

HINTS

HEALTH INFORMATION NATIONAL TRENDS SURVEY

MAIN STUDY INTERVIEW INSTRUMENT (ENGLISH)

July 2003

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 20 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-xxxx)

OMB # 0925 - 0507
Expiration Date: 8/31/03

Table of Contents

HOUSEHOLD ENUMERATION (HE)	1
HEALTH COMMUNICATION (HC).....	7
CANCER HISTORY (CH)	19
GENERAL CANCER KNOWLEDGE (CK).....	21
COLON CANCER (CC)	27
BREAST CANCER (BC)	35
CERVICAL CANCER (CV)	39
PROSTATE CANCER (PC).....	41
TOBACCO USE (TU)	45
FRUITS AND VEGETABLES (FV)	51
EXERCISE (EX).....	53
OVERWEIGHT/OBESITY (HW)	55
HEALTH STATUS (HS).....	59
DEMOGRAPHICS (DM)	61

This page left blank intentionally.

HOUSEHOLD ENUMERATION (HE)

HE-0. [PHONE NUMBER]

USE AUTODIALER 1
BYPASS AUTODIALER 2

[SINTRO_1] Hello, the National Cancer Institute is conducting a nationwide research study. This is strictly a scientific study; we are not 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)

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

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

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

home use, 1
home and business use, or 2
business use only? 3 (END STATEMENT)
GO TO RESULT GT (RESULT)

[HE-4 INTRO] This research study is about people's knowledge and beliefs about health issues such as cancer as well as how they get the information they need. You may have received a letter from the National Cancer Institute introducing this study. I have some questions to see whether you or any member of your household may be eligible to participate in this survey.

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

BOX HE-0

IF THERE ARE NO ADULT HH MEMBERS, GO TO END
STATEMENT.
IF HH WAS SAMPLED FROM A HIGH MINORITY STRATUM,
CONTINUE WITH HE-5. OTHERWISE, GO TO BOX HE-2.

HE-5. We want to be sure that people of diverse ethnic backgrounds are adequately represented in the study, so I need to ask if {you are/any of the [FILL # FROM HE-4] adults in your household are} Black or Hispanic?

YES 1
NO 2

BOX HE-1

IF MINORITY HH,
CONTINUE WITH BOX HE-2.
OTHERWISE, SUB-SAMPLE NON-MINORITY HH AT 0.648 RATE.

IF HH NOT SAMPLED, THEN GO TO END STATEMENT.
OTHERWISE (IF HH SAMPLED), CONTINUE WITH BOX HE-2.

BOX HE-2

IF ONLY 1 ADULT IN HH, GO TO HE-9.
OTHERWISE, RUN RESPONDENT SELECTION ALGORITHM.

IF 2 ADULTS IN HH, GO TO HE-9.
OTHERWISE IF RESPONDENT WAS SAMPLED, GO TO HE-9.
OTHERWISE IF MORE THAN 2 ADULTS IN HH AND RESPONDENT
WAS NOT SAMPLED, CONTINUE WITH HE-6.

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

YES 1
NO 2 (HE-8)

HE-7. Other than yourself then, which adult has had the most recent birthday?
[A FIRST NAME IS SUFFICIENT IF IT UNIQUELY IDENTIFIES THE HH MEMBER. IF NEEDED "We need some way to ask for this person should we need to call back. If you prefer, just give me that person's gender and age."]

NAME: _____

OR

GENDER: MALE1 AND AGE: |__|__|
FEMALE.....2

GO TO HE-10.

HE-8. So that the computer can choose someone to interview, please tell me the first names and ages of the [FILL # FROM HE-4 MINUS 1] adults currently living in this household. Please do not include yourself. [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?"]

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

<u>FIRST NAME</u>	<u>GENDER</u>	<u>AGE</u>
_____	MALE 1	
_____	FEMALE 2	_ _
_____	MALE 1	
_____	FEMALE 2	_ _
_____	MALE 1	
_____	FEMALE 2	_ _

BOX HE-3

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

HE-9. {What is your first name?/The other adult in the household has been selected to participate in the next part of the study. What is the other adult's name?}

[PROBE FOR INFORMATION THAT UNIQUELY IDENTIFIES THE HH MEMBER SELECTED.]

NAME: _____

GENDER: MALE1 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.

YES 1
NO 2

BOX HE-4

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 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 people's knowledge and beliefs about health issues such as cancer as well as how

they get the health information they need. You may have received a letter from the National Cancer Institute introducing this study.} You have been selected to participate in this important research study. Your participation is voluntary, and you can refuse to answer any questions or withdraw from the study at any time. However, all information obtained will be kept confidential. The answers you give us will be used to improve the way that health communicators speak to the public about cancer prevention. The interview will take about 30 minutes depending on your answers.

HE-12. [AUTOFILL. ASK ONLY IF NECESSARY: First, what is your age?]

|_|_|_| (HE-14)
AGE

DK999 (HE-13)

RF998 (HE-13)

HE-13. Are you...

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

HE-14. [AUTOFILL. ASK ONLY IF NECESSARY: {Are you/Is NAME} male or female?]

MALE 1
FEMALE 2

GO TO NEXT SECTION.

END STATEMENT. Thank you for your time, those are all of the questions that I have for you today. If you have questions about cancer or just 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

HEALTH COMMUNICATION

Provider-Patient Interaction

Media Exposure

Information Seeking

Channel Credibility, Reliance

Internet Usage: General

This page left blank intentionally.

HEALTH COMMUNICATION (HC)

PROVIDER-PATIENT INTERACTION

I am going to ask you questions about people you talk with about your health.

HC-1. Not including psychiatrists and other mental health professionals, is there a particular doctor, nurse, or other health professional that you see most often?

YES..... 1
NO 2 (HC-3)

HC-2. What kind of health professional do you see most often—a doctor or nurse or some other health professional?

DOCTOR 1
NURSE 2
CHIROPRACTOR..... 3
PHYSICIAN'S ASSISTANT 4
NURSE PRACTITIONER..... 5
OTHER (SPECIFY) 91

HC-3. During the past 12 months, not counting times you went to an emergency room, how many times did you go to a doctor or other health care professional to get care for yourself?
[IF NONE, ENTER 95.]

1 TIME 1
2 TIMES 2
3 TIMES 3
4 TIMES 4
5-9 TIMES..... 5
10 OR MORE TIMES..... 6
NONE 95 (HC-5)

HC-4. During the past 12 months, how often did doctors or other health care providers [FILL PROVIDER ACTIVITY]?
Would you say always, usually, sometimes, or never? (How often did they [FILL PROVIDER ACTIVITY]?)

<u>PROVIDER ACTIVITY</u>	<u>ALWAYS</u>	<u>USUALLY</u>	<u>SOMETIMES</u>	<u>NEVER</u>
a. listen carefully to you.....	1	2	3	4
b. explain things in a way you could understand.....	1	2	3	4
c. show respect for what you had to say.....	1	2	3	4
d. spend enough time with you.....	1	2	3	4
e. involve you in decisions about your health care as much as you wanted.....	1	2	3	4

MEDIA EXPOSURE

The next questions are about how often you use radio, newspapers, and other media.

HC-5. Do you or anyone in your household have cable or satellite TV?

YES..... 1
NO 2

HC-6. On a typical weekday, about how many hours do you...
[IF LESS THAN ONE HOUR A DAY, ENTER 1.]

HOURS

a. watch television?|_|_|
b. listen to the radio?|_|_|

HC-7. In the past seven days, how many days did you...

DAYS

a. read a newspaper?|_|
b. read a magazine?|_|

HC-8. How much attention do you pay to information about health or medical topics [FILL MEDIA SOURCE]? Would you say a lot, some, a little, or not at all? (How about [FILL MEDIA SOURCE]?)
[CODE "DON'T USE" AS "NOT AT ALL".]

	<u>A LOT</u>	<u>SOME</u>	<u>A LITTLE</u>	<u>NOT AT ALL</u>
a. on TV	1	2	3	4
b. on the radio.....	1	2	3	4
c. in newspapers.....	1	2	3	4
d. in magazines.....	1	2	3	4
e. on the Internet.....	1	2	3	4

INFORMATION SEEKING

Now, I want to ask you questions about looking for information on cancer. Please consider all sources of information such as the Internet, the library, friends, and health care professionals.

HC-9. Have you ever looked for information about cancer from any source?

YES..... 1
NO 2

HC-10. Excluding your doctor or other health care provider, has someone else ever looked for information about cancer for you?

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

HC-11. Who was that?

[IF MORE THAN ONE PERSON HAS CONDUCTED A SEARCH ON BEHALF OF THE SP, PROBE FOR THE PERSON WHO CONDUCTED THE MOST RECENT SEARCH.]

SPOUSE..... 1
OTHER FAMILY MEMBER..... 2
FRIEND 3
CO-WORKER..... 4
INFORMATION SPECIALIST (E.G., LIBRARIAN)..... 5
CANCER ORGANIZATIONS 6
OTHER (SPECIFY) _____ 91

BOX HC-1

IF RESPONDENT HAS NOT LOOKED FOR INFORMATION FROM
ANY SOURCE
ON CANCER, NEITHER INDIVIDUALLY NOR THROUGH SOMEONE
ELSE,
THEN GO TO HC-15.
OTHERWISE, CONTINUE.

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).

HC-12. About how long ago was that?

[ENTER NUMBER.]

NUMBER

[ENTER UNIT.]

UNIT

- DAYS AGO 1
- WEEKS AGO 2
- MONTHS AGO 3
- YEARS AGO 4

BOX HC-2

IF SP HAS NOT LOOKED FOR INFORMATION ABOUT CANCER
FOR SELF, GO TO HC-15.
OTHERWISE, CONTINUE.

HC-13. The most recent time you looked for information on cancer, where did you look first?

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

- BOOKS 1
- BROCHURES, PAMPHLETS, ETC. 2
- FAMILY 3
- FRIEND/CO-WORKER 4
- HEALTH CARE PROVIDER 5
- INTERNET 6
- LIBRARY 7
- MAGAZINES 8
- NEWSPAPERS 9
- RADIO 10
- TELEPHONE INFORMATION NUMBER (1-800 NUMBER) 11
- CANCER ORGANIZATIONS 12
- TELEVISION 13
- OTHER (SPECIFY) 91

HC-14. What type of information were you looking for in your most recent search?

CHANNEL CREDIBILITY, RELIANCE

HC-15. Imagine that you had a strong need to get information about cancer. Where would you go first?

BOOKS	1
BROCHURES, PAMPHLETS, ETC.	2
FAMILY	3
FRIEND/CO-WORKER.....	4
HEALTH CARE PROVIDER	5
INTERNET	6
LIBRARY	7
MAGAZINES.....	8
NEWSPAPERS	9
RADIO	10
TELEPHONE INFORMATION NUMBER (1-800 NUMBER).....	11
CANCER ORGANIZATIONS	12
TELEVISION.....	13
CANCER RESEARCH/TREATMENT FACILITIES	14
OTHER (SPECIFY)	91

HC-15A. Overall, how confident are you that you could get advice or information about cancer if you needed it? Would you say...

very confident,	1
somewhat confident,	2
slightly confident, or	3
not confident at all?	4

HC-16. People get information about cancer, including how to prevent it and find it early, from many sources. I am going to read you a list of information sources. For each one, please tell me whether you might like to get information about cancer that way, assuming it was free. (How about...)

	<u>YES</u>	<u>NO</u>	
a. By e-mail or the Internet?.....	1	2	(HC-16b)
a1. Is there an Internet site you especially like?	1	2	(HC-16b)
a2. Which one? (SPECIFY) _____			
b. watching a video cassette?.....	1	2	
c. listening to an audio cassette?.....	1	2	
d. reading materials created for you based on your personal lifestyle and family history?	1	2	
e. using an interactive computer CD-ROM that lets you select the information you want?	1	2	
f. receiving a telephone call from a health care professional who could talk with you and answer your questions?	1	2	
g. meeting in person with a health care professional?	1	2	
h. reading a book, magazine, or other publication?	1	2	
i. Is there any other way you'd like to get information about cancer? (SPECIFY) _____	1	2	

HC-17 WAS DELETED

HC-18. How much would you trust the information about cancer from [FILL SOURCE]? Would you say a lot, some, a little, or not at all? (How about from [FILL SOURCE]?)

	<u>A LOT</u>	<u>SOME</u>	<u>A LITTLE</u>	<u>NOT AT ALL</u>
a. a doctor or other health care professional	1	2	3	4
b. family or friends.....	1	2	3	4
c. newspapers	1	2	3	4
d. magazines	1	2	3	4
e. the radio.....	1	2	3	4
f. the Internet.....	1	2	3	4
g. television.....	1	2	3	4

BOX HC-3

IF RESPONDENT HAS NOT LOOKED FOR INFORMATION FROM
ANY SOURCE
ON CANCER, NEITHER INDIVIDUALLY NOR THROUGH
SOMEONE ELSE,
THEN GO TO HC-20.
OTHERWISE, CONTINUE.

HC-19. Based on the results of your overall search for information on cancer, tell me how much you agree or disagree with the following statements.
[IF SP HAS MADE MORE THAN ONE SEARCH, PROBE FOR THE MOST RECENT SEARCH.]

	STRONGLY <u>AGREE</u>	SOMEWHAT <u>AGREE</u>	SOMEWHAT <u>DISAGREE</u>	STRONGLY <u>DISAGREE</u>
a. You wanted more information, but did not know where to find it. Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	1	2	3	4
b. It took a lot of effort to get the information you needed. (Would you say you...).....	1	2	3	4
c. You did not have the time to get all the information you needed. (Would you say you...).....	1	2	3	4
e. You felt frustrated during your search for the information. (Would you say you...).....	1	2	3	4
g. You were concerned about the quality of the information. (Would you say you...).....	1	2	3	4
j. The information you found was too hard to understand. (Would you say you...)	1	2	3	4
k. You were satisfied with the information you found. (Would you say you...).....	1	2	3	4

HC-19d, HC-19f, HC-19h and HC-19i WERE DELETED

INTERNET USAGE: GENERAL

[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.]

Next, I'm going to ask about your usage of the Internet.

HC-20. Do you ever go on-line to access the Internet or World Wide Web, or to send and receive e-mail?

YES.....	1 (HC-22)
NO	2

HC-21. Which of the following, if any, are the reasons you do not access the Internet?

	<u>YES</u>	<u>NO</u>
a. Because you are not interested.	1	2
b. Because it costs too much.	1	2
c. Because it is too complicated to use.....	1	2
d. Because you do not think it is useful.	1	2

GO TO HC-34.

HC-22. Do you ever go on-line to use the Internet from home?

YES.....	1
NO	2 (HC-24)

HC-23. 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 [PDA], or	4
some other way? (SPECIFY) _____	91

Although some of these questions may seem repetitious, they are all important to this study.

HC-24. In the past 12 months, did you use the Internet, whether from home or somewhere else,...

	<u>YES</u>	<u>NO</u>
a. to look for health or medical information for yourself?	1	2
b. to look for health or medical information for someone else?.....	1	2

BOX HC-4

IF DID NOT LOOK FOR HEALTH INFO FOR SELF OR SOMEONE
ELSE ON INTERNET,
THEN GO TO HC-26.
OTHERWISE, CONTINUE.

HC-25. In the past 12 months, how often did you use the Internet to look for health or medical information for {yourself (or) someone else}? Was it about . . .

once a week,..... 1
 once a month, 2
 every few months, or..... 3
 less often? 4

HC-26. 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?

	<u>YES</u>	<u>NO</u>
a. Bought medicine or vitamins on-line?.....	1	2
b. Participated in an on-line support group for people with a similar health or medical issue?.....	1	2
c. Used e-mail or the Internet to communicate with a doctor or a doctor's office?.....	1	2
e. Looked for health or medical information?	1	2
g. Done anything else health-related on the Internet? (SPECIFY) _____	1	2

HC-16d AND HC-16f WERE DELETED

HC-27. When was the last time you used the Internet to look for information about health or medical care? Was it within the last week, within the last month, within the last year, over a year ago, or never?

within the last week,..... 1
 within the last month, 2
 within the last year, 3
 over a year ago, or..... 4
 never?..... 5 (HC-34)

HC-28. The last time you used the Internet to look for information about health or medical care, was this . . .

from home,..... 1
 from work, or 2
 from someplace else? (SPECIFY) _____ 91
 AT FRIEND'S/RELATIVE'S HOUSE 3
 FROM SCHOOL 4
 FROM LIBRARY 5

HC-29. Have you ever visited an Internet web site to learn specifically about cancer?

YES..... 1
 NO 2 (HC-34)

HC-30. Did you get to this web site by doing an Internet search, or did you find out about it some other way?

THROUGH AN INTERNET SEARCH..... 1
 FOUND IT SOME OTHER WAY..... 2

HC-31. Overall, how useful was the cancer-related information you got from the Internet? Would you say . . .

very useful,	1
somewhat useful,	2
a little useful, or.....	3
not at all useful?	4

HC-32. In the past 12 months, how often have you used the Internet to look for advice or information about cancer? Would you say . . .

about once a week,	1
once a month,	2
every few months, or.....	3
less often?	4

HC-33. Why did you decide to use the Internet to look for information about cancer? Anything else?
[CODE ALL THAT APPLY.]

A LOT OF INFORMATION AVAILABLE	10
COULD GET INFORMATION IMMEDIATELY	11
CONVENIENT	12
FREE/INEXPENSIVE	13
COULD INVESTIGATE ANONYMOUSLY	14
EASILY ACCESSIBLE/QUICK	15
MOST CURRENT/RELIABLE	16
OTHER (SPECIFY)	91

OTHER COMMUNICATION

HC-34. Now, I'm going to read you a list of organizations. Before being contacted for this study, had you ever heard of...

	<u>YES</u>	<u>NO</u>
a. the National Institutes of Health?	1	2
b. the American Cancer Society?	1	2
c. the Cancer Information Service?	1	2
d. the National Cancer Institute?	1	2
e. the 1-800-4-Cancer information number?	1	2
f. the United States Center for Cancer Prevention Research? ...	1	2

CANCER KNOWLEDGE & SCREENING

Cancer History

General Cancer Knowledge

Colon Cancer

Breast Cancer

Cervical Cancer

Prostate Cancer

This page left blank intentionally.

CANCER HISTORY (CH)

Now, I would like to ask you about your personal experience with cancer.

CH-1. Have you ever been told by a doctor that you had cancer?

YES.....	1
NO	2 (CH-4)

CH-2. What type of cancer was it, or in what part of the body did the cancer start?

[CODE ALL THAT APPLY.]

BLADDER CANCER.....	10
BREAST CANCER	11
CERVICAL CANCER (CANCER OF THE CERVIX).....	12
COLON CANCER.....	13
ENDOMETRIAL CANCER (CANCER OF THE UTERUS).....	14
HEAD AND NECK CANCER	15
LEUKEMIA/BLOOD CANCER	16
LUNG CANCER.....	17
LYMPHOMA	18
MELANOMA	19
OTHER SKIN CANCER.....	20
ORAL CANCER.....	21
OVARIAN CANCER.....	22
PANCREATIC CANCER.....	23
PHARYNGEAL (THROAT) CANCER	24
PROSTATE CANCER	25
RECTAL CANCER	26
RENAL (KIDNEY) CANCER	27
CODE NOT USED	28
BONE.....	29
STOMACH.....	30
HEART.....	31
BRAIN.....	32
INTERNAL ORGANS.....	33
CODE NOT USED	34
THYROID.....	35
OTHER (SPECIFY)	91

CH-3. At what age or in what year were you first told that you had cancer?

[ENTER UNIT.]

|_|
UNIT

AGE	1
YEAR.....	2

[ENTER {AGE/YEAR}.]

|_|_|_|_|
AGE/YEAR

CH-4. Have any of your brothers, sisters, parents, children, or other close family members ever had cancer?

[IF INDICATE "DOESN'T HAVE FAMILY," CODE AS "NO FAMILY."]

YES.....	1
NO	2
NO FAMILY	3

GENERAL CANCER KNOWLEDGE (CK)

These questions are to see what people remember about public health messages. If you do not know the answer to a question, that's okay, just tell me you don't know.

RELATIVE PREVALENCE

[RANDOMLY ASSIGN RESPONDENTS TO RECEIVE RESPONSE OPTIONS IN CURRENT OR REVERSE ORDER.]

- CK-1. Which of the following do you think causes the most deaths each year in the United States? Would you say . . .
- | | |
|----------------------|---|
| auto accidents,..... | 1 |
| cigarettes, | 2 |
| guns, | 3 |
| alcohol, or | 4 |
| drug use? | 5 |

CK-2 & CK-3 WERE DELETED.

PREVENTABILITY

- CK-4. Can you think of anything people can do to reduce their chances of getting cancer? Anything else?

[CODE ALL THAT APPLY.]

- | | |
|--|---------------|
| EAT BETTER/BETTER NUTRITION | 10 |
| GET SCREENED FOR CANCER/GET TESTED | 11 |
| DON'T SMOKE/QUIT SMOKING..... | 12 |
| EXERCISE/EXERCISE MORE | 13 |
| STAY OUT OF THE SUN/WEAR SUNSCREEN | 14 |
| DON'T DRINK ALCOHOL/DRINK LESS ALCOHOL | 15 |
| GET A CHECK-UP/GO TO THE DOCTOR | 16 |
| REDUCE STRESS, REST, GET ENOUGH SLEEP | 17 |
| ENVIRONMENTAL, CHEMICALS, POLLUTION, 2 ND HAND SMOKE,
PESTICIDES, WEAR PROTECTIVE GEAR | 18 |
| SELF EXAMS, BODY CHANGE AWARENESS | 19 |
| DON'T DO DRUGS..... | 20 |
| HEALTHY LIFESTYLE, POSITIVE ATTITUDE, GOOD STATE OF MIND
SAFE SEX, MEDITATION, YOGA, MODERATION, DO NOT HAVE
MULTIPLE PARTNERS | 21 |
| EDUCATION, WELL INFORMED, AWARENESS, BOOKS,
RESEARCH | 22 |
| KNOWLEDGE OF FAMILY HISTORY, GOOD GENES, GENETIC
TESTING | 23 |
| REDUCE WEIGHT, MAINTAIN HEALTHY WEIGHT..... | 24 |
| RELIGION, PRAYER..... | 25 |
| LIMIT EXPOSURE TO CARCINOGENS, REDUCE TOXINS, AVOID
CAUSES OF CANCER | 26 |
| OTHER (RECORD UP TO 8 SPECIFIES) | 91 |
| NO/NOTHING..... | 95 (BOX CK-3) |
| DK..... | 99 (BOX CK-3) |
| RF | 98 (BOX CK-3) |

BOX CK-1

IF CK-4 = 10 (EAT BETTER), THEN ASK CK-5.
OTHERWISE, GO TO BOX CK-2.

- CK-5. What specific changes should people make in their eating habits to reduce their chances of getting cancer?

[CODE ALL THAT APPLY.]

EAT LESS FAST FOOD	10
EAT LESS FAT	11
EAT LESS RED MEAT	12
EAT MORE FRUITS	13
EAT MORE VEGETABLES	14
EAT MORE FIBER.....	15
STOP DRINKING ALCOHOL/REDUCE ALCOHOL	16
EAT A BALANCED DIET/ALL FOOD GROUPS/FOLLOW FOOD PYRAMID	17
DRINK MORE WATER.....	18
LESS PROCESSING/CHEMICALS/PRESERVATIVES/ADDITIVES	19
LESS SUGAR/SWEETS/SODAS	20
EAT LESS/HEALTHY/WATCH WEIGHT/LOSE WEIGHT	21
EAT ORGANIC/NATURAL/HOMEGROWN FOODS	22
RESEARCH FOODS/READ LABELS.....	23
EAT LESS SALT/SODIUM	24
WATCH/LOWER CHOLESTEROL	25
TAKE VITAMIN & MINERAL SUPPLEMENTS/HERBAL SUPPLEMENTS/SPECIFIC VITAMIN-FOOD RECOMMENDATIONS ..	26
OTHER (SPECIFY)	91

BOX CK-2

IF CK-4 = 11 (GET SCREENED), THEN ASK CK-6.
OTHERWISE, GO TO BOX CK-3.

CK-6. You said people should get tested for cancer. What kinds of tests do you have in mind?

[CODE ALL THAT APPLY.]

CLINICAL BREAST EXAM	10
COLONOSCOPY/SIGMOIDOSCOPY	11
DIGITAL RECTAL EXAM.....	12
MAMMOGRAM.....	13
PAP TEST	14
PSA TEST	15
STOOL BLOOD TEST/FECAL OCCULT BLOOD TEST	16
X-RAY.....	17
MRI/CT SCAN	18
BLOOD TEST	19
BREAST SELF EXAM	20
OTHER (SPECIFY)	91

BOX CK-3

IF HAD CANCER, THEN GO TO CK-10.
OTHERWISE, CONTINUE.

CK-7 WAS DELETED.

PERSONAL RISK

CK-8. How likely do you think it is that you will develop cancer in the future? Would you say your chance of getting cancer is . . .

very low,.....	1
somewhat low,	2
moderate,.....	3

somewhat high, or	4
very high?	5

CK-9. How often do you worry about getting cancer? Would you say . . .

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

DESIRE TO CHANGE/BARRIERS TO CHANGE

CK-10. Is there anything about your behavior or your lifestyle that you would like to change to reduce your chances of getting cancer? Anything else?
[CODE ALL THAT APPLY.]

EAT BETTER/BETTER NUTRITION	10	
GET SCREENED FOR CANCER/GET TESTED	11	
DON'T SMOKE/QUIT SMOKING.....	12	
EXERCISE/EXERCISE MORE	13	
STAY OUT OF THE SUN/WEAR SUNSCREEN	14	
DON'T DRINK ALCOHOL/DRINK LESS ALCOHOL	15	
GET A CHECK-UP/GO TO THE DOCTOR	16	
REDUCE STRESS, REST, GET ENOUGH SLEEP	17	
ENVIRONMENTAL, CHEMICALS, POLLUTION, 2 ND HAND SMOKE, PESTICIDES, WEAR PROTECTIVE GEAR	18	
SELF EXAMS, BODY CHANGE AWARENESS	19	
DON'T DO DRUGS.....	20	
HEALTHY LIFESTYLE, POSITIVE ATTITUDE, GOOD STATE OF MIND SAFE SEX, MEDITATION, YOGA, MODERATION, DO NOT HAVE MULTIPLE PARTNERS	21	
EDUCATION, WELL INFORMED, AWARENESS, BOOKS, RESEARCH	22	
KNOWLEDGE OF FAMILY HISTORY, GOOD GENES, GENETIC TESTING	23	
REDUCE WEIGHT, MAINTAIN HEALTHY WEIGHT.....	24	
RELIGION, PRAYER.....	25	
LIMIT EXPOSURE TO CARCINOGENS, REDUCE TOXINS, AVOID CAUSES OF CANCER	26	
OTHER (RECORD UP TO 8 SPECIFIES) _____	91	
NO/NOTHING.....	95	(BOX CK-6)
DK.....	99	(BOX CK-6)
RF	98	(BOX CK-6)

BOX CK-4

IF CK-10 = 10 (EAT BETTER), THEN ASK CK-11.
OTHERWISE, GO TO BOX CK-5.

CK-11. What specific changes should you make in your eating habits to reduce your chances of getting cancer?
[CODE ALL THAT APPLY.]

EAT LESS FAST FOOD	10
EAT LESS FAT	11
EAT LESS RED MEAT	12
EAT MORE FRUITS	13
EAT MORE VEGETABLES	14
EAT MORE FIBER.....	15
STOP DRINKING ALCOHOL/REDUCE ALCOHOL	16
EAT A BALANCED DIET/ALL FOOD GROUPS/FOLLOW FOOD PYRAMID	17

DRINK MORE WATER.....	18
LESS PROCESSING/CHEMICALS/PRESERVATIVES/ADDITIVES	19
LESS SUGAR/SWEETS/SODAS	20
EAT LESS/HEALTHY/WATCH WEIGHT/LOSE WEIGHT	21
EAT ORGANIC/NATURAL/HOMEGROWN FOODS	22
RESEARCH FOODS/READ LABELS.....	23
EAT LESS SALT/SODIUM	24
WATCH/LOWER CHOLESTEROL	25
TAKE VITAMIN & MINERAL SUPPLEMENTS/HERBAL	
SUPPLEMENTS/SPECIFIC VITAMIN-FOOD RECOMMENDATIONS.	26
OTHER (SPECIFY)	91

BOX CK-5

IF CK-10 = 11 (GET SCREENED), THEN ASK CK-12.
OTHERWISE, GO TO BOX CK-6.

CK-12. You said you should get tested for cancer. What kinds of tests do you have in mind?
[CODE ALL THAT APPLY.]

CLINICAL BREAST EXAM	10
COLONOSCOPY/SIGMOIDOSCOPY	11
DIGITAL RECTAL EXAM.....	12
MAMMOGRAM.....	13
PAP TEST	14
PSA TEST	15
STOOL BLOOD TEST/FECAL OCCULT BLOOD TEST	16
X-RAY.....	17
MRI/CT SCAN	18
BLOOD TEST	19
BREAST SELF-EXAM	20
OTHER (SPECIFY)	91

BOX CK-6

RANDOMLY ASSIGN HALF OF RESPONDENTS TO GET LIST A
AND HALF TO GET LIST B IN CK-13.
LIST A INCLUDES ITEMS a, e, g, i, k, m, & o.
LIST B INCLUDES ITEMS b, d, h, j, l, n, r & s.

ONLY FEMALES, SHOULD GET "k" AND "l" IN CK-13.

CK-13c, CK-13f, CK-13p, CK-13q WERE DELETED

CK-13. I'm going to read you some things that may affect a person's chances of getting cancer. Do you think that [FILL EXPOSURE] increase(s) a person's chances of getting cancer a lot, a little, or not at all or do you have no opinion? (How about [FILL EXPOSURE]?)

	<u>A LOT</u>	<u>A LITTLE</u>	<u>NOT AT ALL</u>	<u>NO OPINION</u>
a. smoking.....	1	2	3	4
b. eating a high-fat diet.....	1	2	3	4
d. exposure to the sun.....	1	2	3	4
e. pesticides or food additives	1	2	3	4
g. not eating much fiber.....	1	2	3	4
h. not eating many fruits and vegetables.....	1	2	3	4
i. stress	1	2	3	4
j. drinking a lot of alcoholic beverages	1	2	3	4
k. being hit in the breast.....	1	2	3	4
l. having many sexual partners	1	2	3	4
m. having a family history of cancer	1	2	3	4
n. being a particular race or ethnicity	1	2	3	4
o. not getting much exercise	1	2	3	4
r. pollution.....	1	2	3	4
s. radon.....	1	2	3	4

CK-14. Tell me how much you agree or disagree with the following statements, or if you have no opinion.

	STRONGLY <u>AGREE</u>	SOMEWHAT <u>AGREE</u>	SOMEWHAT <u>DISAGREE</u>	STRONGLY <u>DISAGREE</u>	<u>NO OPINION</u>
a. It seems like almost everything causes cancer. Would you say you strongly agree, somewhat agree, somewhat disagree, strongly disagree, or you have no opinion?.....	1	2	3	4	5
b. There's not much people can do to lower their chances of getting cancer. (Would you say you...)	1	2	3	4	5
c. There are so many different recommendations about preventing cancer, it's hard to know which ones to follow. (Would you say you...)	1	2	3	4	5

[RANDOMLY ASSIGN RESPONDENTS TO RECEIVE RESPONSE OPTIONS IN CURRENT OR REVERSE ORDER.]

CK-15. Which type of cancer do you think will cause the most deaths in {women/men} this year in the U.S.?
Would you say . . .

lung cancer,	1
{breast/prostate} cancer,	2
colon cancer,	3
{cervical/testicular} cancer, or	4
skin cancer?	5

COLON CANCER (CC)

BOX CC-1

IF RESPONDENT HAS HAD COLON CANCER,
GO TO NEXT SECTION.
OTHERWISE, CONTINUE.

The next questions are about colon cancer.

PERSONAL RISK

CC-1. 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 . . .

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

CC-2. Compared to the average {man/woman} your age, would you say that you are . . .

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

CC-3. How often do you worry about getting colon cancer? Would you say . . .

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

SCREENING KNOWLEDGE AND BEHAVIORS

CC-4. Can you think of any tests that detect colon cancer? Anything else?

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

BARIUM ENEMA	10
BIOPSY	11
STOOL BLOOD TEST/FECAL OCCULT BLOOD TEST	12
COLONOSCOPY	13
DIGITAL RECTAL EXAM	14
PROCTOSCOPY	15
SIGMOIDOSCOPY	16
LOWER GI	17
MRI/SCANS/CAT SCANS	18
BLOOD TEST	19
OTHER (SPECIFY)	91
NO/NOTHING	95

The following questions are about the stool blood test, also known as a Fecal Occult Blood Test, 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.

CC-4A. Have you ever heard of a fecal occult or stool blood test?

[IF NEEDED: You smear a small amount of stool on cards at home and send the cards back to the doctor or lab.]

YES..... 1
NO 2 (CC-15A)

BOX CC-2

IF RESPONDENT IS 45 YEARS OLD OR OLDER AND HAS TALKED TO
HEALTH PROFESSIONAL IN PAST YEAR,
CONTINUE WITH CC-5.
IF RESPONDENT IS 45 YEARS OLD OR OLDER AND HAS NOT
TALKED TO HEALTH PROFESSIONAL IN PAST YEAR, GO TO CC-6.
OTHERWISE, GO TO CC-14.

CC-5. During the past 12 months, did a doctor, nurse, or other health professional advise you to do a stool blood test using a home test kit?

YES..... 1
NO 2

CC-6. Have you ever done a stool blood test using a home test kit?

YES..... 1
NO 2 (CC-10)
DK..... 9 (CC-11)
RF 8 (CC-11)

CC-7. When did you do your most recent stool blood test using a home kit to check for colon 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

CC-8 WAS DELETED.

CC-9. You said your most recent stool blood test was {INSERT TIME FRAME FROM CC-7}. How long before that stool test was your last one?

A YEAR AGO OR LESS BEFORE 1
MORE THAN 1 BUT NOT MORE THAN 2 YEARS BEFORE 2
MORE THAN 2 BUT NOT MORE THAN 5 YEARS BEFORE 3
OVER 5 YEARS BEFORE..... 4
NONE BEFORE THE MOST RECENT..... 5

BOX CC-3

IF RESPONDENT HAD A FOBT MORE THAN 1 YEAR AGO,
CONTINUE.
IF DK OR RF WHEN MOST RECENT FOBT WAS, GO TO CC-11.
OTHERWISE, GO TO CC-13.

CC-10. Is there any particular reason why you haven't done a home stool blood test {yet/in the past year}?
[CODE ALL THAT APPLY.]

NO REASON	10
DIDN'T NEED/ DIDN'T KNOW NEEDED THIS TEST	11
DOCTOR DIDN'T ORDER IT/ DIDN'T SAY I NEEDED IT	12
HAVEN'T HAD ANY PROBLEMS/NO SYMPTOMS	13
PUT IT OFF/ DIDN'T GET AROUND TO IT	14
TOO EXPENSIVE/NO INSURANCE/COST	15
TOO PAINFUL, UNPLEASANT, OR EMBARRASSING	16
HAD ANOTHER TYPE OF COLON EXAM.....	17
DON'T HAVE DOCTOR.....	18
NEVER HEARD OF IT/NEVER THOUGHT ABOUT IT	19 (CC-15A)
HAD STOOL BLOOD TEST DONE AT DOCTOR'S OFFICE	20
AGE/THOUGHT THEY WERE TOO YOUNG	21
OTHER (SPECIFY)	91

CC-11. Have you thought about doing {a/another} home stool blood test?

YES	1
NO	2 (CC-14)

CC-12. Would you say that . . .

you plan to do one,	1
you <u>don't</u> plan to do one, or	2 (CC-14)
you're undecided?	3 (CC-14)

CC-13. When do you expect to do your next home stool blood test?

A YEAR OR LESS FROM NOW	1
MORE THAN 1 BUT NOT MORE THAN 2 YEARS FROM NOW	2
MORE THAN 2 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

CC-14. At what age are people supposed to start doing home stool blood tests?

[IF R SAYS "When a doctor says to," PROBE FOR AN ESTIMATE OF THE AGE. RECORD "95" IF R DOES NOT GIVE AN AGE.]

|_|_|
AGE

WHEN A DOCTOR/HEALTH PROVIDER SAYS TO..... 95

CC-15. In general, once people start doing home stool blood tests, about how often should they do them?
[PROBE FOR GENERAL GUIDELINE ASSUMING NO PRIOR PROBLEMS.]

MORE OFTEN THAN ONCE A YEAR.....	1
EVERY 1 TO < 2 YEARS	2
EVERY 2 TO < 3 YEARS	3
EVERY 3 TO < 5 YEARS	4
EVERY 5 TO < 10 YEARS	5
10 YEARS OR MORE.....	6
ONLY WHEN THERE IS A PROBLEM.....	7
DEPENDS ON AGE.....	8
DEPENDS ON RESULTS OF PREVIOUS TESTS.....	9
WHEN DOCTOR/HP SAYS TO	95
OTHER (SPECIFY)	91

CC-15A. Have you ever heard of a sigmoidoscopy or a colonoscopy?

YES.....	1
NO	2 (CC-26)

BOX CC-4

IF RESPONDENT IS 45 YEARS OLD OR OLDER, CONTINUE.
OTHERWISE, GO TO CC-24.

[Just to review], a sigmoidoscopy and a colonoscopy are both tests that examine the bowel by inserting a tube in the rectum. The difference is that during a sigmoidoscopy, you are awake and can drive yourself home after the test; however during a colonoscopy, you may feel sleepy and you need someone to drive you home.

CC-16. Have you ever had ...

	<u>YES</u>	<u>NO</u>
a. a sigmoidoscopy?.....	1	2
b. a colonoscopy?	1	2

BOX CC-4A

IF RESPONDENT HAD EITHER A SIGMOIDOSCOPY OR A
COLONOSCOPY, THEN GO TO BOX CC-5.
OTHERWISE, CONTINUE.

CC-17. Did a doctor, nurse, or other health professional ever advise you to get ...

	<u>YES</u>	<u>NO</u>
a. a sigmoidoscopy?.....	1	2
b. a colonoscopy?	1	2

BOX CC-5

IF RESPONDENT HAS HAD A SIGMOIDOSCOPY OR COLONOSCOPY, CONTINUE. IF DK OR RF TO ANSWER WHETHER HAD SIGMOIDOSCOPY OR COLONOSCOPY, GO TO CC-21. OTHERWISE, GO TO CC-20.

CC-18. When did you have your most recent {sigmoidoscopy/(or) colonoscopy} to check for colon cancer?

- 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

CC-19. You said your most recent {sigmoidoscopy/ (or) /colonoscopy} was {INSERT TIME FRAME FROM CC-18}. How long before that {sigmoidoscopy/(or)/colonoscopy} was the last one?

- A YEAR OR LESS BEFORE 1
- MORE THAN 1 BUT NOT MORE THAN 5 YEARS BEFORE 2
- MORE THAN 5 BUT NOT MORE THAN 10 YEARS BEFORE 3
- OVER 10 YEARS BEFORE..... 4
- NONE BEFORE MOST RECENT..... 5

BOX CC-6

IF RESPONDENT HAD A SIGMOIDOSCOPY OR COLONOSCOPY MORE THAN 10 YEARS AGO, CONTINUE. OTHERWISE, GO TO CC-23.

CC-20. Is there any particular reason why you haven't gotten a {sigmoidoscopy/(or) colonoscopy} {yet/in the past 10 years}?

[CODE ALL THAT APPLY.]

- NO REASON 10
- DIDN'T NEED/ DIDN'T KNOW NEEDED THIS TEST 11
- DOCTOR DIDN'T ORDER IT/ DIDN'T SAY I NEEDED IT..... 12
- HAVEN'T HAD ANY PROBLEMS/NO SYMPTOMS..... 13
- PUT IT OFF/ DIDN'T GET AROUND TO IT 14
- TOO EXPENSIVE/NO INSURANCE/COST 15
- TOO PAINFUL, UNPLEASANT, OR EMBARRASSING 16
- HAD ANOTHER TYPE OF COLON EXAM..... 17
- DON'T HAVE DOCTOR..... 18
- NEVER HEARD OF IT/NEVER THOUGHT ABOUT IT 19 (CC-26)
- AGE/THOUGHT THEY WERE TOO YOUNG 21
- OTHER (SPECIFY) 91

CC-21. Have you thought about getting {a/another} {sigmoidoscopy/(or) colonoscopy}?

- YES 1
- NO 2 (CC-24)

CC-22. Would you say that . . .

- | | |
|--|-----------|
| you plan to get one, | 1 |
| you <u>don't</u> plan to get one, or | 2 (CC-24) |
| you're undecided? | 3 (CC-24) |

CC-23. When do you expect to have {your next/a} {sigmoidoscopy/(or) colonoscopy}?

- | | |
|---|---|
| A YEAR OR LESS FROM NOW | 1 |
| MORE THAN 1 BUT NOT MORE THAN 5 YEARS FROM NOW | 2 |
| MORE THAN 5 BUT NOT MORE THAN 10 YEARS FROM NOW | 3 |
| OVER 10 YEARS FROM NOW | 4 |
| AM NOT PLANNING TO HAVE ANOTHER | 5 |
| IF I HAVE SYMPTOMS | 6 |
| WHEN DOCTOR/HEALTH PROVIDER RECOMMENDS | 7 |

CC-24. At what age are people supposed to start having sigmoidoscopy or colonoscopy exams?

[IF R SAYS "When a doctor says to," PROBE FOR AN ESTIMATE OF THE AGE. RECORD "95" IF R DOES NOT GIVE AN AGE.]

|_|_|_|
AGE

WHEN A DOCTOR/HEALTH PROVIDER SAYS TO..... 95

CC-25. In general, once people start having sigmoidoscopy or colonoscopy exams, about how often should they have them?

[PROBE FOR GENERAL GUIDELINE ASSUMING NO PRIOR PROBLEMS.]

- | | |
|--|----|
| MORE OFTEN THAN ONCE A YEAR | 1 |
| EVERY 1 TO < 2 YEARS | 2 |
| EVERY 2 TO < 3 YEARS | 3 |
| EVERY 3 TO < 5 YEARS | 4 |
| EVERY 5 TO < 10 YEARS | 5 |
| 10 YEARS OR MORE | 6 |
| ONLY WHEN THERE IS A PROBLEM | 7 |
| DEPENDS ON AGE | 8 |
| DEPENDS ON RESULTS FROM PREVIOUS TESTS | 9 |
| WHEN DOCTOR/HEALTH PROVIDER RECOMMENDS | 95 |
| OTHER (SPECIFY) | 91 |

DETECTION/CURABILITY

CC-26. I am going to read you a few statements people might make about getting checked for colon cancer. For each, tell me how much you agree or disagree, or if you have no opinion.

	STRONGLY <u>AGREE</u>	SOMEWHAT <u>AGREE</u>	SOMEWHAT <u>DISAGREE</u>	STRONGLY <u>DISAGREE</u>	<u>NO OPINION</u>
a. Arranging to get checked for colon cancer would be easy for you. Would you say you strongly agree, somewhat agree, somewhat disagree, strongly disagree, or you have no opinion?	1	2	3	4	5
b. You are afraid of finding colon cancer if you were checked. (Would you say you...).....	1	2	3	4	5
c. Getting checked regularly for colon cancer increases the chances of finding cancer when it's easy to treat. (Would you say you...)	1	2	3	4	5
d. Getting checked for colon cancer is too expensive. (Would you say you...).....	1	2	3	4	5

CC-27. When would you say the risk of colon cancer is highest, when you're . . .

under 40 years old,	1
between 40 and 60 years old, or.....	2
over 60 years old?	3

This page left blank intentionally.

BREAST CANCER (BC)

BOX BC-1

IF RESPONDENT IS FEMALE AND HAS NOT HAD BREAST
CANCER, CONTINUE WITH BC-1.
OTHERWISE, GO TO NEXT SECTION.

The next questions are about breast cancer.

PERSONAL RISK

BC-1. How likely do you think it is that you will develop breast cancer in the future? Would you say your chance of getting breast cancer is . . .

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

BC-2. Compared to the average woman your age, would you say that you are . . .

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

BC-3. How often do you worry about getting breast cancer? Would you say . . .

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

SCREENING KNOWLEDGE AND BEHAVIORS

BOX BC-2

IF RESPONDENT IS 35 YEARS OR OLDER AND HAS TALKED TO
HEALTH PROFESSIONAL IN PAST YEAR, CONTINUE WITH BC-4.
IF RESPONDENT IS 35 YEARS OR OLDER AND HAS NOT TALKED
TO HEALTH PROFESSIONAL IN PAST YEAR, GO TO BC-5.
OTHERWISE, GO TO BC-13.

BC-4. 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?

YES	1
NO	2

BC-5. {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-9)
 DK..... 9 (BC-10)
 RF 8 (BC-10)

BC-6. 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-7 WAS DELETED.

BC-8. You said your most recent mammogram was {INSERT TIME FRAME FROM BC-6}. How long before that mammogram was the last one?

A YEAR OR LESS BEFORE 1
 MORE THAN 1 BUT NOT MORE THAN 2 YEARS BEFORE 2
 MORE THAN 2 BUT NOT MORE THAN 5 YEARS BEFORE 3
 OVER 5 YEARS BEFORE..... 4
 NONE BEFORE MOST RECENT..... 95

BOX BC-3

IF RESPONDENT HAD A MAMMOGRAM
 MORE THAN 2 YEARS AGO, CONTINUE.
 IF DK OR RF TO ANSWER WHEN HAD LAST MAMMOGRAM,
 GO TO BC-10.
 OTHERWISE, GO TO BC-12.

BC-9. Is there any particular reason why you haven't had a mammogram {yet/in the past 2 years}?
 [CODE ALL THAT APPLY.]

NO REASON 10
 DIDN'T NEED/ DIDN'T KNOW NEEDED THIS TEST 11
 DOCTOR DIDN'T ORDER IT/ DIDN'T SAY I NEEDED IT..... 12
 HAVEN'T HAD ANY PROBLEMS/NO SYMPTOMS 13
 PUT IT OFF/ DIDN'T GET AROUND TO IT 14
 TOO EXPENSIVE/NO INSURANCE/COST 15
 TOO PAINFUL, UNPLEASANT, OR EMBARRASSING 16
 HAD ANOTHER TYPE OF BREAST EXAM 17
 DON'T HAVE DOCTOR..... 18
 NEVER HEARD OF IT/NEVER THOUGHT ABOUT IT 19 (NEXT SECTION)
 AGE/THOUGHT THEY WERE TOO YOUNG 21
 OTHER (SPECIFY) 91

BC-10. Have you thought about getting {a/another} mammogram?

YES 1
NO 2 (BC-13)

BC-11. Would you say that . . .

you plan to get one, 1
you don't plan to get one, or 2 (BC-13)
you're undecided? 3 (BC-13)

BC-12. When do you expect to have your next mammogram?

A YEAR OR LESS FROM NOW 1
MORE THAN ONE BUT NOT MORE THAN 2 YEARS FROM NOW 2
MORE THAN 2 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

BC-13. {A mammogram is an x-ray of each breast to look for breast cancer.} At what age are women supposed to start having mammograms?

[IF R SAYS "When a doctor says to," PROBE FOR AN ESTIMATE OF THE AGE. RECORD "95" IF R DOES NOT GIVE AN AGE.]

|_|_|
AGE

WHEN A DOCTOR/HEALTH PROVIDER SAYS TO..... 95

BC-14. In general, once women start having mammograms, about how often should they have them?
[PROBE FOR GENERAL GUIDELINE ASSUMING NO PRIOR PROBLEMS.]

MORE OFTEN THAN ONCE A YEAR..... 1
EVERY 1 TO < 2 YEARS 2
EVERY 2 TO < 3 YEARS 3
EVERY 3 TO < 5 YEARS 4
EVERY 5 TO < 10 YEARS 5
10 YEARS OR MORE..... 6
ONLY WHEN THERE IS A PROBLEM..... 7
DEPENDS ON AGE..... 8
WHEN DOCTOR/HP RECOMMENDS 95
OTHER (SPECIFY) _____ 91

This page left blank intentionally.

CERVICAL CANCER (CV)

BOX CV-1

IF RESPONDENT IS FEMALE AND HAS NOT HAD CERVICAL
CANCER, CONTINUE WITH CV-1.
OTHERWISE, GO TO NEXT SECTION.

The next questions are about cervical cancer.

CV-1. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?

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

CV-2. When did you have your most recent Pap smear to check for cervical 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
MORE THAN 5 YEARS AGO 4

CV-3 WAS DELETED.

CV-4. You said your most recent Pap smear was {INSERT TIME FRAME FROM CV-2}. How long before that Pap smear was the last one?

A YEAR OR LESS BEFORE 1
MORE THAN 1 BUT NOT MORE THAN 2 YEARS BEFORE 2
MORE THAN 2 BUT NOT MORE THAN 5 YEARS BEFORE 3
MORE THAN 5 BEFORE..... 4
NONE BEFORE MOST RECENT..... 95

CV-5. Have you had a hysterectomy?

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

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

CV-6. When do you expect to have your next Pap smear?

A YEAR OR LESS FROM NOW 1
MORE THAN 1 BUT NOT MORE THAN 2 YEARS FROM NOW 2
MORE THAN 2 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

This page left blank intentionally.

PROSTATE CANCER (PC)

BOX PC-1

IF RESPONDENT IS MALE AND HAS NOT HAD PROSTATE
CANCER, CONTINUE WITH PC-1.
OTHERWISE, GO TO NEXT SECTION.

The next questions are about cancer affecting the prostate gland in men.

PERSONAL RISK

PC-1. How likely do you think it is that you will develop prostate cancer in the future? Would you say your chance of getting prostate cancer is . . .

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

PC-2. Compared to the average man your age, would you say that you are . . .

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

PC-3. How often do you worry about getting prostate cancer? Would you say . . .

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

SCREENING KNOWLEDGE AND BEHAVIORS

A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer.

PC-3A. Have you ever heard of a PSA or prostate-specific antigen test?

YES	1
NO	2 (NEXT SECTION)

BOX PC-2

IF RESPONDENT IS 35 YEARS OLD OR OLDER AND HAS TALKED
TO A HEALTH PROFESSIONAL IN THE PAST YEAR,
CONTINUE WITH PC-4.
IF RESPONDENT IS 35 YEARS OLD OR OLDER AND HAS NOT
TALKED TO A HEALTH PROFESSIONAL IN THE PAST YEAR,
GO TO PC-5.
OTHERWISE, GO TO NEXT SECTION.

PC-4. During the past 12 months, did a doctor, nurse, or other health professional advise you to get a PSA test?

YES.....	1
NO	2
HAD BLOOD TEST, BUT DK IF CHECKED PSA.....	3

PC-5. Have you ever had a PSA test?

YES.....	1
NO	2 (NEXT SECTION)
HAD BLOOD TEST, BUT DK IF CHECKED PSA.....	3 (NEXT SECTION)
DK.....	9 (NEXT SECTION)
RF	8 (NEXT SECTION)

PC-6. When did you have your most recent PSA test to check for prostate 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

PC-7. You said your last PSA test was {INSERT TIME FRAME FROM PC-6} How long before that PSA test was the last one?

A YEAR OR LESS BEFORE	1
MORE THAN 1 BUT NOT MORE THAN 2 YEARS BEFORE	2
MORE THAN 2 BUT NOT MORE THAN 5 YEARS BEFORE	3
OVER 5 YEARS BEFORE.....	4
NONE BEFORE MOST RECENT.....	95

PC-8 THROUGH PC-12 WERE DELETED

THE SKIN CANCER SECTION WAS DELETED

PRIMARY CANCER RISK BEHAVIORS

Tobacco Use

Fruits and Vegetables

Exercise

Overweight/Obesity

This page left blank intentionally.

TOBACCO USE (TU)

TOBACCO SCREENER

Now, I'd like to ask you about your use of tobacco.

TU-1. Have you smoked at least 100 cigarettes in your entire life?

[IF NEEDED: 5 Packs = 100 Cigarettes.]

YES..... 1
NO 2 (BOX TU-4)

TU-2. Do you now smoke cigarettes . . .

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

TU-3. On the average, how many cigarettes do you now smoke a day?

[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-5.

TU-4. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

[IF NEEDED: 1 Pack = 20 Cigarettes.]

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

NUMBER OF CIGARETTES

CURRENT SMOKERS

TU-5. Would you say that . . .

you plan to quit smoking, 1
you don't plan to quit, or..... 2
you're undecided? 3

BOX TU-1

IF SMOKE EVERY DAY OR SOME DAYS, GO TO TU-9.
OTHERWISE, CONTINUE.

FORMER SMOKERS

TU-6. About how long has it been since you last smoked cigarettes?

- | | |
|--|---|
| LESS THAN 1 MONTH AGO | 1 |
| 1 MONTH TO LESS THAN 3 MONTHS AGO | 2 |
| 3 MONTHS TO LESS THAN 6 MONTHS AGO | 3 |
| 6 MONTHS TO LESS THAN 1 YEAR AGO | 4 |
| 1 YEAR TO LESS THAN 5 YEARS AGO | 5 |
| 5 YEARS TO LESS THAN 15 YEARS AGO | 6 |
| 15 OR MORE YEARS AGO | 7 |

TU-7. On the average, when you smoked, about how many cigarettes did you smoke a day?

[IF NEEDED: 1 Pack = 20 Cigarettes.]

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

NUMBER OF CIGARETTES

ALL SMOKERS

TU-8 DELETED

TU-9. I am going to read you some statements people might make about smoking. For each, tell me how much you agree or disagree, or if you have no opinion?

	STRONGLY <u>AGREE</u>	SOMEWHAT <u>AGREE</u>	SOMEWHAT <u>DISAGREE</u>	STRONGLY <u>DISAGREE</u>	<u>NO OPINION</u>
a. Exercise can undo most of the effects of smoking. Would you say you strongly agree, somewhat agree, somewhat disagree, strongly disagree, or you have no opinion?.....	1	2	3	4	5
b. Vitamins can undo most of the effects of smoking. (Would you say you...)	1	2	3	4	5
c. There's no risk of getting cancer if someone only smokes a few years. (Would you say you...).....	1	2	3	4	5
d. Whether a person gets lung cancer depends more on genes than anything else. (Would you say you...)	1	2	3	4	5

BOX TU-2

IF NO LONGER SMOKE, GO TO TU-12.
OTHERWISE IF SMOKE EVERY DAY OR SOME DAYS, CONTINUE.

TU-10. What type of cigarette do you now smoke most often—a regular, light, ultra light, or some other type?

REGULAR/FULL-FLAVOR	1 (TU-12)
LIGHT/MILD.....	2
ULTRA-LIGHT	3
NO USUAL TYPE	4 (TU-12)
MEDIUM	5
SOME OTHER TYPE (E.G., OMNI, ECLIPSE, ETC.).....	91

TU-11. What is the main reason why you now smoke {lights/ultra-lights/this type of cigarette}?..Is it . . .

a way to reduce the health risks of smoking,	1
to try to quit smoking,.....	2
because of the taste, or	3
for some other reason? (SPECIFY)	91
NOT AS STRONG/LESS NICOTINE/LIGHTER/LOW IN TAR.....	4
HABIT/ADDICTED	5
NO REASON	6
STRESS/RELAX/NERVES	7
THAT'S WHAT I'VE ALWAYS SMOKED/WHAT I LIKE.....	8
COST/CHEAPER	9

TU-12. If a new cigarette were advertised as less harmful than current cigarettes, how interested would you be in trying it? Would you say . . .

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

BOX TU-3

IF RESPONDENT STOPPED SMOKING 5 OR MORE
YEARS AGO, GO TO BOX TU-4.
OTHERWISE, CONTINUE.

TU-13. Tobacco companies have recently introduced new types of cigarettes that are claimed to have fewer harmful chemicals or carcinogens. These have names like Eclipse, Accord, Advance, and Omni. Have you ever tried one of these products?

YES.....	1
NO	2

TU-14. Tobacco companies have also recently introduced new types of smokeless tobacco products. These have names like Arriva, Exalt, and Revel. Have you ever tried one of these products?

YES.....	1
NO	2

BOX TU-4

IF RESPONDENT HAS HAD LUNG CANCER,
GO TO NEXT SECTION.
OTHERWISE IF CURRENT OR FORMER SMOKER, RANDOMLY
ASSIGN HALF TO GET TU-15 AND HALF TO GET TU-16.
OTHERWISE, GO TO TU-17.

PERSONAL RISK

TU-15. How likely do you think it is that the average {male/female} cigarette smoker will develop lung cancer in the future?
Would you say that {his/her} chance is . . .

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

GO TO TU-17.

TU-16. 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 . . .

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

DETECTION/CURABILITY

TU-17. Overall, how many people who develop lung cancer do you think are cured? Your best guess is fine.
Would you say . . .

less than a quarter,	1
about a quarter,	2
about half,	3
about three-quarters, or	4
nearly all?	5

BOX TU-5

IF DO NOT SMOKE, CONTINUE.
IF CURRENT SMOKER, RANDOMLY SELECT HALF TO ANSWER
TU-18 AND HALF TO ANSWER TU-19.

TU-18. Would you say the average smoker has about the same lung cancer risk as a non-smoker, a little higher lung cancer risk than a non-smoker, twice the non-smoker's risk, 5 times the non-smoker's risk or 10 or more times the non-smoker's risk?

- ABOUT THE SAME AS A NON-SMOKER, 1
- LITTLE HIGHER THAN A NON-SMOKER, 2
- TWICE AS HIGH AS A NON-SMOKER, 3
- 5 TIMES HIGHER THAN A NON-SMOKER, 4
- 10 OR MORE TIMES HIGHER THAN A NON-SMOKER 5

GO TO NEXT SECTION.

TU-19. Would you say you have about the same lung cancer risk as a non-smoker, a little higher lung cancer risk than a non-smoker, twice the non-smoker's risk, 5 times the non-smoker's risk, or 10 or more times the non-smoker's risk?

- ABOUT THE SAME AS A NON-SMOKER, 1
- A LITTLE HIGHER THAN A NON-SMOKER, 2
- TWICE AS HIGH AS A NON-SMOKER, 3
- 5 TIMES HIGHER THAN A NON-SMOKER, 4
- 10 OR MORE TIMES HIGHER THAN A NON-SMOKER 5

This page left blank intentionally.

FRUITS AND VEGETABLES (FV)

These questions are about how often you ate or drank different kinds of foods during the past month, 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.

FV-1. During the past month, how often did you eat fruit? Include fresh, canned, or frozen fruit.

[ENTER NUMBER. IF NEVER, ENTER 95]

<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div>	<div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div>
TIMES	UNIT

[ENTER UNIT.]

PER DAY	1
PER WEEK	2
PER MONTH	3
NEVER	95

FV-2. During the past month, how often did you drink 100% fruit juice? Include orange, apple, and grape juices. Do not include fruit drinks like Kool-Aid or Hi-C.

[ENTER NUMBER. IF NEVER, ENTER 95]

<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div>	<div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div>
TIMES	UNIT

[ENTER UNIT.]

PER DAY	1
PER WEEK	2
PER MONTH	3
NEVER	95

FV-3. During the past month, how often did you eat vegetables? Include things like salad, cooked dried beans, corn, and broccoli.

[ENTER NUMBER. IF NEVER, ENTER 95]

<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div>	<div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div>
TIMES	UNIT

[ENTER UNIT.]

PER DAY	1
PER WEEK	2
PER MONTH	3
NEVER	95

FV-3a. During the past month, how often did you eat potatoes? Do not include things like fried potatoes, french fries or rice.
[ENTER NUMBER. IF NEVER, ENTER 95]

TIMES

UNIT

- [ENTER UNIT.]
- | | |
|-----------------|----|
| PER DAY | 1 |
| PER WEEK..... | 2 |
| PER MONTH | 3 |
| NEVER | 95 |

FV-4. How many servings of fruits and vegetables do you think a person should eat each day for good health?
[IF R GIVES RANGE, PROBE FOR AN EXACT NUMBER. IF DON'T KNOW, DO NOT PROBE.]

SERVINGS

EXERCISE (EX)

The next few questions are about exercise, recreation, physical activities, or anything you do each day to increase the amount that you move other than during your regular job duties.

EX-1. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

YES..... 1
NO 2 (EX-3)

EX-2. At least once a week, do you engage in regular activity such as brisk walking, jogging, bicycling, or another activity long enough to work up a sweat?

YES..... 1
NO 2

EX-3. Can exercise help to lower the chances of getting some types of cancer or does exercise not make much difference?

LOWERS CHANCE OF CANCER 1
DOESN'T MAKE DIFFERENCE 2 (NEXT SECTION)

EX-4. Which type or types of cancers, or don't you know?
[CODE ALL THAT APPLY.]

ALL TYPES OF CANCER..... 10
BLADDER 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
LEUKEMIA/BLOOD CANCER 17
LUNG CANCER..... 18
LYMPHOMA 19
MELANOMA 20
OTHER SKIN CANCER..... 21
ORAL CANCER..... 22
OVARIAN CANCER..... 23
PANCREATIC CANCER..... 24
PHARYNGEAL (THROAT) CANCER 25
PROSTATE CANCER 26
RECTAL CANCER 27
RENAL (KIDNEY) CANCER 28
BONE..... 29
STOMACH..... 30
HEART..... 31
BRAIN..... 32
INTERNAL ORGANS..... 33
MOST TYPES OF CANCER..... 34
THYROID..... 35
OTHER (SPECIFY) 91

This page left blank intentionally.

OVERWEIGHT/OBESITY (HW)

The next questions are about your health now. Please try to answer them as accurately as you can.

HW-1. About how tall are you without shoes?

[ENTER FEET.]

|_|_|
FEET

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

|_|_|
INCHES

HW-2. About how much do you weigh without shoes?

[ROUND FRACTIONS UP TO WHOLE NUMBER.]

|_|_|_|
POUNDS

HW-3 WAS DELETED

This page left blank intentionally.

HEALTH STATUS & DEMOGRAPHICS

This page left blank intentionally.

HEALTH STATUS (HS)

HEALTH CONDITION

HS-1. In general, would you say your health is...

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

DEPRESSION

Now, I am going to ask you some questions about feelings you may have experienced over the past 30 days.

HS-2. 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?

	ALL OF THE <u>TIME</u>	MOST OF THE <u>TIME</u>	SOME OF THE <u>TIME</u>	A LITTLE OF THE <u>TIME</u>	NONE OF THE <u>TIME</u>
a. so sad that nothing could cheer you up	1	2	3	4	5
b. nervous.....	1	2	3	4	5
c. restless or fidgety.....	1	2	3	4	5
d. hopeless	1	2	3	4	5
e. that everything was an effort.....	1	2	3	4	5
f. worthless.....	1	2	3	4	5

BOX HS-1

IF RESPONDENT HAD ANY OF THE FEELINGS IN HS-2
ALL, MOST, OR SOME OF THE TIME, CONTINUE.
OTHERWISE, GO TO HS-5.

HS-3. We just talked 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 |

HS-4 WAS DELETED

HEALTH INSURANCE

Now, I would like to ask you about your health care coverage.

HS-5. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- YES..... 1
- NO 2

DEMOGRAPHICS (DM)

I have a few final questions about you and your household.

DM-1. 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-2. Are you . . .

Married,	1
Divorced,	2
Widowed,	3
Separated,	4
never been married, or	5
a member of an unmarried couple?	6

DM-3. Are there any children in your household under the age 18?

YES	1
NO	2

DM-4. Are you Hispanic or Latino?

YES	1
NO	2

DM-5. Which one or more of the following would you say is your race? Are you . . .

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

American Indian or Alaska Native,	10
Asian,	11
Black or African American,	12
Native Hawaiian or other Pacific Islander, or	13
White?	14

DM-6. What is the highest grade or year of school you completed?

NEVER ATTENDED SCHOOL OR ONLY ATTENDED KINDERGARTEN	1
GRADES 1 THROUGH 8 (ELEMENTARY)	2
GRADES 9 THROUGH 11 (SOME HIGH SCHOOL)	3
GRADE 12 OR GED (HIGH SCHOOL GRADUATE)	4
COLLEGE 1 YEAR TO 3 YEARS (SOME COLLEGE OR TECHNICAL SCHOOL)	5
COLLEGE 4 YEARS OR MORE (COLLEGE GRADUATE)	6

DM-7. Is your annual household income from all sources...

	<u>YES</u>	<u>NO</u>
a. less than \$25,000?	1	2 (GO TO E)
b..... less than \$20,000?	1	2 (END2)
c..... less than \$15,000?	1	2 (END2)
d..... less than \$10,000?	1 (END2)	
2 (END2)		
e..... less than \$35,000?	1 (END2)	2
f..... less than \$50,000 (\$35,000 to less than \$50,000)?	1 (END2)	2
g..... less than \$75,000 (\$50,000 to less than \$75,000)?	1 (END2)	2
h..... \$75,000 or more?	1	2

END STATEMENT 2. Those are all of the questions that I have for you. Thank you for your time. 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