

Family Health Promotion Project: Baseline Questionnaire

Thank you in advance for completing this important questionnaire.

Today's Date (mm/dd/yyyy): ___ ___ / ___ ___ /200 ___

The first set of questions asks you about your general health.

1. Would you say your health in general is?

- Excellent
- Good
- Fair
- Poor

2. When was the last time you had a general check-up or routine physical examination?

- Within the last year (anytime less than twelve months ago)
- 1-2 years ago (greater than 1 year but less than 2 years ago)
- 2-3 years ago (greater than 2 years but less than 3 years ago)
- 3-4 years ago (greater than 3 years but less than 4 years ago)
- 4-5 years ago (greater than 4 years but less than 5 years ago)
- 5 years ago or more
- Never

3. What is your current weight (lbs.)?

___ ___ lbs.

4. How tall are you with your shoes off (ft. in.)?

___ft. ____in.

The following questions ask about physical activity. We are interested in two types of physical activity: moderate and vigorous.

- **Moderate activities** cause small increases in breathing or heart rate. These include brisk walking, bicycling, vacuuming, gardening, etc.
- **Vigorous activities** cause large increases in breathing or heart rate. These include running, aerobics, heavy yard work, etc.

5. How many days per week do you do **moderate** activities for at least 10 minutes at a time?

- 1 day per week
- 2 days per week
- 3 days per week
- 4 days per week
- 5 or more days per week
- Do not do any moderate activity for at least 10 minutes at a time
- Don't know/not sure

6. On days when you do **moderate** activities for at least 10 minutes at a time, how much total time per day do you spend doing each activity?

- 10-20 minutes
- 21-30 minutes
- 31-40 minutes
- 41-50 minutes
- 51-60 minutes
- Over 1 hour
- Don't know/not sure

7. How many days per week do you do **vigorous** activities for at least 10 minutes at a time?

- 1 day per week
- 2 days per week
- 3 days per week
- 4 days per week
- 5 or more days per week
- Do not do any vigorous activity for at least 10 minutes at a time
- Don't know/not sure

8. On days when you do **vigorous** activities for at least 10 minutes at a time, how much total time per day do you spend doing each activity?

- 10-20 minutes
- 21-30 minutes
- 31-40 minutes
- 41-50 minutes
- 51-60 minutes
- Over 1 hour
- Don't know/not sure

The following questions ask about cancer screening. Please refer to the definitions at the front of your packet.

9. For each cancer screening test listed below, please indicate whether you have **ever** had this screening test (Part A), and if yes, please indicate **when** you had **your most recent screening test** (Part B).

	Part A Ever had screening?				Part B When?					
	No	Don't know	Yes	⇒	Within the past year	1 - 2 years ago	2 - 4 years ago	4 - 5 years ago	5 years ago or more	Don't know
9a. Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9b. Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9c. Sigmoidoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9d. Fecal Occult Blood Test (FOBT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9e. Skin Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women (only)										
9f. Mammogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9g. Pap Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men (only)										
9h. Prostate Specific Antigen (PSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9i. Digital Rectal Exam (DRE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. For each cancer screening test listed below, please indicate **if** you are planning to have the cancer screening test (Part A), and if yes, indicate **when** you are planning on having the test done (Part B).

	Part A Planning on having?				Part B When?					
	No	Don't know	Yes	⇒	Within the next year	Within 1 - 2 years	Within 2 - 3 years	Within 3 - 4 years	5 years or more from now	Don't know
10a. Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10b. Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10c. Sigmoidoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10d. Fecal Occult Blood Test (FOBT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10e. Skin Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women (only)										
10f. Mammogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10g. Pap Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men (only)										
10h. Prostate Specific Antigen (PSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10i. Digital Rectal Exam (DRE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. For this question we would like your opinion. How effective do you think the following screening tests are in detecting cancer?

	Very effective	Effective	Somewhat effective	Not very effective	Not at all effective	Don't know
11a. Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11b. Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11c. Sigmoidoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11d. Fecal Occult Blood Test (FOBT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11e. Skin Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women (only)						
11f. Mammogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11g. Pap Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men (only)						
11h. Prostate Specific Antigen (PSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11i. Digital Rectal Exam (DRE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. How many of your close relatives, **over age 40**, have ever been screened for colon cancer?

- Most
- Some
- None
- Don't know
- No close relatives over 40

13. Of your friends that are **50 years or older**, how many do you think get regular colon cancer screening?

- Most
- Some
- None
- Don't know
- No friends over 50

14. Have you ever discussed colon cancer screening **for yourself** with any of your family members and/or friends?

- Yes
- No
- Not sure

15. If you were going to have one or more of the following cancer screening tests. How often do you think **you** should have the test performed?

	Every 1 or 2 years	Every 2 - 5 years	Every 5 - 9 years	Every 10 years or more	Don't know	Never
15a. Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15b. Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15c. Sigmoidoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15d. Fecal Occult Blood Test (FOBT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15e. Skin Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women (only)						
15f. Mammogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15g. Pap Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men (only)						
15h. Prostate Specific Antigen (PSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15i. Digital Rectal Exam (DRE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. The following statements are some ideas that people may have about colon cancer screening. Please indicate whether you agree, disagree, or are undecided about each item.

	Agree	Disagree	Undecided
16a. If I eat a healthy diet, I will lower my risk of getting cancer far enough that I probably do not need to be screened for colon cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16b. If I have a rectal exam from a doctor, I don't need to have colon cancer screening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16c. Once I have had a couple of tests for colon cancer that showed nothing, I do not need any more tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16d. I probably would not have colon cancer screening unless I had some symptoms like changes in my bowel movements or some abdominal discomfort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16e. Colon cancer screening is part of good overall health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16f. People who tell me not to bother being screened for colon cancer are right.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16g. If colon cancer screening finds something, whatever is there will be too advanced to do anything about it anyway.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16h. Colon cancer screening is not a useful test for people my age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16i. Colon cancer screening is not reliable because it only detects a small number of cancers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Below is a list of reasons that some people have for **not getting screened for colon cancer**. For each possible reason listed below, please indicate whether it applies to you.

	Yes	No	Not Sure
17a. I am too young or too old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17b. I feel anxious about the possible results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17c. The cost is too high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17d. I don't have a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17e. The tests are embarrassing and/or degrading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17f. A screening test has not been recommended by my doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17g. Some of the screening tests are frightening or intimidating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17h. I am experiencing other health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17i. I have experienced no symptoms or problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17j. I think that the screening tests could be painful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17k. I fear that I could be injured by the tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17l. I have a busy schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17m. I feel it is unnecessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17n. I feel the fecal occult blood test is disgusting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17o. I am worried about the preparation for a colonoscopy or sigmoidoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17p. I don't have insurance that covers colon cancer screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17q. I feel that the screening doesn't work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next set of questions asks about a new screening test for colorectal cancer called a virtual colonoscopy. A definition for this test is provided below. We are interested in what you may know about this test.

Virtual Colonoscopy - A **virtual colonoscopy** is a radiologic (CT scan) test to check the colon for polyps and cancer. A CT scan is performed of the colon while air is inserted into the rectum. The day or two before the test you are asked to modify your diet, drink a lot of liquids, take laxatives, and drink some diluted barium.

18. Before reading the above definition had you ever heard about virtual colonoscopy?

- Yes
- No → Please go to question 24
- Don't know → Please go to question 24

19. If yes, how did you hear about virtual colonoscopy? Please check all that apply.

- Media (Television, Newspapers, Radio, Internet)
- Family Member
- Physician / Health Provider
- Insurance Company
- The Family Cancer Registry
- Friend
- Other

20. Please indicate whether you have **ever** had a virtual colonoscopy (Part A), and if yes, indicate **when** you had **your most recent** virtual colonoscopy (Part B).

Part A Ever had virtual colonoscopy?			Part B When?			
No	Don't know	Yes	1-3 months ago	3-10 months ago	10-12 months ago	Over 1 year ago
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. How often do you think **you** should have virtual colonoscopy done?

Every 1 or 2 years	Every 2 – 5 years	Every 5 – 9 years	Every 10 years or more	Don't know	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. How effective do you think virtual colonoscopy is in detecting colorectal cancer?

Very effective	Effective	Somewhat effective	Not very effective	Not at all effective	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the next question, we ask that you compare standard colonoscopy with virtual colonoscopy.

23. For the reasons listed in column A, we want to know if you think a standard colonoscopy is better than a virtual colonoscopy (check column B) or a virtual colonoscopy is better than a standard colonoscopy (check column C). If you think there is no difference between the two, check column D, and if you don't know, check column E.

Column A	Column B Standard colonoscopy is better than virtual	Column C Virtual colonoscopy is better than standard	Column D They are the same	Column E Don't know
23a. It is less expensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23b. It is faster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23c. There is less preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23d. It is new	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23e. It is more effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23f. There is less risk of injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23g. It does not require sedation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23h. It can remove polyps right away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23i. There is less radiation exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next set of questions asks about another new screening test for colorectal cancer called a stool DNA test. A definition for this test is provided below. We are interested in what you may know about this test.

Stool DNA Test - A **stool DNA test** is a test that checks for abnormal cells that are shed into the stool. These tests identify DNA that is known to be associated with colorectal cancer. This test is done at home. A single stool is collected directly into a container that fits on the toilet. The container is sealed and then mailed to the laboratory.

24. Before reading the above definition had you ever heard about the stool DNA test?

- Yes
- No → Please go to question 30
- Don't know → Please go to question 30

25. If yes, how did you hear about the stool DNA test? Please check all that apply.

- Media (Television, Newspapers, Radio, Internet)
- Family Member
- Physician / Health Provider
- Insurance Company
- The Family Cancer Registry
- Friend
- Other

26. Please indicate whether you have **ever** had a stool DNA test (Part A), and if yes, indicate **when** you had **your most recent** stool DNA test (Part B).

Part A			Part B			
Ever had stool DNA test?			When?			
No	Don't know	Yes	1-3 months ago	4-9 months ago	10-12 months ago	Over 1 year ago
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. How often do you think **you** should have a stool DNA test done?

Every 1 or 2 years	Every 2 - 5 years	Every 5 - 9 years	Every 10 years or more	Don't know	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. How effective do you think the stool DNA test is in detecting colorectal cancer?

Very effective	Effective	Somewhat effective	Not very effective	Not at all effective	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the next question, we ask that you compare standard colonoscopy with the stool DNA test.

29. For the reasons listed in column A, we want to know if you think a standard colonoscopy is better than a stool DNA test (check column B) or a stool DNA test is better than a standard colonoscopy (check column C). If you think there is no difference between the two, check column D, and if you don't know, check column E.

Column A	Column B Standard colonoscopy is better than Stool DNA	Column C Stool DNA is better than standard colonoscopy	Column D They are the same	Column E Don't Know
29a. It is less expensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29b. It is faster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29c. There is less preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29d. It is new	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29e. It is more effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29f. It is non-invasive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29e. It does not require sedation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29f. It can remove polyps right away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29g. It is covered by insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions ask about how members of your family relate to one another. For the purpose of this question, family is defined as your parents, siblings and adult children.

30. Please indicate how often each statement applies to your family.

		Never	Less than half the time	Half the time	More than half the time	All the time
30a.	In our family it is easy for everyone to express his/her opinion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30b.	It is easier to discuss problems with people outside the family than with other family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30c.	Each family member has input in major family decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30d.	Our family tries new ways of dealing with problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30e.	In our family, everyone shares responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30f.	It is difficult to get customs (such as habits and practices) changed in our family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30g.	Family members avoid each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30h.	When problems arise, we compromise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30i.	Family members are afraid to say what is on their minds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30j.	Family members pair up rather than do things as a total family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30k.	Family members discuss problems and feel good about the solutions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30l.	In our family, everyone goes his/her own way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30m.	Family members consult other family members on their decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30n.	We have difficulty thinking of things to do as a family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30o.	Things are fair in our family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30p.	Family members feel closer to people outside the family than to other family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions ask about your thoughts regarding your colon cancer risk.

31. What do you think your risk is of getting colon cancer compared with other people your age who **DO NOT** have one or more close relative(s) with colon cancer?

- Much higher
- A little higher
- The same
- A little lower
- Much lower
- Don't know

32. How concerned are you about getting colon cancer?

- Very concerned
- Moderately concerned
- Not very concerned
- Not at all concerned
- Don't know

33. How did the diagnosis of colon cancer in your family make you feel about your own chances of getting colon cancer?

- It made me feel my chances were a lot more
- It made me feel my chances were a little more
- It didn't change my feelings
- It made me feel my chances were less
- Don't know

34. Through your participation in the family cancer registry, please indicate whether you have received information about any of the following:

	Yes	No	Not sure
34a. Your personal risk of colorectal cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34b. Screening tests for colorectal cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34c. Genetic testing for colorectal cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34d. Increasing your physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34e. Maintaining a healthy weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following question asks about your experience with colorectal cancer in your family.

35. How stressful has the diagnosis of colon cancer in your family been for you?

- Very stressful
- Moderately stressful
- Somewhat stressful
- Not at all stressful
- Don't know

36. Please indicate how frequently the following comments were true for you *during the past seven days*. Each statement refers to the *most recent* colorectal cancer diagnosis in your family.

	Not at all	Rarely	Some- times	Often	Don't know
36a. I thought about my relative's colon cancer when I did not mean to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36b. I didn't let myself get upset when I thought about it or was reminded of it. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36c. I tried to remove it from my memory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36d. I had trouble falling asleep or staying asleep, because pictures or thoughts about it came into my mind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36e. I had waves of strong feelings about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36f. I had dreams about my relative's colon cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36g. I stayed away from reminders of my relative's colon cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36h. I felt as if it had not happened or it was not real.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36i. I tried not to talk about my relative's colon cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36j. Pictures about it popped into my mind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36k. Other things kept making me think about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36l. I was aware that I still had a lot of feelings about it but I didn't deal with them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36m. I tried not to think about my relative's colon cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36n. Any reminder brought back feelings about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36o. My feelings about it were kind of numb.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions ask about your family history.

37. How many of your family members, including grandparents, parents, aunts/uncles, brothers/sisters, and adult children, have had colorectal cancer? Please give your best estimate for your mother's side of your family (maternal) and for your father's side of your family (paternal).

- | | |
|---|---|
| <p>Maternal</p> <p><input type="checkbox"/> 0</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3 or more</p> <p><input type="checkbox"/> Don't know</p> | <p>Paternal</p> <p><input type="checkbox"/> 0</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3 or more</p> <p><input type="checkbox"/> Don't know</p> |
|---|---|

38. Of all the people who have had colorectal cancer in your family, please give your best estimate of the age of the **youngest** diagnosis. Age: _____

39. How important do you think genetics, or having a family history of colorectal cancer, is in causing colorectal cancer?

- Very important
- Somewhat important
- Not very important
- Not at all important
- Don't know

The following questions ask about genetic testing. A definition of genetic testing is provided below.

Genetic testing – A **genetic test** for colorectal cancer involves drawing a blood sample to look for specific changes in genetic material (DNA) known to be associated with an increased risk of developing colorectal cancer. The testing process usually involves one or more appointments with a genetic counselor and a physician.

- | | Yes | No | Don't know |
|--|--------------------------|--------------------------|--------------------------|
| 40a. Have you ever heard of genetic testing for colon cancer? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40b. Have any of your relatives had genetic testing for colon cancer? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40c. If yes, did any of them test positive? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40d. Have you ever been advised to consider genetic testing for colon cancer? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40e. Have you ever had genetic testing for colorectal cancer? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40f. If yes, did you test positive? | | | |
| <input type="checkbox"/> Yes, for a mutation previously detected in a family member | | | |
| <input type="checkbox"/> Yes, I was the first in my family to test positive | | | |
| <input type="checkbox"/> No | | | |
| <input type="checkbox"/> Don't know | | | |

The following questions ask about your access to health care.

41. Do you have a regular doctor or clinic that you visit for health care?

- Yes
- No

42. Do you have health insurance of any kind, including private, Medicaid, Medicare, or VA benefits?

- Yes
- No
- Don't know

43. If yes, does your health plan pay for any of the following cancer screening tests?

	Yes	No	Don't know
43a. Barium enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43b. Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43c. Flexible sigmoidoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43d. Fecal occult blood test (FOBT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43e. Virtual colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43f. Stool DNA test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43g. Skin Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43h. Mammogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43i. Pap Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43j. Prostate Specific Antigen (PSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43k. Digital Rectal Exam (DRE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The final set of questions asks about your general information.

44. What is your date of birth (mm/dd/yyyy)? ___ ___/___ ___/19___ ___

45. Do you consider yourself to be Hispanic or Latino/a?

- Yes
- No
- Don't know
- Prefer not to answer

46. Which of the following most closely describes your race? Select all that apply.

- American Indian or Alaska Native
- Asian (specify) _____
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Other (specify) _____
- Don't know
- Prefer not to answer

47. What is the highest grade or level of formal education that you have completed?

- Less than high school
- High school graduate/GED
- Some college or technical school
- College graduate
- Post college

The next question asks about your family income. This information, which will be treated as confidential, is important to this study. Scientists have found that screening behaviors are sometimes more or less prevalent for people of different income levels.

48. Which of the following best describes your total annual household income from all sources before taxes?

- Less than \$14,999
- Between \$15,000-\$29,999
- Between \$30,000-\$44,999
- Between \$45,000-\$69,999
- \$70,000 or more
- Prefer not to answer
- Don't know

48a. How many people does this support? _____

Please check that you have filled out this form completely and return it to us in the postage paid envelope.

Thank you very much for your time and participation.