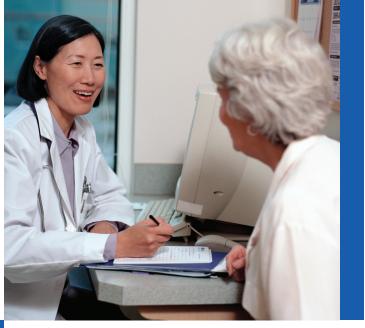
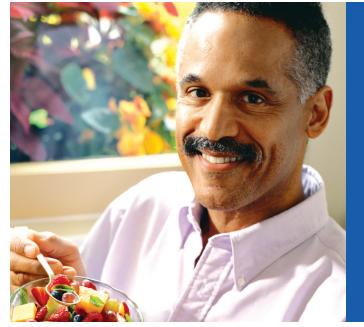


Health Information

National Trends Survey



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





Annotated Form Cycle 2, Full-Content, English Version



Instructions

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

1.	Is there more than one person age 18 or older living in this household?
	Yes No → GO TO A1 on the next page
Y	
2.	Including yourself, how many people age 18 or older live in this household?
	MailHHAdults
3.	The adult with the next birthday should complete this questionnaire. This way, across all households, HINTS will include responses from adults of all ages.
4.	Please write the first name, nickname, or initials of the adult with the next birthday. This is the person who should complete the questionnaire.

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



A: Looking For Health Information

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

SeekHealthInfo

— 1 Yes

2 No → GO TO 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 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

Magazines

10 Newspapers

11 Telephone information number

Complementary, alternative, or unconventional practitioner

WhereSeekHealthInfo_IMP

A3. The most recent time you looked for information about health or medical topics, who was it for? WhoLookingFor

1 Myself

2 Someone else

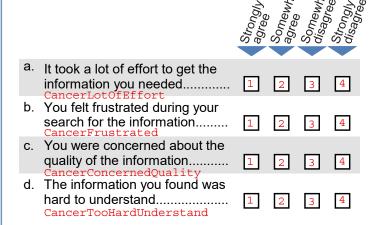
3 Both myself and someone else

A4. Have you ever looked for information about cancer from any source? SeekCancerInfo

Yes

No → GO TO A6 below

A5. Based on the results of your most recent search for information about cancer, how much do you agree or disagree with <u>each</u> of the following statements?



A6. Overall, how confident are you that you could get advice or information about cancer if you needed it? CancerConfidentGetHealthInf

1 Completely confident

2 Very confident

3 Somewhat confident

4 A little confident

5 Not confident at all

A7.	In general, how much would you trust
	information about cancer from each of the
	following?

		Not at a	A little	Some	A 10t
a.	A doctorCancerTrustDoctor	4	3	2	1
b.	Family or friends	4	3	2	1
C.	Newspapers or magazines	4	3	2	1
d.	Newspapers or magazines CancerTrustNewsMag Radio	4	3	2	1
e.	CancerTrustRadio Internet CancerTrustInternet	4	3	2	1
f.	Television	4	3	2	1
g.	CancerTrustTelevison Government health agencies CancerTrustGov	4	3	2	1
h.	Charitable organizations CancerTrustCharities	4	3	2	1
i.	Religious organizations and				
	leaders	4	3	2	1
	CancerTrustReligiousOrgs				

A8. Imagine that you had a strong need to get information about cancer. Where would you go first? strongNeedCancerInfo

Mark only one.

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

StrongNeedCancerInfo_IMP

B: Using the Internet to Find Information

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

1 Yes2 No → GO TO B5 on the next page

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

		Yes	No
a.	A regular dial-up telephone lineInternet DialUp	1	2
b.	Broadband such as DSL, cable, or FiOS Internet BroadBnd	1	2
C.	A cellular network (i.e., phone, 3G/4G)	1	2
d.	A wireless network (Wi-Fi)	1	2

B3. <u>In the past 12 months</u>, have you used the Internet to look for information about cancer for yourself? <u>InternetCancerInfoSelf</u>

1 Yes
2 No

B4. How often do you access the Internet

WhereUseInternet_MobileDevice

	through each of the following?	,	S	2
	Vilea	Sometime	Never	Not Applica
a.	Computer at home	2	3	4
b.	Computer at work	2	3	4
C.	Computer in a public place			
	(library, community center, other)	2	3	4
d.	On a mobile device (cell phone/smart phone/tablet).	2	3	4

B5.	In the past 12 months, have you used a
	computer, smartphone, or other electronic
	means to do any of the following?

		Yes	No
a.	Looked for health or medical information for yourself	1	2
b.	Looked for health or medical information for someone else	1	2
C.	Bought medicine or vitamins online Electronic BuyMedicine	1	2
	Looked for assistance for the care that you provide for someone else Electronic LookedAssistance	1	2
e.	Used e-mail or the Internet to communicate with a doctor or a doctor's office	. 1	2
f.	Electronic TalkDoctor Tracked health care charges and costs Electronic TrackedHealthCosts	. 1	2
g.	Looked up medical test results	1	2

B6. Please indicate if you have each of the following.

Mark all that apply.

	Tablet computer (for example Samsung Galaxy, Motorola X Kindle Fire) HaveDevice_Tab	Coom, or
1 1	Smartphone (for example, an Blackberry, or Windows phor HaveDevice SmartPh Basic cell phone only HaveDevice CellPh I do not have any of the abov HaveDevice None HaveDevice Cat	GO TO B9

B7. On your tablet or smartphone, do you have any "apps" related to health and wellness?

TabletHealthWellnessApps

|--|

2 No

3 Don't know

B8. Has your tablet or smartphone...

a.	Helped you track progress on a health-related goal such as quitting smoking, losing weight, or increasing physical activity?	1	2
b.	Helped you make a decision about how to treat an illness or condition?	1	2
C.	Helped you in discussions with your health care provider?	1	2

Yes No.

B9. Other than a tablet or smartphone, have you used an electronic device to monitor or track your health within the last 12 months? Examples include Fitbit, blood glucose meters, and blood pressure monitors.

OtherDevTrackHealth 1 Yes 2 No

B10. Have you shared health information from either an electronic monitoring device or smartphone with a health professional within the last 12 months? SharedHealthDeviceInfo

1 Yes

2 No

Not Applicable

B11. 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 past 12 months, have you used the Internet for any of the following reasons?

	To visit a social networking site, such as Facebook or LinkedIn	1	2
b.	IntRsn VisitedSocNet To share health information on social networking sites, such as Facebook or Twitter	1	2
C.	To write in an online diary or blog (i.e., Web log) IntRsn WroteBlog	1	2
d.	To participate in an online forum or support group for people with a similar health or medical issue	1	2
e.	To watch a health-related video on YouTube	1	2

B12. Have you sent a text message to or received a text message from a doctor or other health care professional within the last 12 months? TextFromDoctor

1	Yes

2	No
---	----

3 Don't kno	W
-------------	---

C: Your Health Care

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

RegularProvider

1 Yes

2 No

Yes No

C2. 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. MostRecentCheckup2

- 1 Within the past year
- 2 1-2 years ago
- 3-5 years ago
- 4 More than 5 years ago
- 5 Never
- 6 Don't know

C3. 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 vourself? FreqGoProvider

- None → GO TO C7 on the next page
- 1 1 time
- 2 times
- 3 times
- 4 times
- 5 5-9 times
- 6 10 or more times

C4. The following questions are about your communication with all doctors, nurses, or other health professionals you saw during the past 12 months.

> How often did they do each of the following?



- a. Give you the chance to ask all the health-related questions you had.....

ChanceAskQuestions

b. Give the attention you needed to your feelings and emotions..... FeelingsAddressed c. Involve you in decisions about

your health care as much as you wanted.....

InvolvedDecisions d. Make sure you understood the things you needed to do to take care of your health.....

UnderstoodNextSteps e. Explain things in a way you could understand..... ExplainedClearly

f. Spend enough time with you......

 g. Help you deal with feelings of uncertainty about your health or health care..... HelpUncertainty

C5. Overall, how would you rate the quality of health care you received in the past 12 months? QualityCare

1 Excellent

- Very good
- 3 Good
- 4 | Fair
- 5 Poor

C6. In the last 12 months, when getting care for a medical problem, was there a time when you...

		_	
a.	Had to bring an X-ray, MRI, or other type of test result with you to the		
	appointment? ProbCare BringTest	1	2
b.	Had to wait for test results longer than you thought reasonable? ProbCare WaitLong	1	2
C.	Had to redo a test or procedure because the earlier test results were		
	not available? ProbCare RedoTest	1	2
d.	Had to provide your medical history		

be found?..... ProbCare ProvideHist

C7. Are you currently covered by any of the following types of health insurance or health coverage plans?

a.	Insurance through a current or forme	
	employer or union	
	HealthIns InsuranceEmp	

again because your chart could not



Yes No

Yes No

b. Insurance purchased directly from an insurance company..... HealthIns InsurancePriv c. Medicare, for people 65 and older, or

people with certain disabilities...... 1

HealthIns_Medicare d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability....

 1	2

HealthIns Medicaid e. TRICARE or other military health care... HealthIns_Tricare

••	ш	2
ı		

f. VA (including those who have ever used or enrolled for VA health care)..... HealthIns VA g. Indian Health Service.....

•	Ш	2
_		2

HealthIns IHS h. Any other type of health insurance or health coverage plan (Specify).....

HealthIns_Other

	1	2	
_			

HealthIns_Other_OS

D: Medical Records

Next, we are going to ask you some questions about your medical records. Medical records are defined as medical history, such as laboratory test results, clinical notes, and current list of medications.

D1. Do any of your doctors or other health care providers maintain your medical records in a computerized system?

1 Yes

ProviderMaintainEMR2

- No No
- 3 Don't Know
- D2. How confident are you that safeguards (including the use of technology) are in place to protect your medical records from being seen by people who aren't permitted to see them?
 - 1 Very confident

ConfidentInfoSafe

- 2 Somewhat confident
- 3 Not confident
- D3. Have you ever kept information from your health care provider because you were concerned about the <u>privacy</u> or <u>security</u> of your medical record? <u>withheldInfoPrivacy</u>
 - 1 Yes
 - 2 No
- D4. Have you ever been offered online access to your medical records by your health care provider or health insurer?
 - -1 Yes

EverOfferedAccessRec

- 2 No → GO TO E1 on the next page
- 3 Don't Know → GO TO E1 on the next page
- D5. Who offered you online access to your medical records?

Mark all that apply.

- 1 Health care provider whoOffered_HCP
- 1 Health insurer WhoOffered_Insurer
- Something else Specify → WhoOffered_Other WhoOffered_Other_OS

WhoOffered_Cat

D6. How many times did you access your online medical record in the last 12 months? AccessOnlineRecord

0 0 → GO TO D7 b	elow
1 to 2 times)
2 3 to 5 times	GO TO D8
3 6 to 9 times	on the next page
4 10 or more times	J
<u> </u>	

D7. Why have you <u>not</u> accessed your medical record online? Is it because...

	res	NO
a. You prefer to speak to your health of provider directly?		2
b. You do not have a way to access the website?	ne 1	2
c. You did not have a need to use you online medical record?	_	2
d. You were concerned about the priv or security of the website that had y medical records?	our _	2
e. You don't have an online medical record?	1	2
f. Other (Specify)	1	2
NotAccessed_Ot	her	
NotAccessed_Ot	her_OS	



If you have <u>not</u> accessed any medical records in the last 12 months, go to E1 on the next page.

Otherwise, go to D8



D8.	In the past 12 months, have you used your online medical record to	D11. In general, how useful is your online medical record for monitoring your health?
	Yes No	UsefulOnlineMedRecVery usefulSomewhat useful
a.	RecordsOnline RefillMeds	3 Not very useful
b.	Fill out forms or paperwork related to your health care?	Not at all useful
C	RecordsOnline_Paperwork Request correction of inaccurate	I do not use my online medical record to monitor my health
0.	information?	monitor my nearth
d.	Securely message health care provider	
	and staff (for example, e-mail)? 1 2 RecordsOnline_MessageHCP	E: Caregiving
e.	Download your health information to your computer or mobile device, such as a cell	
	phone or tablet? 1 2 RecordsOnline_DownloadHealth	E1. Are you currently caring for or making health care decisions for someone with a medical ,
f.	Add health information to share with your health care provider, such as health	behavioral, disability, or other condition?
	concerns, symptoms, and side effects? 1 2 RecordsOnline AddHealthInfo	Mark <u>all that apply</u> .
g.	11.1	Yes, a child/children Caregiving_Child
	RecordsOnline_MakeDecision	1 Yes, a spouse/partner Caregiving_Spouse
Dα	Do any of your online medical records include	Yes, a parent/parents Caregiving_ParentYes, another family member Caregiving_AnotherFam
D3.	the following types of medical information?	Yes, a friend or other non-relative Caregiving_Friend
	Don't	1 No → GO TO E11 on page 10 Caregiving_No
	Yes No know	CaregivingWho_Cat
a.	List of health/medical problems 1 2 3 RecordsOnline_HealthProbs Allergy list	E2. Do you provide any of this care professionally
	RecordsOnline Allergies	as part of a job (for example, as a nurse or professional home health aide)?
d.	Summaries of your office visit	Tyes Caregiving_Professional
	RecordsOnline ClinNotes Immunization or vaccination history 1 2 3	2 No
	RecordsOnline_Immunizations	
D10	. Have you electronically sent your medical	
	information to?	
	Yes No	
a. h	Another health care provider? 1 2 ESent_AnotherHCP A family member or another person	
υ.	involved with your care?	
c.	A service or app that can help manage	
	and store your health information?	

E3.	Please think about the individual for whom you are <u>currently providing the most care</u> . Please <u>check all</u> conditions for which you have provided care for this person.	E6.	Think about the individual for whom you are currently providing the most care. Where does your care recipient live currently? 1 In your household 2 Within 20 minutes of your home
	Mark <u>all that apply</u> .		20 to 59 minutes from your home
	Cancer Caregiving Cancer		1 to 2 hours from your home
	Alzheimer's, confusion, dementia,		More than 2 hours away from your home
	forgetfulness Caregiving Alzheimers		–
	Orthopedic/Musculoskeletal Issues (examples: back problems, broken bones, arthritis, mobility problems, can't get around, feeble, unsteady, falling) Caregiving OrthoMusc	E7.	Think about the individual for whom you are currently providing the most care. Do you help your care recipient with any of the
	Mental health/behavioral/substance		following activities?
	abuse issues (examples: mental illness, emotional problems, depression, anxiety, substance/drug/alcohol		Mark all that apply.
	abuse)		Getting in and out of beds and chairs
	Caregiving MentalHealth Chronic conditions		Caregiving BedsChairs Getting dressed
	(examples: high blood pressure/hypertension, diabetes, heart disease, heart attack, lung		Caregiving Dressing Getting to and from the toilet Caregiving Toilet
	disease, emphysema, Chronic Obstructive		Dealing with incontinence or diapers Caregiving Incontinence
	Pulmonary Disease (COPD), Parkinson's) Caregiving ChronicCond		Bathing/Personal care Caregiving Bathing
	Neurological/developmental Issues (examples: brain damage or injury,		Preparing meals Caregiving MealPrep
	developmental or intellectual disorder, mental	L:	Feeding him/her Caregiving Feeding
	retardation, Down syndrome, stroke) Caregiving NeuroDev Acute conditions		Managing finances such as paying bills or filling out insurance claims
	Acute conditions Caregiving AcuteCond Aging/aging related health issues not listed		Caregiving_Finances Grocery shopping or other shopping Caregiving_Shopping
	in the other categories above Caregiving_Aging		Housework Caregiving Housework
	1 Other - Specify → Caregiving Other Caregiving Other OS		Transportation (driving him/her or arranging
	1 Not sure/don't know Caregiving_NotSure		transportation) Caregiving_Transportation
	CaregivingCond_Cat	EΩ	CaregivingActivities_Cat Think about the individual for whom you are
E4.	Think about the individual for whom you are	LO.	currently providing the most care. Do you
	currently providing the most care. About how		help your care recipient with any of the
	many hours per week do you spend in an average week providing care?		following activities?
	Hours spent providing		Mark all that apply.
	care per week		Performing medical/nursing tasks (for example,
	Caregiving_HoursPerWeek2		giving medicine, changing bandages, managing
E5.	Think about the individual for whom you are		side effects or symptoms) Caregiving_MedTasks
	currently providing the most care. About how		Communicating with health care professionals like doctors, nurses, or social workers about
	long have you been providing care for this person? Your best estimate is fine.		his/her care Caregiving CommunicateHCP
	1 Less than 30 days Caregiving_HowLong		Arranging for outside services such as nurses, home care aides, Meals on Wheels, or other
	2 1 to 6 months		community services Caregiving_ArrangeSvcs
	3 7 months to 2 years		Spending time with him/her and providing
	4 3 to 5 years		companionship or emotional support Caregiving_SpendTime
	More than 5 years		Caregiving_MedAct_Cat 55346
		l	233 10

E9. Think about the individual for whom you are currently providing the most care. How many times did you access your care recipient's online medical record in the last 12 months? O None Caregiving_AccessMedRec 1 1 to 2 times 2 3 to 5 times 3 6 to 9 times 4 10 or more times	E11. Medical/nursing tasks include activities such as administering medicine, changing bandages, or managing side effects or symptoms. If you had to learn how to do a medical/nursing task to assist someone, how would you prefer to learn? Mark all that apply. In-person instruction CaregiverTraining InPerson Hotline or 24-hr phone number to call with
E10. The next few questions are about you as a caregiver. Have you ever needed and/or received any of the following care support services?	questions CaregiverTraining Hotline Reading material: pamphlet or book CaregiverTraining ReadingMat Online video instruction CaregiverTraining OnlineVideo Virtual: have a qualified person provide me with live instruction over the internet CaregiverTraining_Virtual CaregiverTraining_Cat
a. Training on how to perform medical/nursing tasks (for example, giving medicine, changing bandages, managing side effects or symptoms)	F: Palliative Care F1. How would you describe your level of knowledge about palliative care? KnowledgePalliativeCare I I've never heard of it → GO TO G1 on the next page I know a little bit about palliative care I know what palliative care is and could explain it to someone else F2 To me, the goal of palliative care is to a. Help friends and family to cope with a patient's illness
	c. Manage pain and other physical symptoms

F3.	Imagine you had a strong need to get
	information about palliative care. Where
	would you go first to get information?

PCStrongNeedInfo

Mark only one.

- Printed materials (for example, newspapers, magazines)
- Health care provider (doctor, nurse, social worker)
- Conversations with people you trust (friends, relatives, or co-workers)
- Internet (Google or another search engine, WebMD or another medical website)
- Social Media (Facebook, Instagram, Twitter)

 PCStrongNeedInfo IMP
- F4. Imagine you had a strong need to get information about palliative care. Which of the following would you most trust as a source of information about palliative care?

PCTrustInfo

Mark only one.

- Printed materials (for example, newspapers, magazines)
- Health care provider (doctor, nurse, social worker)
- Conversations with people you trust (friends, relatives, or co-workers)
- Internet (Google or another search engine, WebMD or another medical website)
- 5 Social Media (Facebook, Instagram, Twitter)

PCTrustInfo_IMP

F5.	How much do you agree or disagree with the
	following statements about palliative care?

		Strongly agree	Somewha	Somewha	Strongly disagri	Don't Kno
a.	Accepting palliative care means giving up	1	2	3	4	5
b.	It is a doctor's obligation to inform all patients with cance about the option of palliative care	er 1	2	3	4	5
C.	If you accept palliative care, you must stop other treatments PCStopTreatments	1	2	3	4	5
d.	Palliative care is the same as hospice care	1	2	3	4	5
e.	When I think of "palliative care," I automatically think of death	1	2	3	4	5

G: Your Overall Health

G1. In general, would you say your health is...

1 Excellent,

GeneralHealth

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

G2. Overall, how confident are you about your ability to take good care of your health?

1 Completely confident

OwnAbilityTakeCareHealth

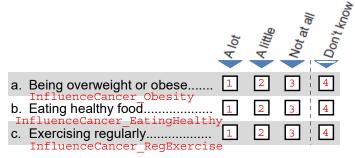
- 2 Very confident
- 3 Somewhat confident
- 4 A little confident
- 5 Not confident at all



	Has a doctor or other health professional ever told you that you had any of the following medical conditions:	G7.	Now we are going to ask you about other people in your life. Please respond to each item by marking one box per row.
a. b.	Diabetes or high blood sugar?		Never Rarely Sometimes Often Aways
c. d. e.	A heart condition such as heart attack, angina, or congestive heart failure?		Is there anyone you can count on to provide you with emotional support when you need it – such as talking over problems or helping you make difficult decisions?
	MedConditions_Depression About how tall are you without shoes?		members that you talk to about your health?
	Feet and Inches Height Feet; Height Inches		prepare your meals if you are unable to do it yourself? 1 2 3 4 5 HelpPreparingMeals
G5.	About how much do you weigh, in pounds, without shoes? Pounds Weight		Do you have someone to take you to the doctor if you need it?
	Over the past 2 weeks, how often have you been bothered by any of the following	f.	you are sick?
	More than half Several days Not at all	G8.	Are you deaf or do you have serious difficulty hearing? Deaf 1 Yes 2 No
	Little interest or pleasure in doing things		
b.	Feeling down, depressed, or hopeless		
d.	Nervous Not being able to stop or control worrying		

H: Health and Nutrition

H1. How much do you think that each of the following can influence whether or not a person will develop cancer?



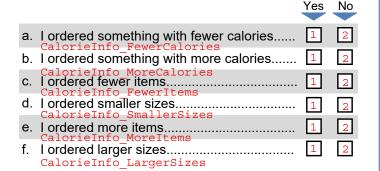
H2. Think about <u>the last time</u> you ordered food in a fast food or sit down restaurant, did you notice calorie information listed next to the food on the menu or menu board?



H3. Thinking about the last time you noticed calorie information on the menu or menu board, how easy or difficult to understand was the calorie information?

UnderstandCalorieInfo
Somewhat easy
Somewhat difficult
Very difficult

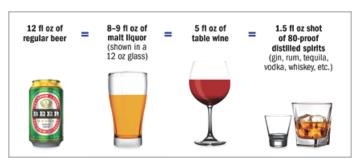
H4. Thinking about <u>the last time</u> you noticed calorie information on the menu or menu board, how did the calorie information change what you were thinking of ordering?



H5. About how many calories do you think a man/woman of your age and physical activity needs to consume a day to maintain your current weight? AverageCaloriesPerDay



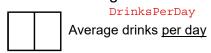
H6. These are examples of one drink of alcohol:



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



H7. During the past 30 days, on the days when you drank, about how many drinks did you drink on average?





I: Physical Activity, Exercise, and UV Exposure

In a typical week, how many days do you do
any physical activity or exercise of at least
moderate intensity, such as brisk walking,
bicycling at a regular pace, and swimming at
a regular pace (do not include weightlifting)?

	None → GO TO I3 below						
	1 day per week	TimesModerateExercise					
	2 days per week						
	3 days per week						
\dashv	4 days per week						
	5 days per week						
	6 days per week						
	7 days per week						
,							

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

Minutes per

HowLongModerateExerciseMinutes

- 13. 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)?
 - None

TimesStrengthTraining

- 1 day per week
- 2 days per week
- 3 days per week
- 4 days per week
- 5 days per week
- 6 days per week
- 7 days per week

14. During the past 7 days, how much time did you spend sitting on a typical day at home or at work? This may include time spent sitting at a desk, visiting friends, reading, driving or riding in a car, or sitting or lying down to watch television.

	AverageTimeSitting
	Hours per day

I5.	In the past 12 months, how many times have
	you used a tanning bed or booth?

,		5	
		Times	TimesUsedTanningBed

16. On warm sunny days, how often do you spend time in the sun in order to get a tan?

- SpendTimeInSunTanning 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't go out on sunny days
- 17. During the past 12 months, has a physician or other health care provider talked to you about reducing your exposure to the sun or indoor tanning devices such as sunlamps, sunbeds, or tanning booths to reduce the risk for skin cancer?

1 Yes	HCPAdvisedLimitingSu
2 No	

18. After several months of not being in the sun very much, if you went out in the sun for an hour without sunscreen, a hat or protective clothing, which one of these best describes what would happen to your skin?

SunEffectAfter1Hour

- Get a severe sunburn with blisters
- 2 Have a moderate sunburn with peeling
- 3 Burn mildly with some or no tanning
- 4 Turn darker without sunburn
- 5 Nothing would happen to my skin



J: Tobacco Products

Have you smoked at least 100 cigarettes in your entire life? Smoke100
Yes No → GO TO J3 below
How often do you now smoke cigarettes? SmokeNow SmokeNow SmokeNow Not at all
New types of cigarettes are now available called electronic cigarettes or e-cigarettes (also known as vape-pens, hookah pens, e-hookahs, or e-vaporizers). These products deliver nicotine through a vapor. Compared to smoking cigarettes, would you say that electronic cigarettes are
 Much less harmful, Less harmful, Just as harmful, More harmful, Much more harmful, or I don't know
Have you ever used an e-cigarette, even one or two times? UsedECigEver
Yes 2 No → GO TO J6 in the next column
Do you now use an e-cigarette every day, some days, or not at all? 1 Every day 2 Some days 3 Not at all

J6. In the past 6 months, have you seen messages in newspapers or on television that say that a Federal Court has ordered tobacco companies to make statements about the dangers of smoking cigarettes?

SeenFederalCourtTobaccoMessages 1 Yes 2 No → GO TO K1 on the next page

J7. Which of the following messages have you seen?

Mark all that apply.

1 That a Federal Court has ordered tobacco companies to make statements about the health effects of smoking.

TobaccoMessages_HESmoking

1 That a Federal Court has ordered tobacco companies to make statements about the health effects of secondhand smoke.

TobaccoMessages_HESecondhand

1 That a Federal Court has ordered tobacco companies to make statements about the addictiveness of smoking and nicotine.

TobaccoMessages Addictiveness

1 That a Federal Court has ordered tobacco companies to make statements about how cigarettes are designed to enhance the delivery of nicotine.

TobaccoMessages_EnhanceDelivery

1 That a Federal Court has ordered tobacco companies to make statements about low tar and light cigarettes being just as harmful as regular cigarettes.

TobaccoMessages LowTarLight TobaccoMessages Cat



K: Screening for Cancer

K1. Are you male or female?

GenderC

WhenPapTest

Male → GO TO K4 below

2 Female

K2. How long ago did you have your most recent Pap test to check for cervical cancer?

1 A year ago or less

More than 1, up to 2 years ago

More than 2, up to 3 years ago

More than 3, up to 5 years ago

More than 5 years ago

6 I have never had a Pap test

K3. When did you have your most recent mammogram to check for breast cancer, if ever? WhenMammogram

1 A year ago or less

More than 1, up to 2 years ago

More than 2, up to 3 years ago

More than 3, up to 5 years ago

More than 5 years ago

6 I have never had a mammogram

K4. 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

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

1 Yes

EverTestedColonCa

2 No

L: HPV Awareness

L1. Have you ever heard of HPV? HPV stands for Human Papillomavirus. It is not HIV, HSV, or herpes. HeardHPV

1 Yes No → GO TO L3 below

L2. Do you think HPV can cause...

		Yes	No	Not sure
a.	Cervical Cancer?	1	2	3
b.	HPVCauseCancer_Cervical Penile Cancer? HPVCauseCancer Penile	1	2	3
C.	Anal Cancer?	1	2	3
d.	HPVCauseCancer_Anal Oral Cancer? HPVCauseCancer_Oral	1	2	3

L3. A vaccine to prevent HPV infection is available and is called the HPV shot, cervical cancer vaccine, GARDASIL®, or Cervarix®.

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

1 Yes 2 No

HeardHPVVaccine2

L4. Including yourself, is anyone in your immediate family between the ages of 9 and 27 years old?

FamBetween9and27 1 Yes No → GO TO M1 on the next page

L5. In the last 12 months, has a doctor or health care professional recommended that you or someone in your immediate family get an HPV shot or vaccine?

1 Yes

RecommendHPVShot

2 No

3 I don't know



M: Your Cancer History

M1. Have you ever been diagnosed as having cancer? EverHadCancer
T Yes
2 No → GO TO N1 on the next page
M2. What type of cancer did you have?
Mark <u>all that apply</u> .
1 Bladder cancer CaBladder
Bone cancer CaBone
1 Breast cancer CaBreast
1 Cervical cancer (cancer of the cervix) Cacervical
1 Colon cancer CaColon
1 Endometrial cancer (cancer of the uterus)
1 Head and neck cancer CaHeadNeck
1 Leukemia/Blood cancer CaLeukemia
1 Liver cancer Caliver
1 Lung cancer CaLung
1 Lymphoma (Hodgkin's) CaHodgkins
1 Lymphoma (Non-Hodgkin's) CaNonHodgkin
1 Melanoma CaMelanoma
1 Oral cancer CaOral
1 Ovarian cancer CaOvarian
1 Pancreatic cancer CaPancreatic
1 Pharyngeal (throat) cancer CaPharyngeal
1 Prostate cancer Caprostate
1 Rectal cancer CaRectal
1 Renal (kidney) cancer CaRenal
1 Skin cancer, non-melanoma CaSkin
1 Stomach cancer CaStomach
1 Other – Specify → CaOther CaOther OS
Cancer_Cat
M3. At what age were you first told that you had cancer? WhenDiagnosedCancer

Age

M4. How worried are you about getting cancer again? FreqWorryCancerAgain

1 Not at all

2 Slightly

3 Somewhat

4 Moderately

5 Extremely

M5. How easy is it for you to imagine yourself developing cancer again in the future?

ImagineCancerAgain

1 Extremely difficult

2 Somewhat difficult

3 Neither difficult nor easy

4 Somewhat easy

5 Extremely easy



If you have been diagnosed as having cancer then please go to N3 on the next page.



N: Beliefs About Cancer

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

N1.	How worried are you about getting cancer? 1 Not at all 2 Slightly 3 Somewhat 4 Moderately 5 Extremely
N2.	How easy is it for you to imagine yourself developing cancer in the future? 1 Extremely difficult 2 Somewhat difficult 3 Neither difficult nor easy 4 Somewhat easy 5 Extremely easy
N3.	How much do you agree or disagree with each of the following statements?

		#S 89	80°C	8,8	Sib
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

N4. The following questions ask about your knowledge about cancer in your family. By family we mean your first and second degree biological relatives; that is, your grandparents, parents, brothers and sisters, children, aunts and uncles, nieces and nephews.

A family cancer history is a record of the cancers in your family. This includes knowing if you have no history of cancers in your family.

How well do you know your family's cancer history? FamiliarFamilyCancer

- 1 Very well
- 2 Well
- 3 Somewhat
- 4 A little
- 5 Not at all

N5. Have you ever had a discussion about your family cancer history with any of the following people? If there is no cancer in your family, and you have discussed this, please include that.

Mark all that apply.

- 1 Your biological mother FamilyCancer_Mother
- 1 Your biological father FamilyCancer_Father
- 1 Your biological sister(s) FamilyCancer_Sister
- 1 Your biological brother(s) FamilyCancer_Brother
- 1 Your biological children FamilyCancer_Children
- 1 Other biological family members
 - FamilyCancer_OthFam
- 1 A health care provider FamilyCancer_HCP
- I have not had discussions with any of these people FamilyCancer_None

FamilyCancer Cat



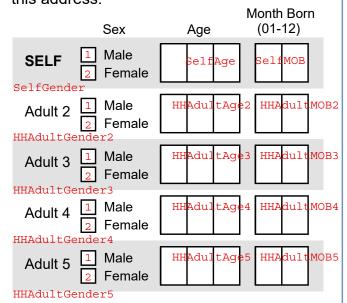
N6. Many medical forms ask you questions about cancer in your family. How confident are you that you could complete a summary of your family <u>cancer</u> history on a medical form? <u>confidentFamilyHistory</u> 1 Completely confident 2 Very confident 3 Somewhat confident 4 A little confident 5 Not confident at all N7. Have any of your family members ever had cancer? <u>FamilyEverHadCancer</u> 1 Yes 2 No 4 Not sure	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 Yes, now on active duty Yes, on active duty in the last 12 months but not now Yes, on active duty in the past, but not in the last 12 months No, training for Reserves or National Guard only No, never served in the military 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
O: You and Your Household	2 Yes, some of my health care
O. Tou allu Toul Housellolu	3 No, no VA health care received
O1. What is your age? Age	O5. What is your marital status?
Years old	Mark only <u>one</u> .
	1 Married
	2 Living as married
O2. What is your current occupational status?	3 Divorced
Mark only one. OccupationStatus	4 Widowed
1 Employed Employed	5 Separated
2 Unemployed UnEmployed	Single, never been married
3 Homemaker Homemaker	_
4 Student Student	O6. What is the highest grade or level of
5 Retired Retired	schooling you completed?
6 Disabled Disabled	- Education
91 Other - Specify → OccupationStatus_OS	1 Less than 8 years
OtherOcc	2 8 through 11 years
MultiOcc	12 years or completed high schoolPost high school training other than college
	(vocational or technical)
	5 Some college
	6 College graduate
	7 Postgraduate
	I and the second



O7. Were you born in the United States?	O11. What is your race? One or more categories
1 Yes → GO TO O9 below BornInUSA	may be selected.
	Mark <u>all that apply</u> .
↓	1 White White
O8. In what year did you come to live in the	Black or African American Black
United States? YearCameToUSA	American Indian or Alaska Native AmerInd
	1 Asian Indian AsInd
Year Year	1 Chinese Chinese
	1 Filipino Filipino
	1 Japanese Japanese
O9. How well do you speak English?	1 Korean Korean
1 Very well SpeakEnglish	1 Vietnamese Vietnamese
Well	1 Other Asian OthAsian
Not well	1 Native Hawaiian Hawaiian
Not at all	1 Guamanian or Chamorro Guamanian
	1 Samoan Samoan
O10. Are you of Hispanic, Latino/a, or Spanish	1 Other Pacific Islander OthPacIs1
origin? One or more categories may be	Race_Cat2
selected.	O12. Do you think of yourself as
Mark all that apply.	SexualOrientation 1 Heterosexual, or straight
<u> </u>	1 Homosexual, or gay or lesbian
No, not of Hispanic, Latino/a, or Spanish origin	Bisexual
Yes, Mexican, Mexican American, Chicano/a Mexican Yes, Puerto Rican	Something else – Specify ——
PuertoRican 1 Yes. Cuban	T
Cuban Yes, another Hispanic, Latino/a, or Spanish origin	SexualOrientation_OS
OtherHisp Hisp_Cat	SexualOrientation_I
nisp_cac	O13. <u>Including yourself</u> , how many people live ir your household? <u>TotalHousehold</u>
	Number of people



O14. 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.



O15. How many children	under the age of 18 live
in your household?	ChildrenInHH

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

O16.	Do	you	currently	rent	or	own	your	home?	?
		<i>J</i>					<i>J</i>		

RentOrOwn

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

- O17. Thinking about members of your family living in this household, what is your combined annual income, meaning the total pre-tax income from all sources earned in the past year? IncomeRanges
 - 1 \$0 to \$9,999
 - 2 \$10,000 to \$14,999
 - 3 \$15,000 to \$19,999
 - 4 \$20,000 to \$34,999
 - 5 \$35,000 to \$49,999
 - 6 \$50,000 to \$74,999
 - 7 \$75,000 to \$99,999
 - 8 \$100,000 to \$199,999
 - 9 \$200,000 or more
- O18. About how long did it take you to complete the survey?

Write a number in one box below.

	Minutes		Hours

MailSurveyTimeMin MailSurveyTimeHrs

O19. At which of the following types of addresses does your household currently receive residential mail?

Mark all that apply.

- A street address with a house or building number
- An address with a rural route number
- 1 A U.S. post office box (P.O. Box)
- A commercial mailbox 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