

# Family CARE Project Baseline Questionnaire

## Start Here ▼

**Please note:** Special instructions to help you fill out this questionnaire will always be found in these yellow shaded boxes. Some questions in the questionnaire look alike, but they ask about slightly different things that are important about you, so please answer all of the questions.

## Colorectal Cancer Screening

**i -1** These next questions ask about your personal history and preferences for colorectal cancer screening. Colorectal cancer is cancer of the colon or rectum. Screening is defined as having a test before you have symptoms in order to prevent or detect disease.

**1** Has a health care provider ever recommended that you get screened for colorectal cancer?

☐ Yes

☐ No If No, skip to question 4 on page 2

**2** What type of colorectal cancer testing was recommended?

Please mark all that apply

☐ Fecal occult blood test (FOBT) or stool blood test including the fecal immunochemical test or FIT test

☐ Sigmoidoscopy

☐ Colonoscopy

☐ Barium enema

☐ Other test, please explain ►

◀ Print clearly

☐ Not sure

**3** What type of health professional recommended that you get screened for colorectal cancer?

Please mark all that apply

☐ Doctor

☐ Nurse, Nurse Practitioner, or Physician Assistant

☐ Other, please explain ►

◀ Print clearly

PLEASE DO NOT WRITE IN THIS AREA

**4** Prior to participating in this project, have you ever initiated a conversation about colorectal cancer screening with a physician or health care provider because he or she did not bring it up?

☐ Yes

☐ No

**5** Prior to participating in this project, did a doctor talk to you about your familial risk for colorectal cancer?

☐ Yes

☐ No

☐ Not sure

**i** -6 These questions ask about your plans to be tested for colorectal cancer.

**6** Considering your life right now, how important is it for you to get screened for colorectal cancer in the next 6 months?

☐ Not at all important

☐ Not very important

☐ Somewhat important

☐ Very important

**7** What are your current plans to get screened for colorectal cancer in the next 6 months?

☐ I am not planning to be screened for colorectal cancer in the next 6 months

☐ I am thinking about being screened for colorectal cancer, but not in the next 6 months

☐ I am thinking about being screened for colorectal cancer in the next 6 months

☐ I am already taking steps to be screened for colorectal cancer in the next 6 months

**i** -8 The next questions are about the stool blood test, also known as a fecal occult blood test (FOBT), a test to check for colorectal cancer. IT IS DONE AT HOME using a set of 3 cards to determine whether the stool contains blood. You smear a sample of your fecal matter or stool on a card from 3 separate bowel movements and return the cards to be tested.

**8** Before this test was described, had you ever heard of a fecal occult or stool blood test?

☐ Yes

☐ No If *No*, skip to question 15 on page 4

☐ Not sure If *Not sure*, skip to question 15 on page 4

**9** Have you EVER DONE a stool blood test using a "HOME" test kit?

☐ Yes

☐ No If *No*, skip to question 15 on page 4

☐ Not sure If *Not sure*, skip to question 15 on page 4

**10** How many home stool blood tests have you done in the last 5 years?

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ Not sure

**11** When did you do your MOST RECENT home stool blood test?

☐ A year ago or less

☐ More than 1 but not more than 2 years ago

☐ More than 2 but not more than 5 years ago ◀ If you marked here, skip to question 13

☐ More than 5 years ago ◀ If you marked here, skip to question 13

☐ Not sure ◀ If you marked here, skip to question 13

**12** If you did your MOST RECENT test within the past 2 years, what was the month and year?

Month   Year

**13** Why did you do your MOST RECENT home stool blood test?

☐ Part of a routine exam or check-up

☐ Because of a symptom or health problem

☐ Follow-up of an earlier abnormal test

☐ Other, please explain ▶

◀ Print clearly



**14** Did a health care provider order your last home stool blood test because you asked him/her to do so, or did he/she do it without you asking for it?

☐ A doctor ordered it without me asking for it

☐ I asked a doctor to order it, and he/she did

☐ Other, please explain ►

◀ Print clearly

**15** What are your current plans for having a home stool blood test in the next 6 months?

☐ I am not planning to have a home stool blood test in the next 6 months

☐ I am thinking about having a home stool blood test, but not in the next 6 months

☐ I am thinking about having a home stool blood test in the next 6 months

☐ I am already taking steps to have a home stool blood test in the next 6 months

**i**-16 The following questions are about sigmoidoscopy and colonoscopy, two other tests to check for colorectal cancer. Both tests examine the colon using a narrow, lighted tube that is inserted in the rectum. SIGMOIDOSCOPY ONLY EXAMINES THE LOWER PART OF THE COLON while colonoscopy examines the entire colon.

With the sigmoidoscopy: you are awake; you are able to drive yourself home; and you are able to resume normal activities.

**16** Have you ever had a sigmoidoscopy?

☐ Yes

☐ No If *No*, skip to question 21 on page 5

☐ Not sure If *Not sure*, skip to question 21 on page 5

**17** How many sigmoidoscopy exams have you had in the last 10 years?

☐ 0

☐ 1

☐ 2

☐ More than 2

☐ Not sure

**18** Was your MOST RECENT sigmoidoscopy:

☐ A year ago or less

☐ More than 1 but not more than 5 years ago

☐ More than 5 but not more than 10 years ago

☐ More than 10 years ago

☐ Not sure

**19** What was the month and year of your MOST RECENT sigmoidoscopy?

Month   Year

**20** Why did you have your MOST RECENT sigmoidoscopy?

- ☐ Part of a routine exam or check-up  
☐ Because of a symptom or health problem  
☐ Follow-up of an earlier abnormal test  
☐ Other, please explain ►

◀ Print clearly

**21** What are your current plans for having a sigmoidoscopy in the next 6 months?

- ☐ I am not planning to have a sigmoidoscopy in the next 6 months  
☐ I am thinking about having a sigmoidoscopy, but not in the next 6 months  
☐ I am thinking about having a sigmoidoscopy in the next 6 months  
☐ I am already taking steps to have a sigmoidoscopy in the next 6 months

**i-22** The following questions ask about colonoscopy.

With the colonoscopy: you are given medicine through a needle in your arm to make you sleepy; you need someone to drive you home; and you may need to take the rest of the day off from your usual activities.

**22** Have you ever had a colonoscopy?

- ☐ Yes  
☐ No If *No*, skip to question 28 on page 6  
☐ Not sure If *Not sure*, skip to question 28 on page 6

**23** How many colonoscopy exams have you had in the last 10 years?

- ☐ 0  
☐ 1  
☐ 2  
☐ More than 2  
☐ Not sure

**24** Was your MOST RECENT colonoscopy:

- ☐ A year ago or less  
☐ More than 1 but not more than 5 years ago  
☐ More than 5 but not more than 10 years ago  
☐ More than 10 years ago  
☐ Not sure

**25** What was the month and year of your MOST RECENT colonoscopy?

Month   Year

**26** Why did you have your MOST RECENT colonoscopy?

☐ Part of a routine exam or checkup

☐ Because of a symptom or health problem

☐ Follow-up of an earlier abnormal test

☐ Other, please explain ►

◀ Print clearly

**27** Did a health care provider order or perform your last colonoscopy because you asked him/her to do so, or did he/she do it without you asking for it?

☐ A doctor ordered it without me asking for it

☐ I asked a doctor to order it, and he/she did

☐ Other, please explain ►

◀ Print clearly

**28** What are your current plans for having a colonoscopy in the next 6 months?

☐ I am not planning to have a colonoscopy in the next 6 months

☐ I am thinking about having a colonoscopy, but not in the next 6 months

☐ I am thinking about having a colonoscopy in the next 6 months

☐ I am already taking steps to have a colonoscopy in the next 6 months

**i-29** The fecal immunochemical test or FIT is a newer kind of stool test that is done almost the same way as a stool blood test also known as a fecal occult blood test (FOBT). However, it is easier to use because there are no drugs or dietary restrictions and sample collection may take less effort.

**29** Before this test was described, had you ever heard of the fecal immunochemical test or FIT test?

☐ Yes

☐ No If No, skip to question 32 on page 7

☐ Not sure If No, skip to question 32 on page 7

**30** Have you ever had a fecal immunochemical test or FIT?

☐ Yes

☐ No If No, skip to question 32 on page 7

☐ Not sure If No, skip to question 32 on page 7

**31** What was the month and year of your MOST RECENT fecal immunochemical test or FIT?

Month   Year



**32** Please indicate how much you agree or disagree with each of these statements.

		Strongly Disagree ▼	Disagree ▼	Neither Agree nor Disagree ▼	Agree ▼	Strongly Agree ▼
<b>32a</b>	I believe that colorectal cancer is serious ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>32b</b>	I believe that colorectal cancer is harmful ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>32c</b>	I believe that colorectal cancer is a significant disease ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>32d</b>	I believe that colorectal cancer has serious negative consequences ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>32e</b>	I am at risk for getting colorectal cancer ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>32f</b>	It is possible that I will get colorectal cancer ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>32g</b>	I am susceptible to getting colorectal cancer ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>32h</b>	It is likely that I will get colorectal cancer ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>32i</b>	Having a colonoscopy can prevent the onset of colorectal cancer ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>32j</b>	Colonoscopy works in preventing colorectal cancer ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>32k</b>	Having a colonoscopy is effective in preventing colorectal cancer ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>32l</b>	If I have a colonoscopy, I am less likely to get colorectal cancer ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>32m</b>	I am able to get a colonoscopy to prevent the onset of colorectal cancer ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>32n</b>	Having a colonoscopy to prevent the onset of colorectal cancer is easy for me ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>32o</b>	I can get a colonoscopy to prevent the onset of colorectal cancer ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>32p</b>	Having a colonoscopy for prevention of colorectal cancer is convenient for me ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**33** Below is a list of reasons that some people have for not getting a colonoscopy to screen for colorectal cancer. For each possible reason, indicate whether it applies to you.

	Yes ▼	No ▼	Not Sure ▼
<b>33a</b> I don't have a doctor ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>33b</b> Colonoscopies are embarrassing ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>33c</b> My doctor has not recommended a colonoscopy ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>33d</b> I have a busy schedule and don't have time ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>33e</b> I'm scared of the procedure ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>33f</b> I think the colonoscopy is painful or can cause harm and injuries ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>33g</b> The cost of colonoscopy is too high ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>33h</b> My health insurance doesn't cover colonoscopies ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>33i</b> I am not sure if my insurance will pay for a colonoscopy ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>33j</b> I believe I am healthy so colonoscopies are unnecessary ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>33k</b> I'm worried about the preparation (prep) for getting a colonoscopy ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>33l</b> I'm worried about what will be done to me in having a colonoscopy ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>33m</b> I would have to drive too far to get a colonoscopy ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>33n</b> I don't have transportation to go get a colonoscopy ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>33o</b> I'm too young to get a colonoscopy ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>33p</b> I'm too old to get a colonoscopy ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>33q</b> I don't think that colonoscopy works in preventing colorectal cancer ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>33r</b> Colonoscopies are disgusting ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>33s</b> I don't know where I can get a colonoscopy ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>33t</b> I'm scared about the possible results ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>33u</b> I'm not at risk for colorectal cancer ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>33v</b> I don't have any symptoms of colorectal cancer ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>33w</b> Other, please explain ▼	<input type="checkbox"/>		

◀ Print clearly



**i - 34** For questions 34a and 34b, PLEASE REFER TO THE TABLE BELOW.

Choose only ONE number as your answer to each question. If the list doesn't include the best answer for you, choose "other" (reason 23) and explain in the box provided.

**34a** What is the MOST important reason that you think would prevent you from having a colonoscopy?

Reason #

Other reason, please explain here ▼

◀ Print clearly

**34b** What is the SECOND MOST important reason that you think would prevent you from having a colonoscopy?

Reason #

Other reason, please explain here ▼

◀ Print clearly

Reasons preventing you from having a colonoscopy



- |    |  |
|----|--|
| 1  | I don't have a doctor  |
| 2  | Colonoscopies are embarrassing                                       |
| 3  | My doctor has not recommended a colonoscopy                          |
| 4  | I have a busy schedule and don't have time                           |
| 5  | I'm scared of the procedure  |
| 6  | I think the colonoscopy is painful or can cause harm and injuries    |
| 7  | The cost of colonoscopy is too high                                  |
| 8  | My health insurance doesn't cover colonoscopies                      |
| 9  | I am not sure if my insurance will pay for a colonoscopy             |
| 10 | I believe I am healthy so colonoscopies are unnecessary              |
| 11 | I'm worried about the preparation (prep) for getting a colonoscopy   |
| 12 | I'm worried about what will be done to me in having a colonoscopy    |
| 13 | I would have to drive too far to get a colonoscopy                   |
| 14 | I don't have transportation to go get a colonoscopy                  |
| 15 | I'm too young to get a colonoscopy                                   |
| 16 | I'm too old to get a colonoscopy                                     |
| 17 | I don't think that colonoscopy works in preventing colorectal cancer |
| 18 | Colonoscopies are disgusting   |
| 19 | I don't know where I can get a colonoscopy                           |
| 20 | I'm scared about the possible results                                |
| 21 | I'm not at risk for colorectal cancer                                |
| 22 | I don't have any symptoms of colorectal cancer                       |
| 23 | Other  |

35

Please indicate how much you agree or disagree with each of these statements.

		Strongly Disagree ▼	Disagree ▼	Neither Agree Nor Disagree ▼	Agree ▼	Strongly Agree ▼
35a	Members of my family or people who are important to me want me to get a colonoscopy ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35b	Members of my family or people who are important to me encourage me to get a colonoscopy ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35c	I have a family member or someone who can take the time to take me home from a colonoscopy ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36

Overall, compared with other people your age, do you think your chance of developing colorectal cancer is. . .

- ☐ Much lower  
☐ Lower  
☐ About the same  
☐ Higher  
☐ Much higher

## Your Health

37

In general, would you say your health is:

- ☐ Excellent  
☐ Very good  
☐ Good  
☐ Fair  
☐ Poor

38

What is your current weight?

<input type="text"/>	<input type="text"/>	<input type="text"/>	Pounds
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39

What is your current height without shoes and rounded to the nearest inch?

<input type="text"/>	Feet	<input type="text"/>	<input type="text"/>	Inches
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40	Has a doctor or other health care professional ever told you that you had. . .	Yes ▼	No ▼
40a	diabetes? ►	<input type="checkbox"/>	<input type="checkbox"/>
40b	arthritis (including rheumatoid arthritis)? ►	<input type="checkbox"/>	<input type="checkbox"/>
40c	hypertension (high blood pressure)? ►	<input type="checkbox"/>	<input type="checkbox"/>
40d	depression? ►	<input type="checkbox"/>	<input type="checkbox"/>
40e	heart attack or congestive heart failure? ►	<input type="checkbox"/>	<input type="checkbox"/>
40f	chronic obstructive pulmonary disease (COPD) or chronic bronchitis? ►	<input type="checkbox"/>	<input type="checkbox"/>

**i - 41** The following questions concern some types of medical exams and tests.

**41a** Have you ever had a dental exam?

☐ Yes —————►

☐ No If *No*, skip to 42a below

☐ Not sure If *Not sure*, skip to 42a below

**41b** When was your MOST RECENT dental exam/test?

☐ A year ago or less

☐ More than 1 but not more than 2 years ago

☐ More than 2 but not more than 3 years ago

☐ More than 3 but not more than 4 years ago

☐ More than 4 but not more than 5 years ago

☐ More than 5 years ago

**42a** Have you ever had your blood pressure checked?

☐ Yes —————►

☐ No Women: If *No*, skip to 43a below

Men: If *No*, skip to 45a on page 12

☐ Not sure Women: If *Not sure*, skip to 43a below

Men: If *Not sure*, skip to 45a on page 12

**42b** When was your MOST RECENT blood pressure exam/test?

☐ A year ago or less

☐ More than 1 but not more than 2 years ago

☐ More than 2 but not more than 3 years ago

☐ More than 3 but not more than 4 years ago

☐ More than 4 but not more than 5 years ago

☐ More than 5 years ago

**43a** WOMEN ONLY: Have you ever had a mammogram?

☐ Yes —————►

☐ No If *No*, skip to 44a on page 12

☐ Not sure If *Not sure*, skip to 44a on page 12

**43b** When was your MOST RECENT mammogram exam/test?

☐ A year ago or less

☐ More than 1 but not more than 2 years ago

☐ More than 2 but not more than 3 years ago

☐ More than 3 but not more than 4 years ago

☐ More than 4 but not more than 5 years ago

☐ More than 5 years ago



**44a** WOMEN ONLY: Have you ever had a pap smear?

- ☐ Yes —————▶
- ☐ No If *No*, skip to question 47 below
- ☐ Not sure If *Not sure*, skip to question 47 below

**44b** When was your MOST RECENT pap smear exam/test?

- ☐ A year ago or less
- ☐ More than 1 but not more than 2 years ago
- ☐ More than 2 but not more than 3 years ago
- ☐ More than 3 but not more than 4 years ago
- ☐ More than 4 but not more than 5 years ago
- ☐ More than 5 years ago

▶ Skip to question 47 below

**45a** MEN ONLY: Have you ever had a prostate specific antigen (PSA) test?

- ☐ Yes —————▶
- ☐ No If *No*, skip to 46a below
- ☐ Not sure If *Not sure*, skip to 46a below

**45b** When was your MOST RECENT prostate specific antigen (PSA) exam/test?

- ☐ A year ago or less
- ☐ More than 1 but not more than 2 years ago
- ☐ More than 2 but not more than 3 years ago
- ☐ More than 3 but not more than 4 years ago
- ☐ More than 4 but not more than 5 years ago
- ☐ More than 5 years ago

**46a** MEN ONLY: Have you ever had a digital rectal exam?

- ☐ Yes —————▶
- ☐ No If *No*, skip to question 47 below
- ☐ Not sure If *Not sure*, skip to question 47 below

**46b** When was your MOST RECENT digital rectal exam/test?

- ☐ A year ago or less
- ☐ More than 1 but not more than 2 years ago
- ☐ More than 2 but not more than 3 years ago
- ☐ More than 3 but not more than 4 years ago
- ☐ More than 4 but not more than 5 years ago
- ☐ More than 5 years ago

**47** Do you currently smoke cigarettes?

- ☐ No, I don't smoke and never have smoked
- ☐ No, I have smoked in the past, but I do not currently smoke
- ☐ Yes, I currently smoke

## Your Health Care

**i** - 48 These next questions ask about how you currently get your health care.

### 48 What type of health insurance do you PRIMARILY use?

- ☐ Healthcare coverage that is provided through a current or former employer or union
- ☐ A health insurance plan that you purchase directly from an insurance company
- ☐ The health plan of someone who does not live in the household
- ☐ Medicare, that is, the government healthcare plan for persons age 65 or older or those with disabilities
- ☐ Medicaid
- ☐ Another governmental plan, such as military or VA
- ☐ I don't have insurance *If I don't have insurance, skip to question 51 below*
- ☐ Coverage through another source I have not mentioned (please specify) ▼

◀ Print clearly

### 49 What other type(s) of health insurance do you use?

Please mark all that apply

- ☐ I don't have another type of insurance
- ☐ Healthcare coverage that is provided through a current or former employer or union
- ☐ A health insurance plan that you purchase directly from an insurance company
- ☐ The health plan of someone who does not live in the household
- ☐ Medicare, that is, the government healthcare plan for persons age 65 or older or those with disabilities
- ☐ Medicaid
- ☐ Another governmental plan, such as military or VA
- ☐ Coverage through another source I have not mentioned (please specify) ▼

◀ Print clearly

### 50 Do you receive insurance coverage for colonoscopy screening tests?

- ☐ Yes, full payment
- ☐ Yes, partial payment
- ☐ No
- ☐ Not sure

### 51 If you have no health insurance, are you able to receive free health care from a doctor, hospital, clinic, or health center?

- ☐ Yes
- ☐ No
- ☐ Does not apply, I have insurance

☐ Yes

☐ No

Month 

--	--

 Year 

--	--	--	--

☐ Yes

☐ No

- ☐ Doctor's office
- ☐ Hospital emergency room
- ☐ Hospital walk-in or outpatient clinic
- ☐ Private clinic, not part of a medical school
- ☐ Medical school clinic
- ☐ Public health department clinic
- ☐ Community health center
- ☐ Military facility
- ☐ I don't ever go anywhere for health care
- ☐ Other, please explain ▼

◀ Print clearly

☐ Particular doctor/medical person

☐ Different doctors/medical personnel

[illegible]



58

What type of health care provider is he/she?

- ☐ A family doctor/general practitioner (GP)
- ☐ An internal medicine doctor
- ☐ A gynecologist
- ☐ Another type of specialist, please specify type of provider ▼
- ☐ A nurse practitioner
- ☐ A physician assistant
- ☐ Other, please explain ▼

Print clearly

Print clearly

59

How do you normally get to the health care provider you usually see?

- ☐ Drive myself
- ☐ A friend drives me
- ☐ Someone in my family drives me
- ☐ I use public transportation
- ☐ Other, please explain ►

Print clearly

60

How long does it take you to get to the health care provider you usually see?

- ☐ Less than 15 minutes
- ☐ 15 - 30 minutes
- ☐ 31 - 60 minutes
- ☐ More than 1 hour but less than 2 hours
- ☐ 2 hours or more

## About Your Family History of Cancer

61

Is your relative living or deceased?

		Living ▼	Deceased ▼
61a	Mother ►	<input type="checkbox"/>	<input type="checkbox"/>
61b	Father ►	<input type="checkbox"/>	<input type="checkbox"/>
61c	Maternal Grandmother (mother's side) ►	<input type="checkbox"/>	<input type="checkbox"/>
61d	Maternal Grandfather (mother's side) ►	<input type="checkbox"/>	<input type="checkbox"/>
61e	Paternal Grandmother (father's side) ►	<input type="checkbox"/>	<input type="checkbox"/>
61f	Paternal Grandfather (father's side) ►	<input type="checkbox"/>	<input type="checkbox"/>

**i - 62** These next questions ask about the health history of some of your family members. We are only interested in your blood relatives, not adopted, foster or step relatives.

**62** Please list below information about any of your blood relatives WHO HAVE HAD CANCER. Consider your parents, children, full and half siblings, aunts, uncles, grandparents and grandchildren. DO NOT include information about NON-MELANOMA skin cancer.

If you need to list more relatives or more cancers, please list in **Comments** box at the bottom of **page 19**

Type of Relative (mother, father, brother, sister, aunt, etc.)	Maternal OR Paternal (please mark if applicable)	Living OR Deceased (please mark one)	Type(s) of Cancer (breast, colon, prostate, etc.) <i>If more than one, list separately</i>	Age(s) at Cancer Diagnosis (if known)
	<input type="checkbox"/> Maternal <input type="checkbox"/> Paternal	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	1st Cancer 2nd Cancer 3rd Cancer	
	<input type="checkbox"/> Maternal <input type="checkbox"/> Paternal	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	1st Cancer 2nd Cancer 3rd Cancer	
	<input type="checkbox"/> Maternal <input type="checkbox"/> Paternal	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	1st Cancer 2nd Cancer 3rd Cancer	
	<input type="checkbox"/> Maternal <input type="checkbox"/> Paternal	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	1st Cancer 2nd Cancer 3rd Cancer	
	<input type="checkbox"/> Maternal <input type="checkbox"/> Paternal	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	1st Cancer 2nd Cancer 3rd Cancer	

**63** For each of your blood relatives listed below, please list the NUMBER of relatives who are LIVING and the NUMBER of relatives who are DECEASED.

Please fill in number  
boxes like this:

	7	1	0
Less than 10	10 or more		

		Living Relatives	Deceased Relatives	Does Not Apply
<b>63a</b>	Sons ▶	Number Living	Number Deceased	<input type="checkbox"/>
<b>63b</b>	Daughters ▶	Number Living	Number Deceased	<input type="checkbox"/>
<b>63c</b>	Full Brothers ▶	Number Living	Number Deceased	<input type="checkbox"/>
<b>63d</b>	Full Sisters ▶	Number Living	Number Deceased	<input type="checkbox"/>

<b>63e</b>	<b>Half Brothers ▶</b>	Number Living <input type="text"/>	Number Deceased <input type="text"/>	<input type="checkbox"/>
<b>63f</b>	<b>Half Sisters ▶</b>	Number Living <input type="text"/>	Number Deceased <input type="text"/>	<input type="checkbox"/>
<b>63g</b>	<b>Maternal Aunts (mother's side) ▶</b>	Number Living <input type="text"/>	Number Deceased <input type="text"/>	<input type="checkbox"/>
<b>63h</b>	<b>Maternal Uncles (mother's side) ▶</b>	Number Living <input type="text"/>	Number Deceased <input type="text"/>	<input type="checkbox"/>
<b>63i</b>	<b>Paternal Aunts (father's side) ▶</b>	Number Living <input type="text"/>	Number Deceased <input type="text"/>	<input type="checkbox"/>
<b>63j</b>	<b>Paternal Uncles (father's side) ▶</b>	Number Living <input type="text"/>	Number Deceased <input type="text"/>	<input type="checkbox"/>

## About You

**i - 64** These questions will help us describe the people who participated in this project.

**64** Are you Spanish, Hispanic, or Latino/a? (For example, Mexican or Mexican American, Cuban or Cuban American, Puerto Rican, Dominican, Central or South American)

☐ Yes

☐ No

**65** What race do you consider yourself to be?

Please mark all that apply

☐ White

☐ Black or African American

☐ American Indian or Alaska Native

☐ Asian

☐ Native Hawaiian or other Pacific Islander

☐ Other, please explain ▶

◀ Print clearly

**66** Are you of Ashkenazi Jewish descent?

☐ Yes

☐ No

☐ Not sure

**67** Are you currently...

☐ Married

☐ A member of an unmarried couple

☐ Separated

☐ Divorced

☐ Widowed

☐ Never been married



**68** What is the highest year or grade of education you have completed?

- ☐ Less than high school
- ☐ High school graduate or GED
- ☐ Some college, but no degree
- ☐ Vocational/technical school graduate/certificate
- ☐ Associate degree (AA, AS)
- ☐ College graduate (BA, BS)
- ☐ Postgraduate/Professional degree (MA, MS, PhD, MD, etc.)

**69** Do you consider yourself . . .

- ☐ LDS/Mormon
- ☐ Catholic
- ☐ Protestant
- ☐ Jewish
- ☐ Seventh Day Adventist
- ☐ Muslim
- ☐ Some other religion
- ☐ Not a religious person

**70** During the last five years, which of the following statements best describes your attendance at religious services or meetings? Do you . . .

- ☐ Never attend
- ☐ Attend less than 1 service or meeting per month
- ☐ Attend 1 to 3 services or meetings per month
- ☐ Attend 1 or more services or meetings per week

**71** Are you currently employed for wages, self-employed, out of work for more than one year, out of work for less than one year, a homemaker, a student, retired, or unable to work?

- ☐ Employed for wages
- ☐ Self-employed
- ☐ Out of work for more than 1 year
- ☐ Out of work for less than 1 year
- ☐ Homemaker
- ☐ Student
- ☐ Retired
- ☐ Unable to work
- ☐ Other, please explain ►

◀ Print clearly

**72** Which of the following categories best describes your TOTAL household income before taxes during the last calendar year?

- ☐ Less than \$15,000  
☐ \$15,000 - \$29,999  
☐ \$30,000 - \$49,999  
☐ \$50,000 - \$69,999  
☐ \$70,000 or more  
☐ I would rather not report this

**73** How many people are supported by this income?

Number of people supported by my income:  Write the number in box(es)

**74** What is today's date?

Month / Day / Year  /  /

**i-end** Thank you for completing this questionnaire and participating in the Family CARE Project. If you have any questions please call the Family CARE Project office using our toll-free number: 1-877-751-2220 or email us at [familycareproject@hci.utah.edu](mailto:familycareproject@hci.utah.edu). For more information about the project please visit our website: [www.huntsmancancer.org/familycare](http://www.huntsmancancer.org/familycare)

Please write any comments below ▼

▼ Print clearly

It's very important that you return your completed questionnaire **BEFORE SEPTEMBER 16, 2011** using the postage-paid envelope provided. Thank you!