START HERE:

AdultsInHH
1. Is there more than one person age 18 or older living in this household?
   
   [ ] Yes
   [ ] No ➔ GO TO A1 on the next page

MailHHAdults

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

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

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

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

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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). The purpose of this data collection is to evaluate whether the survey questions are easy to understand. The results of the data collection will be used to improve the survey instrument. 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.

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN: Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. 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). Do not return the completed form to this address.
A: Looking For Health Information

SeekHealthInfo

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

1 Yes
2 No ➞ GO TO A6 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 [X] 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
13 Other-Specify

WhereSeekHealthInfo_OS

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

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

LotOfEffort

a. It took a lot of effort to get the information you needed............ 1 2 3 4

Frustrated

b. You felt frustrated during your search for the information............. 1 2 3 4

ConcernedQuality

c. You were concerned about the quality of the information............ 1 2 3 4

TooHardUnderstand

d. The information you found was hard to understand.................... 1 2 3 4

ConfidentGetHealthInf

A6. Overall, how confident are you that you could get advice or information about health or medical topics if you needed it?

1 Completely confident
2 Very confident
3 Somewhat confident
4 A little confident
5 Not confident at all
A7. In general, how much would you trust information about health or medical topics from each of the following?

TrustDoctor
a. A doctor...................................

TrustFamily
b. Family or friends......................

TrustOnlineNews
c. Online newspapers..................

TrustPrintNews
d. Print newspapers....................

TrustHealthNews
e. In special health or medical magazines or newsletters......

TrustRadio
f. Radio........................................

TrustInternet
g. Internet.....................................

TrustLocalTV
h. Local television....................... 

TrustNatTV
i. National or cable television news programs..................

TrustGov
j. Government health agencies...

TrustCharities
k. Charitable organizations...........

TrustReligiousOrgs
l. Religious organizations and leaders....................................

A8. Imagine that you had a strong need to get information about health or medical topics. Where would you go first? Mark only one.

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

FamFriendsHealthInfo
A9. Do family members and friends ask you for information or advice on health topics?

1 Yes
2 No

A10. Have you ever looked for information about cancer from any source? SeekCancerInfo

1 Yes
2 No

B: Using the Internet to Find Information

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

UseInternet

1 Yes
2 No ➔ GO TO B6 on the next page

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

Internet_DialUp
a. A regular dial-up telephone line..............

Internet_BroadBand
b. Broadband such as DSL, cable or FiOS...

Internet_Cell
c. A cellular network (i.e., phone, 3G/4G)....

Internet_WiFi
d. A wireless network (Wi-Fi)...................

Internet_Other

Yes
No

B3. Do you access the Internet any other way?

Internet_OtherOS

1 Yes-Specify
2 No
B4. Sometimes people use the Internet to connect with other people online through social networks like Facebook or Twitter. This is often called "social media."

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

<table>
<thead>
<tr>
<th>Reason Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visited a social networking site, such as Facebook or LinkedIn</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Shared health information on social networking sites, such as Facebook or Twitter</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Wrote in an online diary or blog (i.e., Web log)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Participated in an online forum or support group for people with a similar health or medical issue</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Watched a health-related video on YouTube</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

B5. Sometimes people use the Internet specifically for health-related reasons.

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

<table>
<thead>
<tr>
<th>Reason Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Looked for health or medical information for yourself</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Looked for health or medical information for someone else</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Looked for information about quitting smoking</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Bought medicine or vitamins online</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Looked for a health care provider</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Downloaded health information to a mobile device, such as a cell phone, tablet computer or electronic book device</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Kept track of personal health information such as care received, test results, or upcoming medical appointments</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Used e-mail or the Internet to communicate with a doctor or a doctor's office</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

B6. In the past 12 months, have you used any of the following to exchange medical information with a health care professional?

Mark all that apply.

- E-mail
- Text message
- App on a smart phone or mobile device
- Video conference (e.g., Skype, Facetime, etc.)
- Social media (e.g., Facebook, Google+, CaringBridge, etc.)
- Fax
- None

B7. Please indicate if you have each of the following.

Mark all that apply.

- Tablet computer like an iPad, Samsung Galaxy, Motorola Xoom, or Kindle Fire
- Smartphone, such as an iPhone, Android, Blackberry, or Windows phone
- Cell phone
- I do not have any of the above

B8. How willing would you be to exchange the following types of medical information with a health care provider electronically through your mobile phone or tablet?

Mark not at all, a little, somewhat, very.

- Appointment reminders
- General health tips
- Medication reminders
- Lab/test results
- Diagnostic information (e.g., medical illnesses or diseases)
- Vital signs (e.g., heart rate, blood pressure, glucose levels, etc.)
- Lifestyle behaviors (e.g., physical activity, food intake, sleep patterns, etc.)
- Symptoms (e.g., nausea, pain, dizziness, etc.)
- Digital images/video (e.g., photos of skin lesions)
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 of the following health insurance or health coverage plans:

HCCoverage_Insurance
a. Insurance through a current or former employer or union (of you or another family member).............................
1. Yes
2. No
HCCoverage_Private
b. Insurance purchased directly from an insurance company (by you or another family member).............................
1. Yes
2. No
HCCoverage_Medicare
c. Medicare..................................................
1. Yes
2. No
HCCoverage_Medicaid
d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability......
1. Yes
2. No
HCCoverage_Tricare
e. TRICARE or other military health care.....
1. Yes
2. No
HCCoverage_VA
f. VA (including those who have ever used or enrolled for VA health care)..........................
1. Yes
2. No
HCCoverage_IHS
g. Indian Health Service..................................
1. Yes
2. No

C3. Do you have any other health care coverage plan for yourself (please do not include dental or vision plans)?  HCCoverage_Other

1. Yes - Specify ➤  HCCoverage_OtherOS
2. No

C4. 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

C5. 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?

0. None ➤ GO TO C9 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

C6. 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:

ChanceAskQuestions
a. Give you the chance to ask all the health-related questions you had?.....................................
1. Always
2. Usually
3. Sometimes
4. Never

FeelingsAddressed
b. Give the attention you needed to your feelings and emotions?..............
1. Always
2. Usually
3. Sometimes
4. Never

InvolvedDecisions
c. Involve you in decisions about your health care as much as you wanted?..........................
1. Always
2. Usually
3. Sometimes
4. Never

UnderstoodNextSteps
d. Make sure you understood the things you needed to do to take care of your health?..........................
1. Always
2. Usually
3. Sometimes
4. Never

ExplainedClearly
e. Explain things in a way you could understand?..........................
1. Always
2. Usually
3. Sometimes
4. Never

SpentEnoughTime
f. Spend enough time with you?.....
1. Always
2. Usually
3. Sometimes
4. Never

HelpUncertainty
g. Help you deal with feelings of uncertainty about your health or health care?..........................
1. Always
2. Usually
3. Sometimes
4. Never

C7. 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
C8. 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

C9. 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

D: Medical Treatment

Medical decisions are choices you make with a health care professional like which tests to have, which medications to take, or whether to have surgery.

D1. When was the last time you made a medical decision?  

LastMedicalDecision
1. Within the past 12 months
2. More than 12 months ago
3. I have never made a medical decision – GO TO D3 in the next column

D2. Other than your main health care professional, which of the following people played an important role in your last medical decision?  

Mark X all that apply.
1. Spouse or partner Decision_Spouse
2. Parent Decision_Parent
3. Child Decision_Child
4. Other family member Decision_OthFam
5. Friend or co-worker Decision_Friend
6. Additional health care professional Decision_HCP
7. No one else played an important role in my decision Decision_None
8. Other-Specify Decision_OtherOS

D3. In general, how often do you do each of the following?

HowOften_ListQuestions
a. Take with you to your doctor visits a list of questions or concerns you want to cover
b. Take a list of all of your prescribed medicines to your doctor visits
c. Ask your doctor to explain a test, treatment, or procedure to you in detail
d. Read information about a new prescription, such as side effects and precautions
1. Always
2. Usually
3. Sometimes
4. Never

e. Do your own research on a health or medical topic after seeing your doctor
f. Take with you to your doctor visit any kind of health information you have found

E: Medical Records

E1. 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

E2. Please indicate how important each of the following statements is to you.

ShareEMR
a. Doctors and other health care providers should be able to share your medical information with each other electronically
b. You should be able to get to your own medical information electronically

AccessPHR
1. Very important
2. Somewhat important
3. Not at all important
E3. How much do you agree or disagree with the following statement?

Scientists doing research should be able to review my medical information if the information cannot be linked to me personally.

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

F: Genetics and Family History

F1. 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?

1. Yes
2. No ➔ GO TO F3 in the next column

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

Mark ☑ all that apply.

1. Newspaper TestSource_Ppr
2. Magazine TestSource_Mag
3. Radio TestSource_Radio
4. Health professional TestSource_HealthPro
5. Family member TestSource_Family
6. Social media TestSource_SocMed
7. Television TestSource_TV
8. Internet TestSource_Www
9. Other TestSource_Other
10. Have not heard of such a test TestSource_NotHeard
11. Not sure TestSource_NotSure

F3. Have you ever had any of the following type(s) of genetic tests?

Mark ☑ all that apply.

1. Paternity testing: To determine if a man is the father of a child HadTest_Paternity
2. Ancestry testing: To determine the background or geographic/ethnic origin of an individual’s ancestors HadTest_Ancestry
3. DNA fingerprinting: To distinguish between or match individuals using hair, blood, or other biological material HadTest_DNA
4. Cystic Fibrosis (CF) carrier testing: To determine if a person is at risk of having a child with cystic fibrosis HadTest_CFCarrier
5. BRCA 1/2 testing: To determine if a person has more than an average chance of developing breast cancer or ovarian cancer HadTest_BRCA
6. Lynch syndrome testing: To determine if a person has more than an average chance of developing colon cancer HadTest_Lynch
7. None of the above HadTest_None
8. Not sure HadTest_NotSure
9. Other-Specify ➔ HadTest_OtherOS
10. Have never had a genetic test ➔ GO TO F5 below HadTest_NeverHad
11. Other-Specify HadTest_OtherOS

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

Mark ☑ all that apply.

1. Health professional SharedRes_HealthPro
2. Family member SharedRes_Family
3. Friend SharedRes_Friend
4. Other SharedRes_Other
5. Did not have this type of test SharedRes_NotHad
6. Did not communicate the results SharedRes_NotShared
7. Other-Specify ➔ SharedRes_OtherOS

F5. How important is it to know your family’s health history for your own health?

1. Very important
2. Moderately important
3. Slightly important
4. Not at all important

FamilyHealthHistory
G: Medical Research

G1. How much do you agree or disagree with the following statement?
Medical research provides information that people need to make medical decisions.

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

G2. More and more, people are getting involved in research in new ways beyond being a research subject. They are partnering with medical researchers to help decide what research is done and how it is done. For example, people can suggest important topics to study or how to report results to the public. This is sometimes called "patient engagement" in research.

PTEngage_HeardOf
a. Have you ever heard about "patient engagement" in medical research?...

PTEngage_EverEngaged
b. Have you ever engaged in medical research in this way?.......................

PTEngage_Interested
c. Would you ever be interested in engaging in research this way?............

H: Your Health, Nutrition and Physical Activity

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

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

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

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

H3. In the past 30 days, how often have you felt...

FeltHappy
a. Happy?..............................

FeltAngry
b. Angry?................................

FeltAnxious
c. Anxious?............................

FeltHopeful
d. Hopeful?............................

FeltSad
e. Sad?...................................

H4. How much do you agree or disagree with each of the following statements?

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

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

Optimistic
c. I'm always optimistic about my future ..........................................

28290
H5. 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

H6. 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

H7. 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

H8. 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

H9. 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 H11 below
1. 1 day per week
2. 2 days per week
3. 3 days per week
4. 4 days per week
5. 5 days per week
6. 6 days per week
7. 7 days per week

H10. 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

HowLongModerateExerciseHr

Hours

H11. 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

H12. 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. 

AverageDailyTVGames

Hours per day
H13. About how tall are you without shoes?

[ ] Feet and [ ] Inches

Height_Feet Height_Inches

H14. About how much do you weigh, in pounds, without shoes?

[ ] [ ] Pounds

Weight

H15. How much sleep do you usually get...

SleepWorkdayHr, SleepWorkdayMn

a. On a weekday (e.g., workday or school day)?

SleepWorkdayHr SleepWorkdayMn

b. On a weekend (e.g., non-work or non-school day)?

SleepWeekendHr SleepWeekendMn

TanningBed

H16. How many times in the past 12 months have you used a tanning bed or booth?

0 0 times
1 1 to 2 times
2 3 to 10 times
3 11 to 24 times
4 25 or more times

H17. When you are outside for more than one hour on a warm, sunny day, how often do you ...

LongPants

a. Wear long pants?............ [ ] [ ] [ ] [ ] [ ]

Hat

b. Wear a hat that shades your face, ears, and neck?............. [ ] [ ] [ ] [ ] [ ]

ShouldersSleeveShirt

c. Wear a shirt with sleeves that cover your shoulders?............. [ ] [ ] [ ] [ ] [ ]

Shade

d. Stay in the shade or under an umbrella?........... [ ] [ ] [ ] [ ] [ ]

Sunscreen

e. Wear sunscreen?............. [ ] [ ] [ ] [ ] [ ]

I: Tobacco Products

I1. Have you smoked at least 100 cigarettes in your entire life? Smoke100

1 Yes
2 No ➔ GO TO I7 on the next page

I2. How often do you now smoke cigarettes? SmokeNow

1 Everyday
2 Some days
3 Not at all ➔ GO TO I6 on the next page

I3. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? SmokeDay_Cat

1 1-10
2 11-19
3 20
4 21-39
5 40+

I4. 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

I5. Are you seriously considering quitting smoking in the next six months? ConsiderQuit

1 Yes
2 No
I6. About how long has it been since you completely quit smoking cigarettes?

1. Less than 1 month ago
2. 1 month to less than 3 months ago
3. 3 months to less than 6 months ago
4. 6 months to less than 1 year ago
5. 1 year to less than 5 years ago
6. 5 years to less than 15 years ago
7. 15 years ago or more

I7. 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 …

1. Much less harmful,
2. Less harmful,
3. Just as harmful,
4. More harmful,
5. Much more harmful, or

I8. A hookah pipe (or shisha) is a large water pipe. People smoke tobacco using hookah pipes in groups at cafes or bars. Compared to smoking cigarettes, would you say that smoking tobacco using a hookah is…

1. Much less harmful,
2. Less harmful,
3. Just as harmful,
4. More harmful,
5. Much more harmful, or

I9. Do you believe that the United States Food and Drug Administration (FDA) regulates tobacco products in the U.S.?

1. Yes
2. No
3. Don’t know

I10. How much do you think quitting cigarette smoking can help reduce the harmful effects of smoking?

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

I11. How much do you think each of the following helps a current smoker reduce the harmful effects of smoking if the person continues to smoke?

a. Exercising.......................... 4 3 2 1
b. Eating fruits and vegetables...... 4 3 2 1
c. Taking vitamins..................... 4 3 2 1
d. Sleeping at least 8 hours per night.............................. 4 3 2 1

I12. Which statement best describes the rules about smoking inside your home?

1. Smoking is not allowed anywhere inside your home
2. Smoking is allowed some places or at some times
3. Smoking is allowed anywhere inside your home
4. There are no rules about smoking inside your home

J1. Are you male or female? Male ➔ GO TO K1 on the next page

J2. Has a doctor ever told you that you could choose whether or not to have the Pap test?

1. Yes
2. No
J3. How long ago did you have your most recent Pap test to check for cervical cancer?

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

J4. A mammogram is an x-ray of each breast to look for breast cancer. During the past 12 months, did a doctor, nurse, or other health professional advise you to get a mammogram?

1. Yes
2. No
3. Not sure

J5. Has a doctor ever told you that you could choose whether or not to have a mammogram?

1. Yes
2. No

J6. When did you have your most recent mammogram to check for breast cancer, if ever?

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

K: Screening for Cancer

K1. A vaccine to prevent HPV infection is available and is called the cervical cancer vaccine or HPV shot.

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

1. Yes
2. No

K2. Have you ever heard of HPV? HPV stands for Human Papillomavirus. It is not HIV, HSV, or herpes.

1. Yes
2. No ➔ GO TO K6 on the next page

K3. Do you think HPV can cause cervical cancer?

1. Yes
2. No
3. Not sure

K4. Do you think that HPV is a sexually transmitted disease (STD)?

1. Yes
2. No
3. Not sure

K5. Do you think that HPV will often go away on its own without treatment?

1. Yes
2. No
3. Not sure
K6. 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

K7. Have you ever had one of these tests to check for colon cancer? EverHadColCaTest

1. Yes
2. No

Males, continue to K8.
Females, GO TO L1 on the next page.

K8. 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

K9. Has a doctor ever discussed with you whether or not you should have the PSA test? DrShouldPSATest

1. Yes
2. No → GO TO K11 below

K10. In that discussion, did the doctor ask you whether or not you wanted to have the PSA test? DrWantedPSATest

1. Yes
2. No

K11. Did a doctor ever tell you that some experts disagree about whether men should have PSA tests? SomeDisagreePSA Tests

1. Yes
2. No

K12. Has a doctor or other health care professional ever told you that...

ProstateCa_PSATest
a. The PSA test is not always accurate?........ 1 2
b. Some types of prostate cancer are slow-growing and need no treatment?.... 1 2
c. Treating any type of prostate cancer can lead to serious side-effects, such as problems with urination or having sex?.......................................................... 1 2
L: Your Cancer History

L1. Have you ever been diagnosed as having cancer? \textbf{EverHadCancer}

\begin{itemize}
  \item [1] Yes
  \item [2] No \Rightarrow \text{GO TO L4 below}
\end{itemize}

L2. What type of cancer did you have?

\textbf{Mark \checkmark all that apply.}

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

L3. At what age were you first told that you had cancer? \textbf{WhenDiagnosedCancer}

\begin{itemize}
  \item [ ] \text{Age}
\end{itemize}

L4. Have any of your family members ever had cancer? \textbf{FamilyEverHadCancer}

\begin{itemize}
  \item [1] Yes
  \item [2] No
  \item [4] Not sure
\end{itemize}

M: Beliefs About Cancer

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

M1. How likely are you to get cancer in your lifetime? \textbf{ChanceGetCancer}

\begin{itemize}
  \item [1] Very unlikely
  \item [2] Unlikely
  \item [3] Neither unlikely nor likely
  \item [4] Likely
  \item [5] Very likely
\end{itemize}

M2. Compared to other people your age, how likely are you to get cancer in your lifetime?

\begin{itemize}
  \item [1] Much less likely
  \item [2] Less likely
  \item [3] About the same
  \item [4] More likely
  \item [5] Much more likely
\end{itemize}

M3. Select one answer that best represents your opinion about the statement: "I feel like I could easily get cancer in my lifetime."

\begin{itemize}
  \item [1] I feel very strongly that this will NOT happen
  \item [2] I feel somewhat strongly that this will NOT happen
  \item [3] I feel I am just as likely to get cancer as I am to not get cancer
  \item [4] I feel somewhat strongly that this WILL happen
  \item [5] I feel very strongly that this WILL happen
\end{itemize}

M4. How worried are you about getting cancer?

\begin{itemize}
  \item [1] Not at all
  \item [2] Slightly
  \item [3] Somewhat
  \item [4] Moderately
  \item [5] Extremely
\end{itemize}
M5. How much do you agree or disagree with each of the following statements?

- **EverythingCauseCancer**
  a. It seems like everything causes cancer. [1 2 3 4]
  b. There’s not much you can do to lower your chances of getting cancer. [1 2 3 4]
  c. There are so many different recommendations about preventing cancer, it’s hard to know which ones to follow. [1 2 3 4]
  d. In adults, cancer is more common than heart disease. [1 2 3 4]
  e. When I think about cancer, I automatically think about death. [1 2 3 4]

- **PreventNotPossible**
  a. [1 2 3 4]

- **TooManyRecommendations**
  a. [1 2 3 4]

- **CancerMoreCommon**
  a. [1 2 3 4]

- **CancerFatal**
  a. [1 2 3 4]

M6. How likely are you to get heart disease in your lifetime?  

- 6. I have heart disease
- 1. Very unlikely
- 2. Unlikely
- 3. Neither unlikely nor likely
- 4. Likely
- 5. Very likely

---

### N: Use of Food Label Information

#### Nutrition Facts

- **Serving Size**: 1/2 cup
- **Servings Per Container**: 4

<table>
<thead>
<tr>
<th>Amount Per Serving</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Calories 250</td>
<td>Fat Cal 120</td>
</tr>
<tr>
<td>% DV</td>
<td></td>
</tr>
<tr>
<td>Total Fat 13g</td>
<td>20%</td>
</tr>
<tr>
<td>Sat Fat 9g</td>
<td>40%</td>
</tr>
<tr>
<td>Cholesterol 28mg</td>
<td>12%</td>
</tr>
<tr>
<td>Sodium 55mg</td>
<td>2%</td>
</tr>
<tr>
<td>Total Carbohydrate 30g</td>
<td>12%</td>
</tr>
<tr>
<td>Dietary Fiber 2g</td>
<td></td>
</tr>
<tr>
<td>Sugars 23g</td>
<td></td>
</tr>
<tr>
<td>Protein 4g</td>
<td>8%</td>
</tr>
</tbody>
</table>

*Percent Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.


The food label above can be found on the back of a container of a pint of ice cream. We would like to know how easy it is to use this information. Use the food label above to answer questions N1-N4.

**N1.** If you eat the entire container, how many calories will you eat?  

FoodLabel_EatEntire
FoodLabel_EatEntire_Edited

__________ Calories

**N2.** If you are allowed to eat 60g of carbohydrates as a snack, how much ice cream could you have? Write a number on one line below.

FoodLabel_Cups
FoodLabel_Servings

FoodLabel_Cups_Edited
FoodLabel_Servings_Edited

__________ Cup(s) or __________ Serving(s)

**N3.** Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42g of saturated fat each day, which includes 1 serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day?

FoodLabel_SatFat
FoodLabel_SatFat_Edited

__________ Grams

**N4.** If you usually eat 2,500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving?

FoodLabel_PercentOneServ
FoodLabel_PercentOneServ_Edited

__________ Percent
O1. What is your age? Age

[ ] [ ] [ ] Years old

OccupationStatus

O2. What is your current occupational status?

Mark [X] only one.

1. Employed
2. Unemployed
3. Homemaker
4. Student
5. Retired
6. Disabled
7. Other-Specify

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 in the next column

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
2. No

GO TO O9 below

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 [X] all that apply.

1. No, not of Hispanic, Latino/a, or Spanish origin
2. Yes, Mexican, Mexican American, Chicano/a
3. Yes, Puerto Rican
4. Yes, Cuban
5. Yes, another Hispanic, Latino/a, or Spanish origin
O11. What is your race? One or more categories may be selected. Mark all that apply.
1. White
2. Black or African American
3. American Indian or Alaska Native
4. Asian Indian
5. Chinese
6. Filipino
7. Japanese
8. Korean
9. Vietnamese
10. Other Asian
11. Native Hawaiian
12. Guamanian or Chamorro
13. Samoan
14. Other Pacific Islander

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

<table>
<thead>
<tr>
<th>Sex</th>
<th>Age (01-12)</th>
<th>Month Born</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELF</td>
<td>1 Male</td>
<td>SelfAge</td>
</tr>
<tr>
<td></td>
<td>2 Female</td>
<td></td>
</tr>
<tr>
<td>Adult</td>
<td>1 Male</td>
<td>HHAAdultAge2</td>
</tr>
<tr>
<td></td>
<td>2 Female</td>
<td></td>
</tr>
<tr>
<td>Adult</td>
<td>1 Male</td>
<td>HHAAdultAge3</td>
</tr>
<tr>
<td></td>
<td>2 Female</td>
<td></td>
</tr>
<tr>
<td>Adult</td>
<td>1 Male</td>
<td>HHAAdultAge4</td>
</tr>
<tr>
<td></td>
<td>2 Female</td>
<td></td>
</tr>
</tbody>
</table>

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

O15. Do you currently rent or own your home?
1. Own
2. Rent
3. Occupied without paying monetary rent

O16. Does anyone in your family have a working cell phone? Yes
2. No

O17. Is there at least one telephone inside your home that is currently working and is not a cell phone? 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? Income Ranges
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? Yes
2. No

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

Minutes

Hours

MailSurveyTime_Min, MailSurveyTime_Hrs

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

Mark all that apply.

1. A street address with a house or building number TypeOfAddressA
1. An address with a rural route number TypeOfAddressB
1. A U.S. post office box (P.O. Box) TypeOfAddressC
1. A commercial mail box establishment (such as Mailboxes R Us, and Mail Boxes Etc.®) TypeOfAddressD
Thank you!

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

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

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