics_Diabetes</small> Diabetes/High blood sugar.....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
b. <small>Genetics_Obesity</small> Obesity.....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
c. <small>Genetics_HeartDisease</small> Heart disease.....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
d. <small>Genetics_HighBP</small> High Blood Pressure/Hypertension.....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
e. <small>Genetics_Cancer</small> Cancer.....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1



F: Your Overall Health

F1. In general, would you say your health is...

GeneralHealth

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

F2. Overall, how confident are you about your ability to take good care of your health?

OwnAbilityTakeCareHealth

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

F3. Has a doctor or other health professional ever told you that you had any of the following medical conditions:

	Yes	No
a. <i>MedConditions_Diabetes</i> Diabetes or high blood sugar?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. <i>MedConditions_HighBP</i> High blood pressure or hypertension?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. <i>MedConditions_HeartCondition</i> A heart condition such as heart attack, angina, or congestive heart failure?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. <i>MedConditions_LungDisease</i> Chronic lung disease, asthma, emphysema, or chronic bronchitis?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. <i>MedConditions_Arthritis</i> Arthritis or rheumatism?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. <i>MedConditions_Depression</i> Depression or anxiety disorder?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

F4. How much sleep do you usually get...

	Hours	Minutes
a. <i>SleepWorkdayHr, SleepWorkdayMn</i> On a weekday (e.g., workday or school day)?	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
b. <i>SleepWeekendHr, SleepWeekendMn</i> On a weekend (e.g., non-work or non-school day)?	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

F5. About how tall are you without shoes?

Height_Feet *Height_Inches*

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

F6. About how much do you weigh, in pounds, without shoes?

Weight

			Pounds
--	--	--	--------

F7. At any time in the past year, have you intentionally tried to...

WeightIntention

- 1 Lose weight,
- 2 Maintain your weight,
- 3 Gain weight, or
- 4 You haven't really paid attention to your weight?

F8. How much do you agree or disagree with this statement: "Body weight is something basic about a person that they can't change very much."

WeightOpinion

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

F9. Over the past 2 weeks, how often have you been bothered by any of the following problems?

	<i>Nearly every day</i>	<i>More than half the days</i>	<i>Several days</i>	<i>Not at all</i>
a. <i>LittleInterest</i> Little interest or pleasure in doing things.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. <i>Hopeless</i> Feeling down, depressed, or hopeless.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. <i>Nervous</i> Feeling nervous, anxious, or on edge.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. <i>Worrying</i> Not being able to stop or control worrying.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4



F10. Is there anyone you can count on to provide you with emotional support when you need it - such as talking over problems or helping you make difficult decisions?

EmotionalSupport

- 1 Yes
- 2 No

F11. Do you have friends or family members that you talk to about your health?

TalkHealthFriends

- 1 Yes
- 2 No

F12. If you needed help with your daily chores, is there someone who can help you?

HelpDailyChores

- 1 Yes
- 2 No

G: Health and Nutrition

G1. When available, how often do you use menu information on calories in deciding what to order?

UseMenuCalorieInfo

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never → **GO TO G3 in the next column**

G2. When available, how helpful do you find menu information on calories in deciding what to order?

HelpfulMenuCalorieInfo

- 1 Not at all helpful
- 2 A little helpful
- 3 Helpful
- 4 Very helpful
- 5 Extremely helpful

G3. About how many cups of fruit (including 100% pure fruit juice) do you eat or drink each day?

Fruit

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

1 cup of fruit could be:

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

G4. At any time in the past year, have you intentionally tried to . . .

FruitIntent

- 1 INCREASE the amount of fruit or 100% fruit juice you eat or drink,
- 2 MAINTAIN the same amount of fruit or 100% fruit juice you eat or drink, or
- 3 You haven't really paid attention to the amount of fruit or 100% fruit juice you eat or drink each day?

G5. About how many cups of vegetables (including 100% pure vegetable juice) do you eat or drink each day?

Vegetables

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

1 cup of vegetables could be:

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

G6. At any time in the past year, have you intentionally tried to . . .

VegetablesIntent

- 1 INCREASE the amount of vegetables or 100% vegetable juice you eat or drink,
- 2 MAINTAIN the same amount of vegetables or 100% vegetable juice you eat or drink, or
- 3 You haven't really paid attention to the amount of vegetables or 100% vegetable juice you eat or drink each day?

G7. Not counting any diet soda or pop, about how often do you drink regular soda or pop in a typical week?

RegularSodaWeek

- 1 Every day
- 2 5 - 6 days a week
- 3 3 - 4 days a week
- 4 1 - 2 days a week
- 5 Less often than 1 day a week
- 6 I don't drink any regular soda or pop

G8. At any time in the past year have you intentionally tried to . . . RegularSodaIntention

- 1 DECREASE the amount of regular soda or pop you usually drink a week,
- 2 MAINTAIN the same amount of regular soda or pop you usually drink a week, or
- 3 You haven't really paid attention to amount of regular soda or pop you usually drink a week?

H: Physical Activity and Exercise

H1. In a typical week, how many days do you do any physical activity or exercise of at least moderate intensity, such as brisk walking, bicycling at a regular pace, and swimming at a regular pace?

TimesModerateExercise

- 0 None → GO TO H3 in the next column
- 1 1 day per week
- 2 2 days per week
- 3 3 days per week
- 4 4 days per week
- 5 5 days per week
- 6 6 days per week
- 7 7 days per week

H2. On the days that you do any physical activity or exercise of at least moderate intensity, how long do you typically do these activities?

Write a number in one box below.

HowLongModerateExerciseMn

--	--

Minutes

--	--

Hours

HowLongModerateExerciseHr

H3. In a typical week, outside of your job or work around the house, how many days do you do leisure-time physical activities specifically designed to strengthen your muscles such as lifting weights or circuit training (do not include cardio exercise such as walking, biking, or swimming)? TimesStrengthTraining

- 0 None
- 1 1 day per week
- 2 2 days per week
- 3 3 days per week
- 4 4 days per week
- 5 5 days per week
- 6 6 days per week
- 7 7 days per week

H4. At any time in the past year, have you intentionally tried to . . .

ExerciseIntention

- 1 INCREASE the amount of exercise you get in a typical week,
- 2 MAINTAIN the amount of exercise you get in a typical week, or
- 3 You haven't really paid much attention to the amount of exercise you get?

H5. People start or continue exercising regularly for lots of reasons. How much do each of the following reflect why you would start or continue exercising regularly?

	Not at all	A little	Some	A lot
a. Pressure from others.....	4	3	2	1
b. Concern over the way you look.....	4	3	2	1
c. Feeling guilty when you skip exercising.....	4	3	2	1
d. Getting enjoyment from exercise.....	4	3	2	1

H6. Over the past 30 days, in your leisure time, how many hours per day, on average, did you sit and watch TV or movies, surf the web, or play computer games? Do not include "active gaming" such as Wii.

--	--

Hours per day



I: Health and the Environment

I1. How much do you worry that each of the following will harm your health?

	Not at all	A little	Some	A lot
a. Outdoor air pollution..... <small>HarmHealth_OutdoorAir</small>	4	3	2	1
b. Indoor air pollution..... <small>HarmHealth_IndoorAir</small>	4	3	2	1
c. Man-made chemicals in the water..... <small>HarmHealth_WaterChem</small>	4	3	2	1
d. Pesticides and other chemicals on food..... <small>HarmHealth_FoodChem</small>	4	3	2	1

I2. How much do you worry that each of the following will harm your health?

	Not at all	A little	Some	A lot
a. Radiation from cell phones..... <small>HarmHealth_PhoneRad</small>	4	3	2	1
b. Radiation from medical imaging tests such as x-rays, mammography, radioactive dyes, etc..... <small>HarmHealth_MedRad</small>	4	3	2	1
c. Chemicals in household items such as plastic containers, furniture, paint, etc..... <small>HarmHealth_HouseholdChem</small>	4	3	2	1
d. Chemicals in personal care products such as make-up, fragrances, hair products, etc... <small>HarmHealth_PersonalChem</small>	4	3	2	1

I3. When you are outside for more than one hour on a warm, sunny day, how often do you wear sunscreen?

Sunscreen

- 5 Never
- 4 Rarely
- 3 Sometimes
- 2 Often
- 1 Always
- 99 Don't go out on sunny days

J: Tobacco Products

J1. Have you smoked at least 100 cigarettes in your entire life?

Smoke100

- 1 Yes
- 2 No → GO TO J5 below

J2. How often do you now smoke cigarettes?

SmokeNow

- 1 Everyday
- 2 Some days
- 3 Not at all

J3. At any time in the past year, have you stopped smoking for one day or longer because you were trying to quit?

TriedQuit

- 1 Yes
- 2 No

J4. Are you seriously considering quitting smoking in the next six months?

ConsiderQuit

- 1 Yes
- 2 No

J5. At any time in the past year, have you talked with your doctor or other health professional about having a test to check for lung cancer?

DrTalkLungTest

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

J6. How much do you agree or disagree with this statement: "Smoking behavior is something basic about a person that they can't change very much."

SmokingOpinion

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



J7. In your opinion, do you think that some types of cigarettes are less harmful to a person's health than other types?

CigLessHarm

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

J8. In your opinion, do you think that some smokeless tobacco products, such as chewing tobacco, snus and snuff are less harmful to a person's health than cigarettes?

SmokelessLessHarm

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

J9. Compared to people who smoke every day, do you think people who smoke just some days have less or more risk of getting health problems in their lifetime?

SmokeRiskHealth

- 1 Much less risk
- 2 Less risk
- 3 About the same risk
- 4 More risk
- 5 Much more risk

J10. New types of cigarettes are now available called electronic cigarettes (also known as e-cigarettes or personal vaporizers). These products deliver nicotine through a vapor. Compared to smoking cigarettes, would you say that electronic cigarettes are ...

ElectCigLessHarm

- 1 Much less harmful,
- 2 Less harmful,
- 3 Just as harmful,
- 4 More harmful,
- 5 Much more harmful, or
- 6 I've never heard of electronic cigarettes

J11. Do you believe that the United States Food and Drug Administration (FDA) regulates tobacco products in the U.S.?

FDARegulateTobacco

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

K: Women and Cancer

K1. Are you male or female?

GenderC

- 1 Male → GO TO L1 on the next page
- 2 Female

K2. Has a doctor ever told you that you could choose whether or not to have the Pap test?

DrTalkPapTest

- 1 Yes
- 2 No

K3. How long ago did you have your most recent Pap test to check for cervical cancer?

WhenPapTest

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

K4. If your doctor told you that getting a Pap test less often than you do now would give you the same health benefits, would you...

LessOftenPapTest

- 1 Agree to have Pap tests less often
- 2 Keep having Pap tests as often as you do now

K5. A mammogram is an x-ray of each breast to look for cancer.

Has a doctor ever told you that you could choose whether or not to have a mammogram?

DrTalkMammogram

- 1 Yes
- 2 No

K6. When did you have your most recent mammogram to check for breast cancer, if ever?

WhenMammogram

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



L: Screening for Cancer

- L1. A vaccine to prevent HPV infection is available and is called the HPV shot, cervical cancer vaccine, GARDASIL®, or Cervarix®.

Has a doctor or other health care professional ever talked with you about the HPV shot or vaccine?

EverTalkedHPVShot

- 1 Yes
 2 No

- L2. Including yourself, is anyone in your immediate family between the ages of 9 and 27 years old?

FamBetween9and27

- 1 Yes
 2 No → **GO TO L4 below**

- L3. In the last 12 months, has a doctor or health care professional recommended that you or someone in your immediate family get an HPV shot or vaccine?

RecommendHPVShot

- 1 Yes
 2 No
 3 Don't know

- L4. In your opinion, how successful is the Pap test at detecting cervical cancer in its earliest stages?

PapTestDetect

- 1 Not at all successful
 2 A little successful
 3 Pretty successful
 4 Very successful
 5 Don't know

- L5. In your opinion, how successful is the HPV vaccine at preventing cervical cancer?

HPVShotPrevent

- 1 Not at all successful
 2 A little successful
 3 Pretty successful
 4 Very successful
 5 Don't know

- L6. There are a few different tests to check for colon cancer. These tests include:

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

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

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

Has a doctor ever told you that you could choose whether or not to have a test for colon cancer?

DrTalkColCaTest

- 1 Yes
 2 No

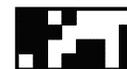
- L7. Have you ever had one of these tests to check for colon cancer?

EverHadColCaTest

- 1 Yes
 2 No



**Males, continue to L8 on the next page.
Females, GO TO M1 on the next page.**



L8. The following questions are about discussions doctors or other health care professionals may have with their patients about the PSA test that is used to look for prostate cancer.

Have you ever had a PSA test?

EverHadPSATest

- 1 Yes
- 2 No

L9. Has a doctor ever discussed with you whether or not you should have the PSA test?

DrShouldPSATest

- 1 Yes
- 2 No → GO TO L11 below

L10. In that discussion, did the doctor ask you whether or not you wanted to have the PSA test?

DrWantedPSATest

- 1 Yes
- 2 No

L11. Did a doctor ever tell you that some experts disagree about whether men should have PSA tests?

SomeDisagreePSATests

- 1 Yes
- 2 No

L12. Has a doctor or other health care professional ever told you that...

- | | Yes | No |
|---|----------------------------|----------------------------|
| a. The PSA test is not always accurate?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. Some types of prostate cancer are slow-growing and need no treatment?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. Treating any type of prostate cancer can lead to serious side-effects, such as problems with urination or having sex?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

M: Your Cancer History

M1. Have you ever been diagnosed as having cancer?

EverHadCancer

- 1 Yes
- 2 No → GO TO N1 on the next page

M2. What type of cancer did you have?

Mark all that apply.

- 1 Bladder cancer CaBladder
 - 1 Bone cancer CaBone
 - 1 Breast cancer CaBreast
 - 1 Cervical cancer (cancer of the cervix) CaCervical
 - 1 Colon cancer CaColon
 - 1 Endometrial cancer (cancer of the uterus) CaEndometrial
 - 1 Head and neck cancer CaHeadNeck
 - 1 Hodgkin's lymphoma CaHodgkins
 - 1 Leukemia/Blood cancer CaLeukemia
 - 1 Liver cancer CaLiver
 - 1 Lung cancer CaLung
 - 1 Melanoma CaMelanoma
 - 1 Non-Hodgkin lymphoma CaNonHodgkin
 - 1 Oral cancer CaOral
 - 1 Ovarian cancer CaOvarian
 - 1 Pancreatic cancer CaPancreatic
 - 1 Pharyngeal (throat) cancer CaPharyngeal
 - 1 Prostate cancer CaProstate
 - 1 Rectal cancer CaRectal
 - 1 Renal (kidney) cancer CaRenal
 - 1 Skin cancer, non-melanoma CaSkin
 - 1 Stomach cancer CaStomach
 - 1 Other-Specify → CaOther_OS
- CaOther
Cancer_Cat

M3. At what age were you first told that you had cancer?

WhenDiagnosedCancer

			Age
--	--	--	-----

M4. Did you ever receive any treatment for your cancer?

UndergoCancerTreatment

- 1 Yes
- 2 No → GO TO M9 on the next page



M5. Which of the following cancer treatments have you ever received?

- | | Yes | No |
|-------------------------------------|----------------------------|----------------------------|
| a. Chemotherapy (IV or pills) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. Radiation..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. Surgery..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. Other..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

M6. About how long ago did you receive your last cancer treatment?

HowLongFinishTreatment_Cat

5 Still receiving treatment → GO TO M9 below

1 Less than 1 year ago

2 1 year ago to less than 5 years ago

3 5 years ago to less than 10 years ago

4 10 or more years ago

M7. Did you ever receive a summary document from your doctor or other health care professional that listed all of the treatments you received for your cancer?

CancerTxSummary

1 Yes

2 No

M8. Have you ever received instructions from a doctor or other health care professional about where you should return or who you should see for routine cancer check-ups after completing your cancer treatment?

CancerCheckups

1 Yes

2 No

M9. Were you ever denied health insurance coverage because of your cancer?

CancerDeniedCoverage

1 Yes

2 No

M10. Looking back, since the time you were first diagnosed with cancer, how much, if at all, has cancer and its treatment hurt your financial situation?

CancerHurtFinances

1 Not at all

2 A little

3 Some

4 A lot

M11. Have you ever participated in a clinical trial for treatment of your cancer?

CancerClinicalTrial

1 Yes

2 No

3 Not sure

M12. Has a doctor or other member of your medical team discussed clinical trials as a treatment option for your cancer?

DiscussedClinicalTrial

1 Yes

2 No



If you've been diagnosed with cancer at any time in your life, please GO TO N5 on the next page.

N: Beliefs About Cancer

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

N1. How likely are you to get cancer in your lifetime?

ChanceGetCancer

1 Very unlikely

2 Unlikely

3 Neither unlikely nor likely

4 Likely

5 Very likely

N2. Compared to other people your age, how likely are you to get cancer in your lifetime?

CompareChanceGetCancer

1 Much less likely

2 Less likely

3 About the same

4 More likely

5 Much more likely



N3. Select one answer that best represents your opinion about the statement: "I feel like I could easily get cancer in my lifetime."

EasilyGetCancer

- 1 I feel very strongly that this will NOT happen
- 2 I feel somewhat strongly that this will NOT happen
- 3 I feel I am just as likely to get cancer as I am to not get cancer
- 4 I feel somewhat strongly that this WILL happen
- 5 I feel very strongly that this WILL happen

N4. How much do you agree or disagree with the statement: "I'd rather not know my chance of getting cancer."

RatherNotKnowChance

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

N5. How much do you agree or disagree with each of the following statements?

Strongly agree
Somewhat agree
Somewhat disagree
Strongly disagree

- EverythingCauseCancer**
- a. It seems like everything causes cancer..... 1 2 3 4
- PreventNotPossible**
- b. There's not much you can do to lower your chances of getting cancer..... 1 2 3 4
- TooManyRecommendations**
- c. There are so many different recommendations about preventing cancer, it's hard to know which ones to follow..... 1 2 3 4
- CancerSlowGrowing**
- d. Some cancers are slow growing and need no treatment..... 1 2 3 4
- CancerMoreCommon**
- e. In adults, cancer is more common than heart disease..... 1 2 3 4
- BreastCancerMoreCommon**
- f. In women, breast cancer is more common than lung cancer..... 1 2 3 4

N6. As far as you know, who has a greater chance of getting cancer - a person with a 1 in 1,000 chance of getting cancer, or a person with a 1 in 100 chance?

WhichRatioCancerChance

- 2 1 in 1,000 is a greater chance of getting cancer
- 1 1 in 100 is a greater chance of getting cancer

N7. Have any of your family members ever had cancer?

FamilyEverHadCancer

- 1 Yes
- 2 No
- 4 Not sure

O: You and Your Household

O1. What is your age?

Age

--	--	--

Years old

O2. What is your current occupational status?

Mark only one.

OccupationStatus

- 1 Employed **Employed**
- 2 Unemployed **Unemployed**
- 3 Homemaker **Homemaker**
- 4 Student **Student**
- 5 Retired **Retired**
- 6 Disabled **Disabled**
- 91 Other-Specify → OccupationStatus_OS

OtherOcc

MultiOcc

O3. Have you ever served on active duty in the U.S. Armed Forces, military Reserves or National Guard? Active duty does not include training in the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

ActiveDutyArmedForces

- 1 Yes, now on active duty
- 2 Yes, on active duty in the last 12 months but not now
- 3 Yes, on active duty in the past, but not in the last 12 months
- 4 No, training for Reserves or National Guard only
- 5 No, never served in the military

GO TO O5
on the
next page

O4. In the past 12 months, have you received some or all of your health care from a VA hospital or clinic?

ReceivedCareVA

- 1 Yes, all of my health care
- 2 Yes, some of my health care
- 3 No, no VA health care received



O5. What is your marital status?

MaritalStatus

- 1 Married
- 2 Living as married
- 3 Divorced
- 4 Widowed
- 5 Separated
- 6 Single, never been married

O6. What is the highest grade or level of schooling you completed?

Education

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

O7. Were you born in the United States?

BornInUSA

- 1 Yes → GO TO O10 below
- 2 No

O8. In what year did you come to live in the United States?

YearCameToUSA

				Year
--	--	--	--	------

O9. How well do you speak English?

SpeakEnglish

- 1 Very well
- 2 Well
- 3 Not well
- 4 Not at all

O10. Are you of Hispanic, Latino/a, or Spanish origin? One or more categories may be selected.

Mark one or more.

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

O11. What is your race? One or more categories may be selected.

Mark one or more.

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

O12. Including yourself, how many people live in your household?

TotalHousehold

		Number of people
--	--	------------------

O13. Starting with yourself, please mark the sex, and write in the age and month of birth for each adult 18 years of age or older living at this address.

	Sex	Age	Month Born (01-12)
SELF	<input type="checkbox"/> 1 Male	SelfAge	SelfMOB
	<input type="checkbox"/> 2 Female		
Adult 2	<input type="checkbox"/> 1 Male	HHAdultAge2	HHAdultMOB2
	<input type="checkbox"/> 2 Female		
Adult 3	<input type="checkbox"/> 1 Male	HHAdultAge3	HHAdultMOB3
	<input type="checkbox"/> 2 Female		
Adult 4	<input type="checkbox"/> 1 Male	HHAdultAge4	HHAdultMOB4
	<input type="checkbox"/> 2 Female		
Adult 5	<input type="checkbox"/> 1 Male	HHAdultAge5	HHAdultMOB5
	<input type="checkbox"/> 2 Female		

O14. How many children under the age of 18 live in your household?

ChildrenInHH

		Number of children under 18
--	--	-----------------------------



O15. Do you currently rent or own your home?

RentOrOwn

- 1 Own
- 2 Rent
- 3 Occupied without paying monetary rent

O16. Does anyone in your family have a working cell phone?

CellPhone

- 1 Yes
- 2 No

O17. Is there at least one telephone inside your home that is currently working and is not a cell phone?

PhoneInHome

- 1 Yes
- 2 No

O18. Thinking about members of your family living in this household, what is your combined annual income, meaning the total pre-tax income from all sources earned in the past year?

IncomeRanges

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

O19. Are you deaf or do you have serious difficulty hearing?

Deaf

- 1 Yes
- 2 No

O20. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

Blind

- 1 Yes
- 2 No

O21. Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?

DecisionMaking

- 1 Yes
- 2 No

O22. Do you have serious difficulty walking or climbing stairs?

DifficultyWalking

- 1 Yes
- 2 No

O23. Do you have difficulty dressing or bathing?

DifficultyDressing

- 1 Yes
- 2 No

O24. Because of a physical, mental or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

DifficultyErrands

- 1 Yes
- 2 No

O25. About how long did it take you to complete the survey?

Write a number in one box below.

MailSurveyTime_Min

MailSurveyTime_Hrs

--	--

Minutes

--	--

Hours

O26. At which of the following types of addresses does your household currently receive residential mail?

Mark all that apply.

TypeOfAddressA

- 1 A street address with a house or building number

TypeOfAddressB

- 1 An address with a rural route number

TypeOfAddressC

- 1 A U.S. post office box (P.O. Box)

TypeOfAddressD

- 1 A commercial mail box establishment (such as Mailboxes R Us, and Mailboxes Etc.)

