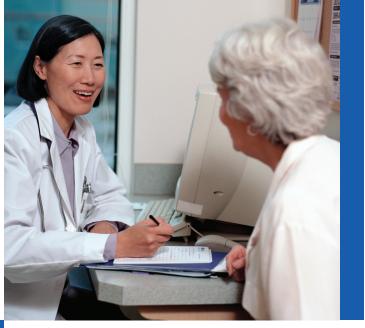
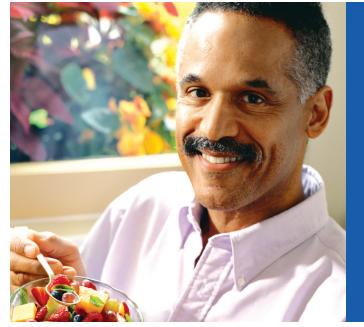


Health Information

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

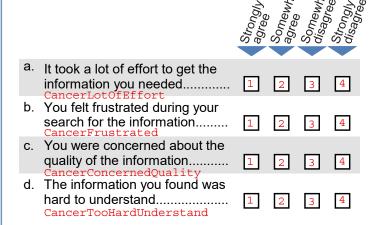
2 Someone else

3 Both myself and someone else

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

Yes
2 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?	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 former
	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 y	ou used	d your
	online medical record	to		

		103	INO
a.	Request refill of medications? RecordsOnline RefillMeds	1	2
b.	Fill out forms or paperwork related to your health care?	1	2
C.	D 1	1	2
d.	<u> </u>	1	2
e.	Download your health information to your computer or mobile device, such as a cell phone or tablet?	1	2
f.	Add health information to share with your health care provider, such as health concerns, symptoms, and side effects? RecordsOnline AddHealthInfo	1	2
g.	Help you make a decision about how to treat an illness or condition?	1	2

D9. Do any of your online medical records include the following types of medical information?

	Y	'es	No	Don't know
a.	List of health/medical problems	1	2	3
b.	RecordsOnline_HealthProbs Allergy list[RecordsOnline Allergies	1	2	3
c.	<u> </u>	1	2	3
d.		1	2	3
e.	Immunization or vaccination history	1	2	3

D10. Have you electronically sent your medical information to....?

		Yes	No
a.	Another health care provider?	1	2
	A family member or another person involved with your care?		2
C.	A service or app that can help manage and store your health information?		2

D11. In general, how useful is your online medical record for monitoring your health?

1 Very useful	UsefulOnlineMedRed
Somewhat useful	

- 3 Not very useful
- 4 Not at all useful
- 5 I do not use my online medical record to monitor my health

|--|

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

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

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

1 Completely confident

OwnAbilityTakeCareHealth

GeneralHealth

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

G3. Has a doctor or other health professional ever told you that you had any of the following medical conditions:

			Yes	No			
	a.	Diabetes or high blood sugar? MedConditions Diabetes	1	2			
	b.	MedConditions_Diabetes High blood pressure or hypertension? 1 MedConditions_HighBP					
	C.	A heart condition such as heart attack, angina, or congestive heart failure? 1					
		MedConditions HeartCondition Chronic lung disease, asthma, emphysema, or chronic bronchitis?					
	e.	MedConditions_LungDisease Arthritis or rheumatism?	1	2			
	f.	MedConditions_Arthritis Depression or anxiety disorder?					
(3 4.	About how tall are you without shoes	?				
		Feet and Inches Height_Feet; Height_Inches					
(3 5.	About how much do you weigh, in powithout shoes?	und	S,			
		Pounds Weight					

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 be	elow
	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



O: Y	ou and	Your !	Нопеа	hold
O. 1	ou allu	IOUI	HUUSE	HOIG

O1. What is your age? Age

O2. What is your current occupational status?

Mark only one.

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

OtherOcc

MultiOcc

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

ActiveDutyArmedForces

1 Yes, now on active duty

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

5 No, never served in the military

GO TO O5 below

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

1 Yes, all of my health care

2 Yes, some of my health care

3 No, no VA health care received

O5. What is your marital status?

Mark only one.

MaritalStatus

1 Married

2 Living as married

3 Divorced

4 Widowed

5 Separated

6 Single, never been married

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

1 Less than 8 years

Education

2 8 through 11 years

12 years or completed high school

Post high school training other than college (vocational or technical)

5 Some college

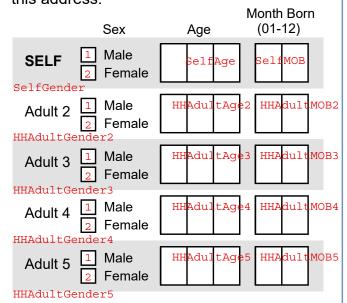
6 College graduate

7 Postgraduate

O7. Were you born in the United States?	O11. What is your race? One or more categorie
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
<pre>Very well</pre> <pre>SpeakEnglish</pre>	1 Vietnamese Vietnamese
Well	1 Other Asian OthAsian
Not well	1 Native Hawaiian Hawaiian
4 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
_	2 Homosexual, or gay or lesbian
No, not of Hispanic, Latino/a, or Spanish origin	3 Bisexual
Yes, Mexican, Mexican American, Chicano/a	91 Something else – Specify ———
1 Yes, Puerto Rican PuertoRican	
Yes, Cuban Cuban	SexualOrientation_OS
Yes, another Hispanic, Latino/a, or Spanish origin	
Hisp_Cat	SexualOrientation_I
	O13. Including yourself, how many people live ir
	your household? TotalHousehold
	Number of people
	Trumber 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

	N	umber 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

