### Section N — ACCULTURATION

<table>
<thead>
<tr>
<th>ITEM N1</th>
<th>SP Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 □ Available (N2)</td>
</tr>
<tr>
<td></td>
<td>2 □ Callback required (Household page)</td>
</tr>
<tr>
<td></td>
<td>3 □ Noninterview (Section Z)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM N2</th>
<th>Refer to Hispanic origin in 4e and f on page 2 and 3 of HIS-1 and expected language for this supplement.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 □ Hispanic/English Supp. interview (1a)</td>
</tr>
<tr>
<td></td>
<td>2 □ Hispanic/Spanish Supp. interview (1b)</td>
</tr>
<tr>
<td></td>
<td>3 □ Other (Section O)</td>
</tr>
</tbody>
</table>

Read to respondent:

I’m going to be asking questions that are related to health concerns, such as smoking, eating practices, vitamin use and so forth. Before I ask these questions I would like to ask a few questions about the language you use most often.

#### 1a. Do you speak any Spanish?

1 □ Yes (2)
2 □ No (4)

Read to respondent:

I’m going to be asking questions that are related to health concerns, such as smoking, eating practices, vitamin use and so forth. Before I ask these questions I would like to ask a few questions about the language you use most often.

#### 1b. Do you speak any English?

1 □ Yes (2)
2 □ No (4)

2. Would you say that you speak mostly Spanish, mostly English, or do you speak Spanish and English about the same?

1 □ Mostly Spanish
2 □ Mostly English
3 □ Both about the same

3. What language do you prefer: Spanish only, mostly Spanish, mostly English, English only, or Spanish and English about equally?

Mark only one.

1 □ Spanish only
2 □ Mostly Spanish
3 □ Mostly English
4 □ English only
5 □ Spanish and English equally

4. Can you read Spanish?

1 □ Yes
2 □ No

5. Can you read English?

1 □ Yes
2 □ No

Ask if “Yes” to both 4 and 6; otherwise skip to 7.

6. In which language do you read better?

1 □ Spanish
2 □ English
3 □ Both the same

7. Can you write in Spanish?

1 □ Yes
2 □ No

8. Can you write in English?

1 □ Yes
2 □ No

Ask if “Yes” to both 7 and 8; otherwise skip to 10.

9. In which language do you write better?

1 □ Spanish
2 □ English
3 □ Both the same

HAND CARD B. Read categories if telephone interview.

10. Which of these groups best describes your national origin?

Mark only one.

<table>
<thead>
<tr>
<th>Group</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Puerto Rican</td>
<td>01</td>
</tr>
<tr>
<td>Cuban</td>
<td>02</td>
</tr>
<tr>
<td>Cuban American</td>
<td>03</td>
</tr>
<tr>
<td>Mexican/Mexicano</td>
<td>04</td>
</tr>
<tr>
<td>Mexican American</td>
<td>05</td>
</tr>
<tr>
<td>Chicano</td>
<td>06</td>
</tr>
<tr>
<td>Hispano</td>
<td>07</td>
</tr>
<tr>
<td>Other Latin American</td>
<td>08</td>
</tr>
<tr>
<td>Other Spanish or Hispanic</td>
<td>09</td>
</tr>
<tr>
<td>American</td>
<td>10</td>
</tr>
<tr>
<td>Anglo American</td>
<td>11</td>
</tr>
<tr>
<td>Other</td>
<td>88</td>
</tr>
</tbody>
</table>

11. Which of these groups best describes your mother’s national origin?

Mark only one.

<table>
<thead>
<tr>
<th>Group</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Puerto Rican</td>
<td>01</td>
</tr>
<tr>
<td>Cuban</td>
<td>02</td>
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<tr>
<td>Cuban American</td>
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<tr>
<td>Mexican/Mexicano</td>
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<tr>
<td>Mexican American</td>
<td>05</td>
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<tr>
<td>Chicano</td>
<td>06</td>
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<tr>
<td>Hispano</td>
<td>07</td>
</tr>
<tr>
<td>Other Latin American</td>
<td>08</td>
</tr>
<tr>
<td>Other Spanish or Hispanic</td>
<td>09</td>
</tr>
<tr>
<td>American</td>
<td>10</td>
</tr>
<tr>
<td>Anglo American</td>
<td>11</td>
</tr>
<tr>
<td>Other</td>
<td>88</td>
</tr>
</tbody>
</table>

12. Which of these groups best describes your father’s national origin?

Mark only one.

<table>
<thead>
<tr>
<th>Group</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Puerto Rican</td>
<td>01</td>
</tr>
<tr>
<td>Cuban</td>
<td>02</td>
</tr>
<tr>
<td>Cuban American</td>
<td>03</td>
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<tr>
<td>Mexican/Mexicano</td>
<td>04</td>
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<tr>
<td>Mexican American</td>
<td>05</td>
</tr>
<tr>
<td>Chicano</td>
<td>06</td>
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<tr>
<td>Hispano</td>
<td>07</td>
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<tr>
<td>Other Latin American</td>
<td>08</td>
</tr>
<tr>
<td>Other Spanish or Hispanic</td>
<td>09</td>
</tr>
<tr>
<td>American</td>
<td>10</td>
</tr>
<tr>
<td>Anglo American</td>
<td>11</td>
</tr>
<tr>
<td>Other</td>
<td>88</td>
</tr>
</tbody>
</table>
### Section N — ACCULTURATION — Continued

#### 13a. In what country were you born?
- 1. U.S., except Puerto Rico (14)
- 2. Puerto Rico
- 3. Cuba
- 4. Mexico
- 5. Other (Specify) 

#### 13b. Altogether, how many years have you lived in the United States?
- 1. Less than 1 yr.
- 2. 1 yr., less than 5
- 3. 5 yrs., less than 10
- 4. 10 yrs., less than 15
- 5. 15 yrs. or more
- 6. DK

#### 14. In what country was your father born?
- 1. U.S., except Puerto Rico
- 2. Puerto Rico
- 3. Cuba
- 4. Mexico
- 5. Other (Specify) 

#### 15. In what country was your mother born?
- 1. U.S., except Puerto Rico
- 2. Puerto Rico
- 3. Cuba
- 4. Mexico
- 5. Other (Specify) 

### Notes
**Section O – ACCESS TO MEDICAL CARE**

1a. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health?
- Yes (3)
- No (2)
- There is more than one (1b)

b. Is there one of those places you go to MOST OFTEN when you are sick or need advice about your health?
- Yes (3)
- No (2)

**HAND CARD 01. Read all categories if telephone interview.**

2a. Which of these is the MAIN reason you do not have a particular place or person you usually go to?

Mark only one.

- I have two or more usual doctors or places depending on what is wrong (2b)
- I haven’t needed a doctor/Don’t have a doctor
- My previous doctor is no longer available
- No care is available/Care is too far away
- I haven’t been able to find the right doctor
- I don’t have insurance/Can’t afford it
- Other reason
- DK

b. Is there one of those places you go to most often when you are sick or need advice about your health?
- Yes (3)
- No (Item 01)

**3. What type of place is it — a doctor’s office, a hospital, a clinic or some other place?**

**IF HOSPITAL:** Do you usually go to an outpatient clinic or an emergency room?

**IF CLINIC:** Is this a public health clinic or some other kind of clinic?

**IF NAME GIVEN, RECORD NAME:**

Is this an HMO, a clinic, a doctor’s office or some other place?

- Doctor’s office
- Hospital emergency room
- Hospital outpatient clinic
- Health center
- HMO (Health Maintenance Organization)
- Public health clinic
- Other
- DK

4a. About how long does it USUALLY take you to travel to this place in question 3? (Minutes)

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- DK

b. Once you get to this place in question 3, about how long do you usually have to wait before you get medical care? (Minutes)

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- 99
- DK

5. Is there currently a particular person you see at this place?
- Yes
- No
- DK

6. When was the last time you went to this place?
- Less than one year ago
- 1 to 3 years ago
- More than 3 years ago
- DK

**ITEM 01** Refer to sex of SP.

- Male (Section P)
- Female (7)

7a. When was the last time you saw a gynecologist?

- Less than one year ago
- 1 to 3 years ago
- More than 3 years ago
- Never
- DK

b. Was this visit for a check-up, for a specific gynecological problem or for some other problem?
- Check-up
- Gynecological problem
- Other problem
- DK

Notes
### Section P — HEIGHT AND WEIGHT

**ITEM P1**

*Refer to HIS-1.*

- ☐ SP was household respondent for HIS-1 *(Transcribe from page 20–21, question 5, then Section Q)*
- ☐ SP was NOT household respondent for HIS-1 *(1)*

#### 1. About how tall are you without shoes?  
_________ Feet
_________ Inches

#### 2. About how much do you weigh without shoes?  
Note: If SP is pregnant, weight referred to is pre-pregnancy weight.  
_________ Pounds

**Notes**
The next questions are about certain kinds of medical tests and examinations.

### 1a. Have you ever had a test for oral cancer in which the doctor or dentist pulls on your tongue, sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks?
- 1. Yes
- 2. No
- 3. Refused
- 4. DK, not sure

### 1b. How many times have you been checked for oral cancer in your lifetime?
- 1. Less than 10
- 2. 10 to 20
- 3. More than 20
- 4. DK

### 1c. Is it less than 10, 10 to 20, or more than 20 times?
- 1. Less than 10
- 2. 10 to 20
- 3. More than 20
- 4. DK

### 2a. When did you have your most recent oral cancer exam?
- 1. Within the past year
- 2. 1 to 3 years ago
- 3. Over 3 years ago
- 4. DK

### 2b. Was it within the past year, between 1 and 3 years ago, or over 3 years ago?
- 1. Days ago
- 2. Weeks ago
- 3. Months ago
- 4. Years ago
- 5. DK

### 3. What type of medical person examined you when you had your last check-up for oral cancer?
- 1. Physician
- 2. Dentist
- 3. Dental hygienist
- 4. Other (Specify)
- 5. DK

### HAND CARD Q1. Read categories if telephone interview.

### 4. What was the main reason you had this check-up?
Mark only one.
- 1. Because of a specific oral problem
- 2. Follow-up to a previous oral problem
- 3. Part of a routine physical exam
- 4. Part of a routine dental exam
- 5. Other (Specify)
- 6. DK

### HAND CARD Q2. Read categories if telephone interview.

### 5. Which of these do you think increases a person’s chances of getting oral cancer, that is cancer of the lip, mouth, tongue, or throat?
(Please give me the numbers from the card.)
Mark each that applies.
- 1. Spending too much time in the sun
- 2. Excessive drinking of alcoholic beverages
- 3. Excessive coffee drinking
- 4. Smoking cigarettes, cigars, or a pipe
- 5. Use of chewing tobacco or snuff
- 6. Refused
- 7. Something else (Specify)
- 8. DK

Notes
Section Q — CANCER SCREENING KNOWLEDGE AND PRACTICE — Continued

6a. Have you ever had your skin checked for cancer either by a dermatologist or some other kind of doctor?
   - Yes (66)
   - No
   - Refused
   - DK (10)

b. How many times have you had your skin checked for cancer in your lifetime?
   - Times
   - DK

7a. When did you have your most recent skin exam?

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days ago</td>
<td>Weeks ago</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

   If 3 years ago or less (8)
   If more than 3 years ago (10)

b. Was it within the past year, between 1 and 3 years ago, or over 3 years ago?
   - Within the past year (8)
   - 1 to 3 years ago
   - Over 3 years ago (10)

8. What kind of doctor checked your skin for cancer the last time you had a skin exam?

   - General practitioner
   - Dermatologist
   - Other (Specify)
   - DK

HAND CARD Q3. Read categories if telephone interview.

9. What was the main reason you had this skin exam?
   Mark only one.

10. If you were to go outside on a very sunny day for MORE than one hour —

a. How likely are you to wear protective clothing such as wide brimmed hats or long sleeved shirts? Would you say very likely, somewhat likely, or unlikely?

b. How likely are you to avoid the sun by staying in the shade; very likely, somewhat likely, or unlikely?

   - Very likely
   - Somewhat likely
   - Unlikely

   - Very likely
   - Somewhat likely
   - Unlikely

   - Very likely
   - Somewhat likely
   - Unlikely

   - Very dark and deeply tanned
   - Moderately tanned
   - Mildly tanned
   - Only freckled or no suntan at all
   - Repeated sunburns
   - Other (Specify)

b. If you were out in the sun for a long time repeatedly, which one of these things would happen to your skin?
   (Please give me a number from the card.)
   Mark only one.

   - Get a severe sunburn with blisters
   - A severe sunburn for a few days with peeling
   - Mildly burned with some tanning
   - Turning darker without sunburn
   - Nothing would happen in an hour
   - Other (Specify)

   - DK

HAND CARD Q5. Read categories if telephone interview.

b. If you were out in the sun for a long time repeatedly, which one of these things would happen to your skin?
   (Please give me a number from the card.)
   Mark only one.

   - Very dark and deeply tanned
   - Moderately tanned
   - Mildly tanned
   - Only freckled or no suntan at all
   - Repeated sunburns
   - Other (Specify)

   - DK

12. In your opinion, how sensitive is your skin to sunlight; is it extremely sensitive, moderately sensitive, mildly sensitive, or not sensitive at all?

   - Extremely sensitive
   - Moderately sensitive
   - Mildly sensitive
   - Not sensitive at all
   - DK
### Section Q — CANCER SCREENING KNOWLEDGE AND PRACTICE — Continued

<table>
<thead>
<tr>
<th>ITEM Q1</th>
<th>Refer to age and sex.</th>
<th>46</th>
</tr>
</thead>
<tbody>
<tr>
<td>13a. Have you ever had a Pap smear test?</td>
<td></td>
<td>47</td>
</tr>
<tr>
<td>Read if necessary: A Pap smear is a routine gynecologic test in which the doctor examines the cervix and sends a cell sample to the lab.</td>
<td></td>
<td>48</td>
</tr>
<tr>
<td>b. How many Pap smear tests have you ever had in your lifetime? Less than 10, 10 to 20, or more than 20?</td>
<td></td>
<td>49-52</td>
</tr>
<tr>
<td>14a. When did you have your most recent Pap smear test?</td>
<td></td>
<td>53-55</td>
</tr>
<tr>
<td>Month Year</td>
<td>If 3 years ago or less (15)</td>
<td>If more than 3 years ago (16)</td>
</tr>
<tr>
<td>999 DK (14b)</td>
<td></td>
<td>56</td>
</tr>
<tr>
<td>57</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15a. What was the main reason you had this Pap smear test?</td>
<td></td>
<td>58</td>
</tr>
<tr>
<td>Mark only one.</td>
<td></td>
<td>59</td>
</tr>
<tr>
<td>b. What was the problem?</td>
<td></td>
<td>60</td>
</tr>
<tr>
<td>Mark all mentioned, do not probe.</td>
<td></td>
<td>61</td>
</tr>
<tr>
<td>62</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. What is the most important reason why you have (never had a Pap smear test/not had a Pap smear test in the past few years)?</td>
<td></td>
<td>63</td>
</tr>
<tr>
<td>Mark only one.</td>
<td></td>
<td>64</td>
</tr>
<tr>
<td>65</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a. What is the recommended age a woman should START having Pap smears?</td>
<td></td>
<td>66</td>
</tr>
<tr>
<td>_______ Years old OR</td>
<td>67-68</td>
<td></td>
</tr>
<tr>
<td>95 When she starts having periods</td>
<td>69-70</td>
<td></td>
</tr>
<tr>
<td>96 When she starts having sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>97 Refused</td>
<td>98 Other (Specify)</td>
<td></td>
</tr>
<tr>
<td>99 DK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. At what age do women no longer need to have Pap smears or is there no age limit?</td>
<td></td>
<td>71</td>
</tr>
<tr>
<td>_______ Years old OR</td>
<td></td>
<td>72</td>
</tr>
<tr>
<td>95 When menstrual periods stop (naturally or artificially)</td>
<td>73</td>
<td></td>
</tr>
<tr>
<td>96 No age limit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>97 Refused</td>
<td>98 Other (Specify)</td>
<td></td>
</tr>
<tr>
<td>99 DK</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section Q — CANCER SCREENING KNOWLEDGE AND PRACTICE — Continued

<table>
<thead>
<tr>
<th>ITEM</th>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2</td>
<td>18a. Do you have menstrual periods?</td>
<td>1 Yes (Item Q3) 2 No (19b) 3 Never had periods (18c) 7 Refused (Item Q3)</td>
</tr>
<tr>
<td></td>
<td>b. Did they stop due to surgery, such as a hysterectomy?</td>
<td>1 Yes (Item Q3) 2 No (19c)</td>
</tr>
<tr>
<td></td>
<td>c. Was this due to surgery, such as a hysterectomy?</td>
<td>1 Yes 2 No</td>
</tr>
<tr>
<td>Q3</td>
<td>19a. A mammogram is an x-ray taken only of the breasts by a machine that presses the breast against a plate. Have you ever heard of a mammogram?</td>
<td>1 Yes (19b) 2 No 7 Refused (DK)</td>
</tr>
<tr>
<td></td>
<td>b. Have you ever had a mammogram?</td>
<td>1 Yes (19c) 2 No (24) 7 Refused (DK)</td>
</tr>
<tr>
<td></td>
<td>c. About how many mammograms have you ever had in your lifetime?</td>
<td>Mammograms 99 DK</td>
</tr>
<tr>
<td>Q4</td>
<td>20a. When did you have your (most recent) mammogram?</td>
<td>Month Year 1 Days ago (19) OR 2 Weeks ago (20) 3 Months ago (21) 4 Years ago (22)</td>
</tr>
<tr>
<td></td>
<td>b. Was it within the past year, between 1 and 3 years ago, or over 3 years ago?</td>
<td>1 Within the past year (21) 2 1 to 3 years (22) 3 Over 3 years ago (24) 9 DK</td>
</tr>
<tr>
<td>Q5</td>
<td>21. Where was this mammogram done — in a doctor’s office, a clinic, a hospital, an x-ray or radiology lab, or some other place?</td>
<td>1 Doctor’s office (private or HMO) 2 Clinic 3 Hospital 4 X-ray or radiology lab 5 Mammogram van 6 Other (Specify) 99 DK</td>
</tr>
<tr>
<td></td>
<td>HAND CARD Q7. Read categories if telephone interview.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>22a. What was the main reason you had this mammogram?</td>
<td>1 Because of a specific breast problem (22b) 2 Follow-up to a previous breast problem 3 Baseline mammogram 4 Part of a routine physical exam/As a screening test 8 Other (Specify) 99 DK</td>
</tr>
<tr>
<td></td>
<td>b. What was the problem?</td>
<td>1 Soreness 2 Pain 3 Swelling 4 Lumps 5 Fibrocystic breast disease 8 Other (Specify) 99 DK</td>
</tr>
</tbody>
</table>
### Section Q — CANCER SCREENING KNOWLEDGE AND PRACTICE — Continued

**23. Who made the decision that you should have this mammogram?**

Mark only one.

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>I decided on my own</td>
<td>1</td>
</tr>
<tr>
<td>My doctor ordered it</td>
<td>2</td>
</tr>
<tr>
<td>Both my doctor and I agreed on it</td>
<td>3</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>4</td>
</tr>
</tbody>
</table>

(25)

**24. What is the most important reason why you have [never had a mammogram/not had a mammogram in the past few years]?**

Mark only one.

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No reason/Never thought about it/Didn’t know I should</td>
<td>0</td>
</tr>
<tr>
<td>Not needed/Didn't have any problems</td>
<td>1</td>
</tr>
<tr>
<td>Put it off/Laziness</td>
<td>2</td>
</tr>
<tr>
<td>Costs too much/No insurance</td>
<td>3</td>
</tr>
<tr>
<td>Doctor didn't recommend it</td>
<td>4</td>
</tr>
<tr>
<td>Don’t go to or don’t like doctors</td>
<td>5</td>
</tr>
<tr>
<td>Not old enough</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
</tbody>
</table>

**25. What is the age doctors recommend a woman should start having mammograms?**

<table>
<thead>
<tr>
<th>Age recommendation</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>97</td>
</tr>
<tr>
<td>45</td>
<td>98</td>
</tr>
<tr>
<td>50</td>
<td>99</td>
</tr>
</tbody>
</table>

**A breast physical exam is when the breast is felt for lumps by a doctor or medical assistant.**

**26a. Have you ever had a breast physical exam done by a doctor or medical assistant?**

Mark only one.

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes (26b)</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Refused</td>
<td>3</td>
</tr>
<tr>
<td>DK</td>
<td>4</td>
</tr>
</tbody>
</table>

(30)

**26b. How many breast physical exams have you ever had in your lifetime? Was it less than 10, 10 to 20, or more than 20?**

<table>
<thead>
<tr>
<th>Range</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 10</td>
<td>1</td>
</tr>
<tr>
<td>10 to 20</td>
<td>2</td>
</tr>
<tr>
<td>More than 20</td>
<td>3</td>
</tr>
<tr>
<td>DK</td>
<td>4</td>
</tr>
</tbody>
</table>

**27a. When did you have your most recent breast physical exam?**

Mark only one.

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days ago</td>
<td>1</td>
</tr>
<tr>
<td>Weeks ago</td>
<td>2</td>
</tr>
<tr>
<td>Months ago</td>
<td>3</td>
</tr>
<tr>
<td>Years ago</td>
<td>4</td>
</tr>
</tbody>
</table>

If 3 years ago or less (28)

If more than 3 years ago (29)

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days ago</td>
<td>1</td>
</tr>
<tr>
<td>Weeks ago</td>
<td>2</td>
</tr>
<tr>
<td>Months ago</td>
<td>3</td>
</tr>
<tr>
<td>Years ago</td>
<td>4</td>
</tr>
</tbody>
</table>

If more than 3 years ago (29)

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days ago</td>
<td>1</td>
</tr>
<tr>
<td>Weeks ago</td>
<td>2</td>
</tr>
<tr>
<td>Months ago</td>
<td>3</td>
</tr>
<tr>
<td>Years ago</td>
<td>4</td>
</tr>
</tbody>
</table>

If more than 3 years ago (29)

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days ago</td>
<td>1</td>
</tr>
<tr>
<td>Weeks ago</td>
<td>2</td>
</tr>
<tr>
<td>Months ago</td>
<td>3</td>
</tr>
<tr>
<td>Years ago</td>
<td>4</td>
</tr>
</tbody>
</table>

If more than 3 years ago (29)

**27b. Was it within the past year, between 1 and 3 years ago, or over 3 years ago?**

Mark only one.

<table>
<thead>
<tr>
<th>Time</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within the past year</td>
<td>1</td>
</tr>
<tr>
<td>1 to 3 years ago</td>
<td>2</td>
</tr>
<tr>
<td>Over 3 years ago</td>
<td>3</td>
</tr>
<tr>
<td>DK</td>
<td>4</td>
</tr>
</tbody>
</table>

(28)

Notes
HAND CARD Q8. Read categories if telephone interview.

### 28a. What was the main reason you had this breast physical exam?
**Mark only one.**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Because of a specific breast problem (28b)</td>
<td>1</td>
</tr>
<tr>
<td>Follow-up to a previous breast problem</td>
<td>2</td>
</tr>
<tr>
<td>Part of a routine physical (or pregnancy) exam</td>
<td>3</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>4</td>
</tr>
<tr>
<td>DK</td>
<td>9</td>
</tr>
</tbody>
</table>

### 28b. What was the problem?
**Mark all mentioned, do not probe.**

<table>
<thead>
<tr>
<th>Problem</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soreness</td>
<td>1</td>
</tr>
<tr>
<td>Pain</td>
<td>2</td>
</tr>
<tr>
<td>Swelling</td>
<td>3</td>
</tr>
<tr>
<td>Lumps</td>
<td>4</td>
</tr>
<tr>
<td>Fibrocystic breast disease</td>
<td>5</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>6</td>
</tr>
<tr>
<td>DK</td>
<td>9</td>
</tr>
</tbody>
</table>

### 29. At what age do doctors recommend that a woman should start having breast physical exams?

**Mark only one.**

- _______ Years old
- OR
  - When she starts developing breasts
  - When she starts having periods
  - Refused
  - Other (Specify)
- DK

### 30a. Do you know how to examine your own breasts for lumps?

1. **Yes** (30b)
2. **No**
3. **Refused** (Item Q4)

### 30b. About how often do you examine your breasts for lumps?

**Mark only one.**

- _______ per 
  - Day
  - Week
  - Month
- OR
  - Never
  - Other (Specify)
- DK

### ITEM Q.4
Refer to age.

1. **Under 40** (Section R)
2. **40 and over** (31)

### 31a. Have you ever had a chest x-ray?

1. **Yes** (31b)
2. **No**
3. **DK** (34)

### 31b. How many chest x-rays have you ever had in your lifetime?

- Less than 10
- 10 to 20
- More than 20
- DK

### 32a. When did you have your most recent chest x-ray?

**Mark only one.**

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days ago</td>
<td>1</td>
</tr>
<tr>
<td>Weeks ago</td>
<td>2</td>
</tr>
<tr>
<td>Months ago</td>
<td>3</td>
</tr>
<tr>
<td>Years ago</td>
<td>4</td>
</tr>
</tbody>
</table>
- OR
- Days ago
- Weeks ago
- Months ago
- Years ago
- DK (32b)

### 32b. Was it within the past year, between 1 and 3 years ago, or over 3 years ago?

1. **Within the past year** (33)
2. **1 to 3 years ago**
3. **Over 3 years ago** (34)
HAND CARD Q9. Read categories if telephone interview.

33a. What was the main reason you had this chest x-ray?
Mark only one.

1. Because of a specific chest problem (33b)
2. Follow-up to a previous chest problem
3. Part of a routine physical exam/As a screening test
4. For employment reasons
5. Because of hospitalization
6. Other (Specify) □
7. DK

b. What was the problem?
Mark all mentioned, do not probe.

1. Coughing
2. Chest pain
3. Pneumonia
4. Bronchitis
5. Emphysema
6. Shortness of breath
7. Injury
8. Other (Specify) □
9. DK/Refused

34a. A proctoscopic exam is when a tube is inserted in the rectum to check for problems. Have you ever heard of a proctoscopic exam?

1. Yes (34b)
2. No
3. Refused □

b. Have you ever had a proctoscopic exam?

1. Yes (34c)
2. No
3. Refused □

35a. When did you have your (most recent) proctoscopic exam?

Month Year

1. Days ago
2. Weeks ago
3. Months ago
4. Years ago
5. DK (35b)

b. Was it within the past year, between 1 and 3 years ago, or over 3 years ago?

1. Within the past year □
2. 1 to 3 years ago □
3. Over 3 years ago □
4. DK

HAND CARD Q10. Read categories if telephone interview.

36a. What was the main reason you had this proctoscopic exam?
Mark only one.

1. Because of a specific health problem (36b)
2. Follow-up to a previous health problem
3. Part of a routine physical exam/As a screening test
4. Other (Specify) □
7. DK

b. What was the problem?
Mark all mentioned, do not probe.

1. Bleeding
2. Pain
3. Constipation
4. Bowel trouble
5. Blood in stool
6. Other (Specify)
7. DK

Notes
**Section Q – CANCER SCREENING KNOWLEDGE AND PRACTICE — Continued**

### 37a. A digital rectal exam is when a finger is inserted in the rectum to check for problems. Have you ever heard of this exam?

<table>
<thead>
<tr>
<th></th>
<th>Yes (37b)</th>
<th>No</th>
<th>Refused</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 37b. Have you ever had a digital rectal exam?

<table>
<thead>
<tr>
<th></th>
<th>Yes (37c)</th>
<th>No</th>
<th>Refused</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 37c. How many digital rectal exams have you ever had in your lifetime? Was it less than 10, 10 to 20, or more than 20?

<table>
<thead>
<tr>
<th></th>
<th>Less than 10</th>
<th>10 to 20</th>
<th>More than 20</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 38a. When did you have your most recent digital rectal exam?

<table>
<thead>
<tr>
<th></th>
<th>Days ago</th>
<th>Weeks ago</th>
<th>Months ago</th>
<th>Years ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>38b.</td>
<td>OR</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 38b. Was it within the past year, between 1 and 3 years ago, or over 3 years ago?

<table>
<thead>
<tr>
<th></th>
<th>Within the past year</th>
<th>1 to 3 years ago</th>
<th>Over 3 years ago</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 39a. What was the main reason you had this digital rectal exam?

**Mark only one.**

<table>
<thead>
<tr>
<th></th>
<th>Follow-up to a previous health problem</th>
<th>Part of a routine physical exam/As a screening test</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 39b. What was the problem?

**Mark all mentioned, do not probe.**

<table>
<thead>
<tr>
<th></th>
<th>Blood in stool</th>
<th>Pain</th>
<th>Constipation</th>
<th>Bowel trouble</th>
<th>Difficulty urinating</th>
<th>Prostate enlargement</th>
<th>Bleeding</th>
<th>Hemorrhoids</th>
<th>Diverticulitis</th>
<th>Other (Specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>03</td>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

### 40. What is the most important reason why you have [never had a digital rectal exam/not had a digital rectal exam in the past few years]?

**Mark only one.**

<table>
<thead>
<tr>
<th></th>
<th>No reason/Never thought about it/Didn’t know I should</th>
<th>Not needed/Haven’t had any problems</th>
<th>Put it off/Laziness</th>
<th>Costs too much/No insurance</th>
<th>Doctor didn’t recommend it</th>
<th>Don’t go to or don’t like doctors</th>
<th>Other</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
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<td></td>
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<tr>
<td>11</td>
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</tr>
</tbody>
</table>

**Notes**
41a. A blood stool test is when the stool is examined to determine whether it contains blood. Have you ever heard of a blood stool test?

1. Yes (41b)
2. No
3. Refused (Section R)
4. DK

b. Have you ever had a blood stool test?

1. Yes (41c)
2. No (46)
3. Refused (Section R)
4. DK

C. About how many blood stool tests have you ever had in your lifetime?

Number
19

42a. When did you have your (most recent) blood stool test?

Month
Year

1 Days ago
2 Weeks ago
3 Months ago
4 Years ago
5 DK (42b)

b. Was it within the past year, between 1 and 3 years ago, or over 3 years ago?

1 Within the past year (43)
2 1 to 3 years ago (46)
3 Over 3 years ago
4 DK

43. Did you perform this blood stool test yourself or was it done by a doctor or other medical person?

1 Self-tested
2 Doctor/medical person
3 DK

44a. What was the main reason you had this blood stool test?

Mark only one.

1 Because of a specific health problem (44b)
2 Follow-up to a previous health problem
3 Part of a routine physical exam/As a screening test
4 Other (Specify)
5 DK

b. What was the problem?

Mark all mentioned, do not probe.

1 Hemorrhoids
2 Pain
3 Bleeding
4 Constipation
5 Bowel trouble
6 Blood in stool
7 Ulcers
8 Other (Specify)
9 DK/Refused

45. Who made the decision that you should have this blood stool test?

Mark only one.

1 I decided on my own
2 My doctor ordered it
3 Both my doctor and I agreed on it
4 Other (Specify)
5 DK (Section R)

46. What is the most important reason why you have (never had a blood stool test/not had a blood stool test in the past few years)?

Mark only one.

1 No reason/Never thought about it/Didn't know I should
2 Not needed/Haven't had any problems
3 Put it off/Laziness
4 Costs too much/No insurance
5 Doctor didn't recommend it
6 Don't go to or don't like doctors
7 Other
8 DK

Notes
### Section R — CANCER SURVIVORSHIP

1. Has a medical doctor ever told you that you had cancer of any kind (including any cancer you have already mentioned)?
   - ☐ Yes (2)
   - ☐ No (Section S)

2. How many different kinds of cancer have you had?
   - ☐ Number of cancers
   - ☐ 1 cancer (3)
   - ☐ 2 or more cancers (4)

3a. What kind of cancer was it?

   - ☐ DK

b. What part of the body was affected?

   - ☐ DK

c. In what year was this cancer first diagnosed?

   - ☐ Year (3e)

   - ☐ DK (3d)

d. How old were you when this cancer was first diagnosed?

   - ☐ Age

   - ☐ DK

HAND CARD G1. Read categories if telephone interview.

4. (Please look at this card and tell me) how was your cancer first detected?

   - ☐ Mark only one.

   - ☐ I had no symptoms and it was detected during a routine check-up

   - ☐ I noticed something was wrong and went to a doctor

   - ☐ I noticed something was wrong but did not talk to a doctor about it until my regular physical exam

   - ☐ It was detected in some other way (Specify)

   - ☐ DK

ITEM R1

Refer to question 3c or 3d for when the cancer was FIRST DIAGNOSED.

4a. What kind of cancer was diagnosed first?

   - ☐ DK

b. What part of the body was affected?

   - ☐ DK

c. What year was this cancer first diagnosed?

   - ☐ Year (4e)

   - ☐ DK (4d)

d. How old were you when this cancer was first diagnosed?

   - ☐ Age

   - ☐ DK

HAND CARD G1. Read categories if telephone interview.

e. (Please look at this card and tell me) how was the cancer first detected?

   - ☐ Mark only one.

   - ☐ I had no symptoms and it was detected during a routine check-up

   - ☐ I noticed something was wrong and went to a doctor

   - ☐ I noticed something was wrong but did not talk to a doctor about it until my regular physical exam

   - ☐ It was detected in some other way (Specify)

   - ☐ DK

Notes
### Section R — CANCER SURVIVORSHIP — Continued

<table>
<thead>
<tr>
<th>5a. What kind of cancer was diagnosed most recently?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes □ No □ DK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5b. What part of the body was affected?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes □ No □ DK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5c. In what year was this cancer first diagnosed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year (R2) □ Yes □ No □ DK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5d. How old were you when this cancer was first diagnosed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age □ Yes □ No □ DK</td>
</tr>
</tbody>
</table>

### ITEM R2

Refer to question 5c or 5d for when the most recent cancer was FIRST DIAGNOSED.

<table>
<thead>
<tr>
<th>1</th>
<th>□ More than 10 years ago (Section S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>□ 10 or fewer years ago (6)</td>
</tr>
</tbody>
</table>

### 6. What types of doctors did you see for your diagnosis and treatment?

Mark each that applies.

<table>
<thead>
<tr>
<th>1</th>
<th>Internist, general practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Cancer specialist (oncologist)</td>
</tr>
<tr>
<td>3</td>
<td>General surgeon</td>
</tr>
<tr>
<td>4</td>
<td>Cancer surgeon</td>
</tr>
<tr>
<td>5</td>
<td>Plastic surgeon/Reconstructive surgeon</td>
</tr>
<tr>
<td>6</td>
<td>Radiologist</td>
</tr>
<tr>
<td>7</td>
<td>Other specialist (Specify)</td>
</tr>
<tr>
<td>8</td>
<td>DK</td>
</tr>
</tbody>
</table>

### 7a. Did you get more than one opinion about the type of treatment you should have?

<table>
<thead>
<tr>
<th>1</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>DK</td>
</tr>
</tbody>
</table>

### 7b. What types of treatment did you receive for this cancer?

Mark each that applies.

<table>
<thead>
<tr>
<th>1</th>
<th>Surgery to remove the tumor</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Radiation</td>
</tr>
<tr>
<td>3</td>
<td>Chemotherapy</td>
</tr>
<tr>
<td>4</td>
<td>Special diets</td>
</tr>
<tr>
<td>5</td>
<td>Self healing techniques, including imaging</td>
</tr>
<tr>
<td>6</td>
<td>Other (Specify)</td>
</tr>
<tr>
<td>7</td>
<td>DK</td>
</tr>
</tbody>
</table>

### 8. After your cancer was diagnosed, did you receive any counseling or join any support groups to help you cope?

<table>
<thead>
<tr>
<th>1</th>
<th>Yes (10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>No (9)</td>
</tr>
<tr>
<td>3</td>
<td>DK (10)</td>
</tr>
</tbody>
</table>

### 9a. What was the main reason you did not get counseling?

Mark only one.

<table>
<thead>
<tr>
<th>1</th>
<th>I didn't know it was available (9b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>I didn't want it</td>
</tr>
<tr>
<td>3</td>
<td>I didn't think I needed it</td>
</tr>
<tr>
<td>4</td>
<td>Some other reason (Specify)</td>
</tr>
<tr>
<td>5</td>
<td>DK</td>
</tr>
</tbody>
</table>

### 9b. Would you have been interested in receiving counseling if you had known about it?

<table>
<thead>
<tr>
<th>1</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>DK</td>
</tr>
</tbody>
</table>

### 10. Did a doctor, nurse, or social worker give you written information about your cancer or its treatment?

If NO, ASK —

Even though no one gave you any written information did you pick any up on your own?

<table>
<thead>
<tr>
<th>1</th>
<th>Yes (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>No, no information given</td>
</tr>
<tr>
<td>3</td>
<td>No, but I picked it up myself</td>
</tr>
<tr>
<td>4</td>
<td>DK</td>
</tr>
</tbody>
</table>

If Yes, mark box 3.

If No, mark box 2.
### Section R — CANCER SURVIVORSHIP — Continued

**HAND CARD G5. Read each category if telephone interview.**

**11a. What subjects did the materials cover? (Anything else?)**

Mark each that applies.

- [ ] General information about cancer 58
- [ ] Information about your specific type of cancer 59
- [ ] Cancer treatment options 60
- [ ] Coping with the physical side effects of cancer treatment 61
- [ ] Coping with the emotional effects of cancer 62
- [ ] Other (Specify) 63

- [ ] DK 64

**b. (Was this/Were any of these) material(s) helpful?**

- [ ] Yes 65
- [ ] No
- [ ] DK 66

**HAND CARD G6. Read 12b categories if telephone interview.**

**12a. After you were diagnosed with cancer, did you contact any of these cancer organizations?**

Mark each that applies.

- [ ] American Cancer Society 67
- [ ] National Cancer Institute 68
- [ ] The 1-800-4-CANCER HOTLINE 69
- [ ] Other 70
- [ ] Don’t know 71

**b. Which cancer organizations did you contact? (Any others?)**

Mark each that applies.

- [ ] American Cancer Society 72
- [ ] National Cancer Institute 73
- [ ] The 1-800-4-CANCER HOTLINE 74
- [ ] Other 75
- [ ] Don’t know 76

**13. Did you participate in a research study or clinical trial as a part of your cancer treatment?**

- [ ] Yes 77
- [ ] No
- [ ] DK 78

**HAND CARD G7. Read all categories if telephone interview.**

**14a. Not counting Medicare or Medicaid, did you have health insurance that paid for all or part of your treatment?**

- [ ] Yes (14b) 79
- [ ] No (15) 80
- [ ] DK 81

**b. Did your health insurance change in any of these ways because of your cancer?**

Mark only one.

- [ ] Yes — Cost to me increased 82
- [ ] Yes — My insurance was cancelled or not renewed 83
- [ ] Yes — Other change (Specify) 84

**15a. Were you EVER denied health or life insurance coverage because of your cancer?**

- [ ] Yes 85
- [ ] No
- [ ] DK 86

**b. Were you EVER asked to waive coverage of your cancer in order to get health insurance?**

- [ ] Yes 87
- [ ] No
- [ ] DK 88

**16a. Were you working at a job or business immediately BEFORE your diagnosis of cancer?**

- [ ] Yes (16b) 89
- [ ] No (17) 90
- [ ] DK 91

**b. Were you self-employed?**

- [ ] Yes (17) 92
- [ ] No (16c) 93
- [ ] DK 94

**c. Did your employer have a long-term disability plan that covered cancer?**

- [ ] Yes (18) 95
- [ ] No
- [ ] DK 96

**17a. Have you worked at a job for pay AFTER your cancer was diagnosed?**

- [ ] Yes (17b) 97
- [ ] No (Section S) 98

**b. Were you self-employed?**

- [ ] Yes (Section S) 99
- [ ] No (18) 100

**18. Some people have problems with employment because of cancer. Have you EVER . . .**

a. Faced on-the-job problems from your employer or supervisor directly related to your cancer?

- [ ] Yes 101
- [ ] No 102

b. Been fired or laid off from your job because of your cancer?

- [ ] Yes 103
- [ ] No 104

c. Felt you couldn’t change jobs because of your cancer?

- [ ] Yes 105
- [ ] No 106

d. Felt you couldn’t take a new job because of a change in insurance related to your cancer?

- [ ] Yes 107
- [ ] No 108

e. Refrained from applying for a new job because you didn’t want your medical records made public?

- [ ] Yes 109
- [ ] No 110
### Section S – GENERAL KNOWLEDGE AND ATTITUDES

Now, I'm going to ask your opinion about certain health problems. For these questions, if you are not sure, feel free to tell me that.

**HAND CARD S1. Read categories if telephone interview.**

1. Of these four diseases, which ONE do you think is the country's most serious health problem?
   - Refused
   - Heart disease
   - AIDS
   - Diabetes
   - Cancer
   - DK
   - Mark only one.

**HAND CARD S2.**

2. To the best of your knowledge, which TWO of these diseases caused the most deaths in the United States in the PAST YEAR?
   - Refused
   - Heart disease
   - AIDS
   - Diabetes
   - Cancer
   - DK
   - Mark only two.

3. Have you ever heard of —
   - the American Cancer Society?
     - YES
     - NO
     - Refused
     - DK
   - the Cancer Information Service?
     - YES
     - NO
     - Refused
     - DK
   - the National Cancer Institute?
     - YES
     - NO
     - Refused
     - DK
   - the 1-800-4-Cancer Hotline?
     - YES
     - NO
     - Refused
     - DK

4. In your opinion, how much progress has been made overall in the fight against cancer in the past twenty years? Would you say a great deal of progress, some progress, very little progress, or no progress?
   - A great deal
   - Some progress
   - Very little
   - No progress
   - Depends on type of cancer
   - Refused
   - DK

5. Please tell me which of these you think causes more cancer in the United States.
   - A. Personal behaviors, such as smoking or eating habits.
     - Refused
     - Both
   - B. Factors you have little control over, such as environmental pollution or family history.

**ITEM S1**

Refer to sex of SP

<table>
<thead>
<tr>
<th></th>
<th>Female (6)</th>
<th>Male (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HAND CARD S3.**

6. If cancer of the body part is detected early, what is a person's chance of surviving? Would you say good, fair, poor or you are not sure?
   - Breast
     - Good
     - Fair
     - Poor
     - Refused
     - DK
   - Cervix?
     - Good
     - Fair
     - Poor
     - Refused
     - DK
   - Colon or rectum?
     - Good
     - Fair
     - Poor
     - Refused
     - DK
   - Lung?
     - Good
     - Fair
     - Poor
     - Refused
     - DK
   - Liver?
     - Good
     - Fair
     - Poor
     - Refused
     - DK

Notes
**HAND CARD S4. Read each category if telephone interview.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>7a. Which of these things do you think increases a woman’s chance of getting cancer of the breast?</strong></td>
<td>None of these, Increasing age, High fat diet, Low fiber diet, Smoking, Family history, Having multiple sexual partners, Refused</td>
<td>0</td>
</tr>
<tr>
<td>(Please give me the numbers from the card.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Mark each that applies.**

**REFER TO CARD S4. Read each category if telephone interview.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>b. Which of these things do you think increases a woman’s chance of getting cancer of the cervix?</strong></td>
<td>None of these, Increasing age, High fat diet, Low fiber diet, Smoking, Family history, Having multiple sexual partners, Refused</td>
<td>0</td>
</tr>
<tr>
<td>(Please give me the numbers from the card.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Mark each that applies.**

**REFER TO CARD S4. Read each category if telephone interview.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>c. Which of these things do you think increases a woman’s chance of getting cancer of the colon or rectum?</strong></td>
<td>None of these, Increasing age, High fat diet, Low fiber diet, Smoking, Family history, Having multiple sexual partners, Refused</td>
<td>0</td>
</tr>
<tr>
<td>(Please give me the numbers from the card.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Mark each that applies.**

**HAND CARD S3.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>8. If cancer of the (body part) is detected early, what is a person’s chance of surviving? Would you say good, fair, poor or you are not sure?</strong></td>
<td>Good, Fair, Poor, Refused, DK/Not sure</td>
<td></td>
</tr>
<tr>
<td>a. Prostate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Colon or rectum?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Lung?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Liver?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ITEM S2**

Refer to Question 1 in Section R on page 17 to determine if SF reported having cancer.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10. How concerned are you about getting cancer in the future? Would you say you are very concerned, somewhat concerned, or not at all concerned?</strong></td>
<td>Very concerned, Somewhat concerned, Not at all concerned, Refused, DK</td>
<td>1</td>
</tr>
</tbody>
</table>

**Notes**

FORM 105-26 (3-03)
### Section T — SMOKING HABITS

These next questions are about cigarette smoking.

1. **Have you smoked at least 100 cigarettes in your entire life?**
   - 1 □ Yes (2)
   - 2 □ No
   - 9 □ DK (Section W)

   *If asked: approximately 5 packs*

2. **How old were you when you first started smoking cigarettes fairly regularly?**
   - ______ Age
   - 00 □ Never smoked regularly
   - 99 □ DK

3. **Do you smoke cigarettes now?**
   - 1 □ Yes (4)
   - 2 □ No (5)

4. **Do you now smoke cigarettes every day or some days?**
   - 1 □ Every day (6)
   - 2 □ Some days (7)

5. **Do you now smoke cigarettes "not at all" or "some days"?**
   - 1 □ Not at all (Section V)
   - 2 □ Some days (7)

6. **On the average, how many cigarettes do you now smoke a day?**
   - ______ Cigarettes a day (Section U)
   - 99 □ DK

7a. **On how many of the past 30 days did you smoke cigarettes?**
   - 00 □ None (Section V)
   - ______ Days (7b)
   - 99 □ DK

    **b. On the average, when you smoked, about how many cigarettes did you smoke a day?**
   - ______ Cigarettes a day (Section U)
   - 99 □ DK

---

**Notes**
<table>
<thead>
<tr>
<th>ITEM U1</th>
<th>Refer to question 4, page 22, Section T to determine if SP now smokes every day.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you EVER smoked cigarettes every day for at least 6 months?</td>
<td></td>
</tr>
<tr>
<td>- Yes (2)</td>
<td></td>
</tr>
<tr>
<td>- No (12)</td>
<td></td>
</tr>
</tbody>
</table>

2a. About how long has it been since you last smoked cigarettes every day?
Number
- Days (3)
- Weeks
- Month
- Years (If 1 year or 12 months ago, go to 2b; otherwise go to 3.)
- No (2b)
- DK

b. Was it within the past year or a year or more ago?
- Within the past year (12)
- 1 year or more (99)
- DK

3a. On the average, how many cigarettes did you smoke a day when you last smoked every day?
- Cigarettes a day (4)
- No (7)
- DK

b. What is the total number of years you smoked every day? Do not include any time you stayed off cigarettes for at least 6 months or longer?
- None or less than one year (12)
- Years (99)
- DK

4. What is the total number of years you have smoked every day? Do not include any time you stayed off cigarettes for at least 6 months or longer.
- None or less than one year (12)
- Years (99)
- DK

5. Have you EVER stopped smoking for one day or longer?
- Yes (6b)
- No (12)
- DK

b. In your whole life how many times have you stopped smoking for one day or longer, including the last time?
- Times (7)
- No (99)
- DK

6a. During the PAST 12 MONTHS, have you stopped smoking for one day or longer?
- Yes (6b)
- No (8c)
- DK

b. How many times during the past 12 months have you stopped smoking for one day or longer?
- Times (7)
- No (99)
- DK

c. How long ago was the last time you stopped smoking for one day or longer?
- 1—5 years (12)
- 6—10 years (9)
- 10 years or more (99)
- DK

7. How long did you actually stay off cigarettes the last time you stopped smoking?
Number
- Days
- Weeks
- Month
- Years (12)
- No (99)
- DK

8. The last time you stopped smoking did you stop on purpose, were you sick, or was there some other reason you couldn't smoke?
- I stopped on purpose (1)
- I couldn't smoke because I was sick (2)
- I couldn't smoke for some other reason (8)
- DK (9)

Mark all that apply.
**Section U — CURRENT SMOKER — Continued**

<table>
<thead>
<tr>
<th>ITEM U2</th>
<th>Refer to question 8.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 □ Box 2, Stopped for sickness ONLY (11)</td>
</tr>
<tr>
<td></td>
<td>2 □ All others (9)</td>
</tr>
</tbody>
</table>

**HAND CARD U2. Read each category if telephone interview.**

<table>
<thead>
<tr>
<th>ITEM U2</th>
<th>1 □ Concern about my future health</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2 □ Concern about my health at the time</td>
</tr>
<tr>
<td></td>
<td>3 □ Pressure from family and friends</td>
</tr>
<tr>
<td></td>
<td>4 □ Cost of cigarettes</td>
</tr>
<tr>
<td></td>
<td>5 □ Pregnancy</td>
</tr>
<tr>
<td></td>
<td>6 □ Some other reason (Specify)</td>
</tr>
<tr>
<td></td>
<td>9 □ DK</td>
</tr>
</tbody>
</table>

9. The last time you stopped smoking, what were the reasons you stopped?

Mark each that applies.

<table>
<thead>
<tr>
<th>ITEM U2</th>
<th>1 □ Box 2, Stopped for sickness ONLY (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2 □ All others (9)</td>
</tr>
<tr>
<td></td>
<td>1 □ Concern about my future health</td>
</tr>
<tr>
<td></td>
<td>2 □ Concern about my health at the time</td>
</tr>
<tr>
<td></td>
<td>3 □ Pressure from family and friends</td>
</tr>
<tr>
<td></td>
<td>4 □ Cost of cigarettes</td>
</tr>
<tr>
<td></td>
<td>5 □ Pregnancy</td>
</tr>
<tr>
<td></td>
<td>6 □ Some other reason (Specify)</td>
</tr>
<tr>
<td></td>
<td>9 □ DK</td>
</tr>
</tbody>
</table>

10. The LAST TIME you stopped smoking, did you —

(1) Stop smoking along with friends or relatives who were also trying to quit?

(2) Use a prescription chewing gum called "Nicorette"?

(3) Follow instructions in a pamphlet or book?

(4) Use a stop-smoking clinic or program?

(5) Stop all at once, or stop "cold turkey"?

(6) Use any other method?

<table>
<thead>
<tr>
<th>ITEM U2</th>
<th>1 □ Box 2, Stopped for sickness ONLY (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2 □ All others (9)</td>
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<td></td>
<td>1 □ Concern about my future health</td>
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<tr>
<td></td>
<td>6 □ Some other reason (Specify)</td>
</tr>
<tr>
<td></td>
<td>9 □ DK</td>
</tr>
</tbody>
</table>

11. When trying to stop smoking, have you EVER —

a. gradually decreased the number of cigarettes you smoked in a day?

b. switched to lower tar or nicotine cigarettes?

<table>
<thead>
<tr>
<th>ITEM U2</th>
<th>1 □ Box 2, Stopped for sickness ONLY (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2 □ All others (9)</td>
</tr>
<tr>
<td></td>
<td>1 □ Concern about my future health</td>
</tr>
<tr>
<td></td>
<td>2 □ Concern about my health at the time</td>
</tr>
<tr>
<td></td>
<td>3 □ Pressure from family and friends</td>
</tr>
<tr>
<td></td>
<td>4 □ Cost of cigarettes</td>
</tr>
<tr>
<td></td>
<td>5 □ Pregnancy</td>
</tr>
<tr>
<td></td>
<td>6 □ Some other reason (Specify)</td>
</tr>
<tr>
<td></td>
<td>9 □ DK</td>
</tr>
</tbody>
</table>

12. Do you think that your smoking affects your health now?

<table>
<thead>
<tr>
<th>ITEM U2</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>DK</td>
</tr>
</tbody>
</table>

13. How likely do you think it is that you will have serious health problems from smoking if you continue to smoke? Do you think it is unlikely, somewhat likely, or very likely?

1 □ Unlikely

2 □ Somewhat likely

3 □ Very likely

14a. In the past year have you seen a —

(1) Medical doctor?

(2) Dentist?

<table>
<thead>
<tr>
<th>ITEM U2</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>DK</td>
</tr>
</tbody>
</table>

14b. During the past year, did any . . . advise you to stop smoking?

<table>
<thead>
<tr>
<th>ITEM U2</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>DK</td>
</tr>
</tbody>
</table>

15. Has a medical doctor or dentist EVER advised you to stop smoking?

<table>
<thead>
<tr>
<th>ITEM U2</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>DK</td>
</tr>
</tbody>
</table>

16a. Are you seriously considering stopping within the next 6 months?

b. Are you planning to stop within the next 30 days?

<table>
<thead>
<tr>
<th>ITEM U2</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>DK</td>
</tr>
</tbody>
</table>

17. About how often in the past 12 months has anyone asked you not to smoke when you were smoking or were about to smoke? Never, once or twice, several times, or many times?

0 □ Never

1 □ Once or twice

2 □ Several times

3 □ Many times

(Section W)
### Section V — FORMER SMOKER

1. **Have you EVER smoked cigarettes every day for at least 6 months?**
   - Yes (3)
   - No (2)
   - DK (2)

2. **How long has it been since you completely stopped smoking cigarettes?**
   - 1 Day (1)
   - 2 Weeks (1)
   - 3 Months (3)
   - 4 Years (1)
   - DK (1)

3a. **About how long has it been since you last smoked cigarettes every day?**
   - 1 Day (1)
   - 2 Weeks (1)
   - 3 Months (1)
   - 4 Years (1)
   - DK (1)

   **If 1 year or 12 months ago, go to 3b; otherwise go to 4.**

b. **Was it within the past year or a year or more ago?**
   - Within the past year (1)
   - 1 year or more (1)
   - DK (1)

4. **On the average, how many cigarettes did you smoke a day when you last smoked every day?**
   - Cigarettes per day (Number)
   - DK (1)

5. **What is the total number of years you smoked every day?**
   - None or less than one year (1)
   - 1 Year or 12 months (1)
   - Years (1)
   - DK (1)

6. **In your whole life, how many times have you stopped smoking for one day or longer, including the last time?**
   - Times (Number)
   - DK (1)

7. **When you stopped smoking completely, did you stop on purpose, were you sick, or was there some other reason you couldn't smoke?**
   - I stopped on purpose (1)
   - I could not smoke because I was sick (1)
   - I could not smoke for some other reason (1)
   - DK (1)

   **Mark each that applies.**

ITEM V1: Refer to question 7.

   - 1 Box 2, Stopped for sickness ONLY (10)
   - 2 All others (8)

HAND CARD U1. **Read each category if telephone interview.**

8. **When you stopped smoking completely, what were the reasons you stopped?**
   - I stopped on purpose (1)
   - I could not smoke because I was sick (1)
   - I could not smoke for some other reason (1)
   - DK (1)

   **Mark each that applies.**

9. **When you stopped smoking cigarettes completely, did you —**
   - Yes (1)
   - No (2)
   - DK (3)

   **(1) Stop smoking along with friends or relatives who were also trying to quit?**
   - Yes (1)
   - No (2)
   - DK (1)

   **(2) Use a prescription chewing gum called “Nicorette”?**
   - Yes (1)
   - No (2)
   - DK (1)

   **(3) Follow instructions in a pamphlet or book?**
   - Yes (1)
   - No (2)
   - DK (1)

   **(4) Use a stop-smoking clinic or program?**
   - Yes (1)
   - No (2)
   - DK (1)

   **(5) Stop all at once, or stop “cold turkey”?**
   - Yes (1)
   - No (2)
   - DK (1)

   **(6) Use any other method?**
   - Yes (1)
   - No (2)
   - DK (1)

   **Specify** (1)

10. **When trying to stop smoking, did you EVER —**
    - Yes (1)
    - No (2)
    - DK (1)

    **a. gradually decrease the number of cigarettes you smoked in a day?**
    - Yes (1)
    - No (2)
    - DK (1)

    **b. switch to lower tar or nicotine cigarettes?**
    - Yes (1)
    - No (2)
    - DK (1)
These next questions are about other tobacco products.

1a. Have you ever smoked a pipe?
- Yes (1b)
- No (1)
- DK (2)

b. Have you smoked a pipe at least 50 times in your entire life?
- Yes (1c)
- No (1)
- DK (2)

c. Do you smoke a pipe now?
- Yes (1d)
- No (2)

d. On the average, how many days per month do you smoke a pipe?
- Less than one day a month
- Days per month
- Every day
  - DK

2a. Have you ever smoked cigars?
- Yes (2b)
- No (2)
- DK (3)

b. Have you smoked at least 50 cigars in your entire life?
- Yes (2c)
- No (3)

c. Do you smoke cigars now?
- Yes (2d)
- No (3)

d. On the average, how many days per month do you smoke cigars?
- Less than one day a month
- Days per month
- Every day
  - DK

3a. Have you ever used snuff, such as Skoal, Skoal Bandits, or Copenhagen?
- Yes (3b)
- No (4)
- DK (5)

b. Have you used snuff at least 20 times in your entire life?
- Yes (3c)
- No (4)
- DK (5)

c. How old were you when you first used snuff?
- Age
- DK

d. Do you use snuff now?
- Yes
- No

6. Altogether, about how long [have you used/did you use] snuff?
- Less than one month
- Months
- Years
- DK

f. On the average, how many days per month [do/did] you use it?
- Less than one day a month
- Days per month
- Every day
  - DK

g. On the days that you use(d) snuff, how many times [do/did] you use it?
- Less than one time per day
- Times per day
  - DK

h. [Do/Did] you use snuff by sniffing it or by placing it in your mouth?
- Sniffing
- Mouth
- Both

Mark only one.
Section W – OTHER TOBACCO USE — Continued

3i. Have you EVER been advised to stop using snuff by a —

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Medical doctor?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Dentist?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4a. Have you ever used chewing tobacco, such as Redman, Levi Garrett, or Beechnut?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Medical doctor?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>(2) Dentist?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>

4b. Have you used chewing tobacco at least 20 times in your entire life?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Medical doctor?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>(2) Dentist?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>

4c. How old were you when you first used chewing tobacco?

<table>
<thead>
<tr>
<th></th>
<th>Age</th>
</tr>
</thead>
</table>

4d. Do you use chewing tobacco now?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
</table>

4e. Altogether, about how long [have you used/ did you use] chewing tobacco?

<table>
<thead>
<tr>
<th></th>
<th>Less than one month</th>
<th>Months</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Medical doctor?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>(2) Dentist?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>

5. Now I am going to read a list of statements about cigarette smoking. After I read each one, please tell me whether you agree, disagree, or have no opinion.

<table>
<thead>
<tr>
<th>Statement</th>
<th>AGREE/YES</th>
<th>DISAGREE/NO</th>
<th>NO OPINION/DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. So many things cause cancer that it doesn’t really matter if you smoke</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>b. Smoking by a pregnant woman may harm the baby</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>c. The smoke from other people's cigarettes is harmful to you</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>d. Most deaths from LUNG CANCER are caused by cigarette smoking</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>e. Smoking should not be allowed in indoor public places</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>f. Even if a person has smoked for more than 20 years, there is a health benefit to quitting</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>

Notes
### Section W — OTHER TOBACCO USE — Continued

#### 6a. Do you think smoking is a habit, an addiction, neither, or both?
- [ ] Habit
- [ ] Addiction
- [ ] Neither
- [ ] Both
- [ ] DK

#### 6b. In general, would you say that the smoke from other people's cigarettes is not at all annoying to you, somewhat annoying to you, or very annoying to you?
- [ ] Not annoying at all
- [ ] Somewhat annoying
- [ ] Very annoying
- [ ] DK

#### ITEM W1
Refer to question 3, page 22, Section T, to determine if SP smokes cigarettes now.

- [ ] Smokes cigarettes now (7)
- [ ] All other (8)

**HAND CARD W. Read categories if telephone interview.**

#### 7. When you are inside a public place that has no rules about smoking, what are you most likely to do?
*Mark only one.*

- [ ] Ask if others would mind
- [ ] Just not smoke
- [ ] Do something else (Specify)
- [ ] Not annoying at all
- [ ] Somewhat annoying
- [ ] Very annoying
- [ ] DK

#### 8. When you are inside a public place that has no rules about smoking and someone else lights up a cigarette, what are you most likely to do — ask the person not to smoke, move away, do nothing, or something else?

- [ ] Ask person not to smoke
- [ ] Move away
- [ ] Do nothing
- [ ] Do something else (Specify)
- [ ] Not annoying at all
- [ ] Somewhat annoying
- [ ] Very annoying
- [ ] DK

#### 9. Does ANYONE smoke cigarettes, cigars, or pipes ANYWHERE INSIDE this home?

- [ ] Yes (10)
- [ ] No (Section X)
- [ ] DK

#### 10. On an average week day, how many people smoke anywhere inside this home?

- [ ] Number of smokers
- [ ] DK

#### 11. On the average, about how many days per week is there smoking ANYWHERE INSIDE this home?

- [ ] Less than one day per week/Rarely
- [ ] Every day

- [ ] Days per week
- [ ] DK

**Notes**
### Section X — WORKPLACE TOBACCO SMOKE

**ITEM X1**

Refer to SP’s “Wa/Wb” boxes in C1 on HIS-1.

- Wa or Wb box marked (Item X2)
- Other (Section Y)

**ITEM X2**

Refer to SP’s 6g, page 44 or 45 on HIS-1.

- Entry of P, F, S, or L (1)
- Other (Section Y)

These next questions are about smoking in the workplace.

1. Earlier [you told me/I was told] that you were employed during the past two weeks. Is that correct?

   - Yes (2)
   - No (Section Y)
   - DK (2)

2a. Altogether, does your employer have 50 or more employees?

   - Yes (2b)
   - No (2c)
   - DK (2)

b. Does your employer have 50 or more employees at the building or location where you work?

   - Yes (3)
   - No (2c)
   - DK

   HAND CARD X1. Read ALL categories if telephone interview.

3. Which of these best describes the area in which you work most of the time?  
   
   Mark only one.

   - Private enclosed office with door
   - Enclosed office with door shared with one or more other persons
   - Cubicle
   - Open area
   - Classroom
   - Hospital (not an office)
   - In a home
   - In one building, but no regular work area (5)
   - Mainly work outdoors
   - Travel to different buildings or sites (7)
   - In a motor vehicle
   - Other
   - DK

4a. During the past 2 weeks, has anyone smoked in your IMMEDIATE work area?

   - Yes (4b)
   - No
   - Did not work in past 2 weeks (5)
   - DK (4b)

b. During the past 2 weeks, have you ever been bothered by cigarette smoke in your immediate work area?

   - Yes
   - No
   - DK

5a. Does your employer have an official policy that restricts smoking in any way?

   - Yes (5b)
   - No (Item X3)
   - DK

   HAND CARD X2. Read ALL categories if telephone interview.

b. Which of these best describes your employer’s smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms?  
   
   Mark only one.

   1. Not allowed in ANY indoor or common public areas
   2. Allowed in SOME public areas, including designated smoking areas
   3. Allowed in ALL indoor or common public areas
   4. Not applicable, no policy for these areas
   9. DK

   HAND CARD X3. Read ALL categories if telephone interview.

c. Which of these best describes your employer’s smoking policy for work areas?

   Mark only one.

   1. Not allowed in ANY work areas (6)
   2. Allowed in SOME work areas (5d)
   3. Allowed in ALL work areas (Item X3)
   4. Not applicable, no policy for these areas (5d)
   9. DK

   d. Is smoking allowed in YOUR immediate work area?

   - Yes (Item X3)
   - No
   - DK (6)
# Section X — WORKPLACE TOBACCO SMOKE — Continued

### 6a. Are there ever customers or clients in your work area, that is, people who do not work for your employer?

- □ Yes (6b)
- □ No (Item X3)
- □ DK

### b. Are these people allowed to smoke in your work area?

- □ Yes
- □ No
- □ DK

### 7. Does your employer offer a stop smoking program or any other help to employees who want to quit smoking?

- □ Yes (Item X3)
- □ No (Section Y)
- □ DK

### ITEM X3

Refer to question 3, page 22, Section T, to determine if SP is a current smoker.

1. □ “Yes,” current smoker (8)
2. □ “No,” former smoker (9)
3. □ Other (Section Y)

### 8a. Do you ever smoke during the time you are at work?

- □ Yes (8b)
- □ No (8c)
- □ DK

**HAND CARD X4.**

### b. Where?

Mark all that apply.

1. □ In my work area
2. □ In a public area, such as a restroom, lunchroom, lobby, or other smoking area
3. □ Outside the building
4. □ Not applicable — I work outside or at different sites
- □ DK

### c. Do you feel that you smoke fewer cigarettes per day because of your employer’s smoking policy?

- □ Yes
- □ No

### ASK OR VERIFY:

### 9. Have you joined any quit smoking programs at work in the past year?

- □ Yes
- □ No
- □ Quit more than 1 year ago
- □ DK

---

**Notes**
CARD B

01. Puerto Rican
02. Cuban
03. Cuban American
04. Mexican/Mexicano
05. Mexican American
06. Chicano
07. Hispano
08. Other Latin American
09. Other Spanish or Hispanic
10. American
11. Anglo American
88. Other (Specify)

CARD F1

A. What people eat or drink has little effect on whether they will develop major diseases.

OR

B. By eating the right kinds of foods, people can reduce their chances of developing major diseases.

CARD F2

1. Eating more fiber
2. Eating less sugar
3. Avoiding foods with additives
4. Eating less fat
5. Eating less salt
6. Eating more fruit and vegetables
7. Taking vitamins
8. None of these changes would be helpful

CARD G1

1. I had no symptoms and it was detected during a routine checkup
2. I noticed something was wrong and went to a doctor
3. I noticed something was wrong but did not talk to a doctor about it until my regular physical exam
8. It was detected in some other way (Specify)
CARD G2
1. Internist, general practitioner
2. Cancer specialist (oncologist)
3. General Surgeon
4. Cancer Surgeon
5. Reconstructive Surgeon
6. Radiologist
8. Other specialist (Specify)

CARD G3
1. Surgery to remove the tumor
2. Radiation
3. Chemotherapy
4. Special diets
5. Self healing techniques, including imaging
8. Other (Specify)

CARD G4
1. I didn't know it was available
2. I didn't want it
3. I didn't think I needed it
8. Some other reason (Specify)

CARD G5
1. General information about cancer
2. Information about your specific type of cancer
3. Cancer treatment options
4. Coping with the physical side effects of cancer treatment
5. Coping with the emotional effects of cancer
8. Other (Specify)
CARD G6
1. American Cancer Society
2. National Cancer Institute
3. The Cancer Information Service: 1-800-4-CANCER
8. Other

CARD G7
1. Yes - Cost to me increased
2. Yes - My insurance was cancelled or not renewed
8. Yes - Other change (Specify)
0. No - Did not change

CARD J1
1. Employer
2. Union
3. Co-workers
4. Previous training/education
5. By reading about it
8. Other (Specify)

CARD J2
1. Because it doesn't work properly
2. Because it interferes with job performance
3. Because it is uncomfortable
4. Because I don't know how to use it
5. Because it is not needed
8. Some other reason (Specify)
CARD K1

Television programs
Radio programs
Magazine articles
Newspaper articles
Street signs/billboards
Store displays/store distributed brochures
Bus/street car/subway displays
Health Department brochures
Workplace distributed brochures
School distributed brochures
Church distributed brochures
Community organization
Friend/acquaintance
AIDS hotline
Other source (Specify)
Received no AIDS information in the past month

CARD K2

1. Very likely
2. Somewhat likely
3. Somewhat unlikely
4. Very unlikely
5. Definitely not possible

CARD K3

a. AZT can delay or slow down the symptoms of AIDS virus infection
b. AZT cures people with AIDS
c. AZT has no known side effects
d. AZT is appropriate for a person with the AIDS virus infection ONLY at certain times during the illness
e. There are other drugs available to treat AIDS related illnesses

CARD K4

a. You have hemophilia or another blood clotting disorder and have received clotting factor concentrations since 1977.
b. You are a man who has had sex with another man at some time since 1977, even one time.
c. You have taken illegal drugs by needle at any time since 1977.
d. You have had sex for money or drugs at any time since 1977.
e. Since 1977, you are or have been the sex partner of any person who could answer "Yes" to any of the items above on this card.
CARD Q1
1. I have two or more usual doctors or places depending on what is wrong
2. I haven't needed a doctor/Don't have a doctor
3. My previous doctor is no longer available
4. No care is available/Care is too far away
5. I haven't been able to find the right doctor
6. I don't have insurance/Can't afford it
7. Other reason

CARD Q2
1. Spending too much time in the sun
2. Excessive drinking of alcoholic beverages
3. Excessive coffee drinking
4. Smoking cigarettes, cigars, or a pipe
5. Use of chewing tobacco or snuff
6. Something else (Specify)
7. Don't know

CARD Q3
1. Because of a specific skin problem
2. Follow-up to a previous skin problem
3. Part of a routine physical exam/As a screening exam
4. Other (Specify)
CARD Q4
1. Get a severe sunburn with blisters
2. A severe sunburn for a few days with peeling
3. Mildly burned with some tanning
4. Turn darker without sunburn
5. Nothing would happen in an hour
8. Other (Specify)

CARD Q5
1. Very dark and deeply tanned
2. Moderately tanned
3. Mildly tanned
4. Only freckled or no suntan at all
5. Repeated sunburns
8. Other (Specify)

CARD Q6
1. Because of a specific gynecological problem
2. Follow-up to a previous gynecological problem
3. Part of a routine physical (or pregnancy) exam
8. Other (Specify)

CARD Q7
1. Because of a specific breast problem
2. Follow-up to a previous breast problem
3. Baseline mammogram
4. Part of a routine physical exam/As a screening test
8. Other (Specify)
CARD Q8
1. Because of a specific breast problem
2. Follow-up to a previous breast problem
3. Part of a routine physical (or pregnancy) exam
8. Other (Specify)

CARD Q9
1. Because of a specific chest problem
2. Follow-up to a previous chest problem
3. Part of a routine physical exam/As a screening test
4. For employment reasons
5. Because of hospitalization
8. Other (Specify)

CARD Q10
1. Because of a specific health problem
2. Follow-up to a previous health problem
3. Part of a routine physical exam/As a screening test
8. Other (Specify)

CARD S1
1. Heart disease
2. AIDS
3. Diabetes
4. Cancer
CARD S2
A. Personal behaviors, such as smoking or eating habits.

OR

B. Factors you have little control over, such as environmental pollution or family history.

CARD S3
1. Good
2. Fair
3. Poor
4. Don't know/Not sure

CARD S4
1. Increasing age
2. High fat diet
3. Low fiber diet
4. Smoking
5. Family history
6. Having multiple sexual partners
0. None of these

CARD U1
1. I stopped on purpose
2. I could not smoke because I was sick
8. I could not smoke for some other reason
CARD U2
1. Concern about my future health
2. Concern about my health at the time
3. Pressure from family and friends
4. Cost of cigarettes
5. Pregnancy
8. Some other reason (Specify)

CARD X1
01. Private enclosed office with door
02. Enclosed office with door shared with one or more other persons
03. Cubicle
04. Open area
05. Classroom
06. Hospital (not an office)
07. In a home
08. In one building, but no regular work area
09. Mainly work outdoors
10. Travel to different buildings or sites
11. In a motor vehicle
88. Other (Specify)

CARD W
1. Light up a cigarette and smoke if you wish
2. Look around to see if others are smoking and then light up
3. Ask if others would mind
4. Just not smoke
8. Something else (Specify)

CARD X2
1. Not allowed in ANY indoor or common public areas
2. Allowed in SOME public areas, including designated smoking areas
3. Allowed in ALL indoor or common public areas
4. Not applicable, no policy for these areas
CARD X3
1. Not allowed in ANY work areas
2. Allowed in SOME work areas
3. Allowed in ALL work areas
4. Not applicable, no policy for these areas

CARD X4
1. In my work area
2. In a public area such as a restroom, lunchroom, lobby, or other smoking area
3. Outside the building
4. Not applicable — I work outside or at different sites