

# Project HEAL

HEAL

*Health through Early Awareness and Learning*

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**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

**Evening Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Cell Carrier/Provider:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**In this survey we are going to ask you some questions about cancer and testing for it. You may or may not have any knowledge about these things, and this is ok. Even if you have not heard of cancer or ways of testing for it, this is important for us to know. You can mark a 'not sure' response to any question if you just don't know the answer.**

**Later during the course of the project we will have one more survey for you to complete on these same topics. We will share our findings back to you so that you know what happened with the project.**

**We thank you for your patience with this important part of the project.**

**Please read each question carefully.**

**Feel free to ask the members of the HEAL staff to assist you if you need any help or have any questions.**

**Let's begin!**

**We are interested in your thoughts about the HEAL workshops!**

**Thank you for taking part in the HEAL project. Your answers on this survey will help to see if the project is making a difference in your community. Please give your honest and best answers.**

For each question, please **place an x in the box** that most closely reflects your attitude or feeling. **Other** questions will ask you to **write in** your answer. There are no right or wrong answers - we are interested in your honest opinions.

Please answer the following question.	All	Most	Some	None
How much of the booklets did you read?				

Which workshops did you attend? (mark all that apply)

- Workshop #1 (Overview of Cancer)
- Workshop #2 (Breast/Prostate Cancer)
- Workshop #3 (Colorectal Cancer)

What one thing do you remember most from the workshops you attended? (write in answer)

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Have you shared the knowledge from Project HEAL workshops with any of the below? (Mark all that apply)

- Family members
- Friends
- Co-workers
- Congregation members
- None
- Other: \_\_\_\_\_

**The next few questions are about the HEAL Newsletters:**

Did you receive newsletters from Project HEAL:

- Yes
- No
- Not sure

How many newsletters do you remember getting?

- 1
- 2
- 3
- 4 or more
- Don't remember

How much do you agree or disagree with the following statements?	Strongly Disagree	Disagree	Agree	Strongly Agree	Did not get
I <b>enjoyed</b> getting newsletters about the program					
The HEAL newsletters kept me <b>engaged</b> in the program.					
The HEAL newsletters kept me <b>informed</b> about the program					

What do you like **best** about the newsletters? \_\_\_\_\_

What do you like **least** about the newsletters? \_\_\_\_\_

**The next few questions are about the HEAL text messages:**

Did you receive text messages on your phone from the Project HEAL:

- Yes
- No
- Not sure
- I do not or cannot receive text messages on my phone

How many text messages do you remember getting?

- 1
- 2-3
- 4-6
- 7 or more
- Don't remember
- Does not apply

Do you remember receiving Project HEAL text messages about... (please check **all** that apply)

- Healthy living
- Breast cancer
- Prostate cancer
- Colorectal cancer
- Religion/spirituality
- None of the above
- Other \_\_\_\_\_
- Does not apply

How much do you agree or disagree with the following statements? (please check ONE)	Strongly Disagree	Disagree	Agree	Strongly Agree	Did not get
I <b>enjoyed</b> getting text messages about the program					
The HEAL text messages kept me <b>engaged</b> in the program.					
The HEAL text messages kept me <b>informed</b> about the program					

What do you like **best** about the text messages? \_\_\_\_\_

What do you like **least** about the text messages? \_\_\_\_\_

Would you like to continue to receive text messages from Project HEAL?

- Yes
- No
- Not sure

To make sure we have your most current information, please provide your:

Cell Phone Number: \_\_\_\_\_

Cell Phone Provider: \_\_\_\_\_

Do you have any **other comments** about the workshop that you have not already mentioned?

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**About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.**

- \_\_\_\_\_ Within the past year (anytime less than 12 months ago)
- \_\_\_\_\_ Within the past 2 years (1 year but less than 2 years ago)
- \_\_\_\_\_ Within the past 5 years (2 years but less than 5 years ago)
- \_\_\_\_\_ 5 or more years ago
- \_\_\_\_\_ Don't know /Not sure
- \_\_\_\_\_ Never

**These next few questions are about colorectal cancer:**

Do you agree or disagree with the following statements?	Disagree	Agree	Not Sure
Colorectal cancer is cancer of the colon or rectum.			
Colorectal cancer affects only older White men.			
Risk of colorectal cancer becomes greater as a person gets older.			
Both men and women are at risk for colorectal cancer.			
Colorectal cancer begins as a growth in the colon or rectum.			
Bleeding is a symptom to report to your doctor.			
Colorectal cancer screening is not necessary if there are no symptoms.			
Finding colorectal cancer early will save your life.			
The treatment for colorectal cancer may not be as bad if the cancer is found early.			

**We would like to ask you about a test called Fecal Occult Blood test or FOBT:**

This test is done to check for colon cancer. It is done at home, using a set of 3 cards, to check if your stools have blood. To do this test, you need to take some of the stool and smear it on the card. Then, you return the card to the doctor's office to be tested.



Have you ever heard of this test?

\_\_\_ Yes \_\_\_ No \_\_\_ Don't know/Not sure

If yes, please go to the next page (page 9) of the survey.

If no or don't know/not sure, please skip to page 11 of the survey.



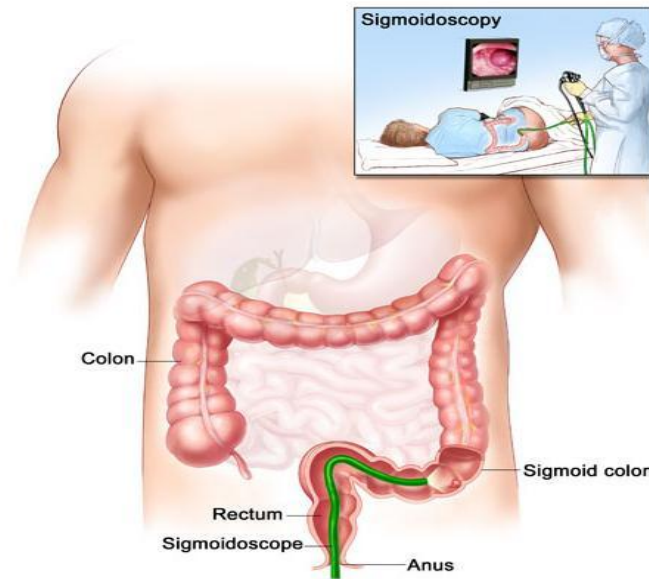


<b>Do you agree with the following statements?</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>No Opinion</b>	<b>Agree</b>	<b>Strongly Agree</b>
A FOBT will help find colorectal cancer early.					
A FOBT will decrease your chances of dying from colorectal cancer.					
A FOBT will help you not worry as much about colorectal cancer.					
I am afraid to have a FOBT because I might find out something is wrong.					
A FOBT is embarrassing.					
I do not have time to do a FOBT.					
The cost would keep me from having a FOBT.					
I do not need to do a FOBT because I have no problems.					
I do not have the privacy to do a FOBT.					
I would have trouble having an FOBT because I do not have health insurance.					

**We would like to ask you about a test called Sigmoidoscopy:**

Sigmoidoscopy is an exam in which a tube is inserted in the rectum to examine the bowel for signs of cancer or other health problems. During the sigmoidoscopy, **you are awake**.

## Sigmoidoscopy



Have you ever heard of a flexible sigmoidoscopy?    \_\_\_ Yes    \_\_\_ No    \_\_\_ Don't know/Not sure

If yes, please go to the next page (page 12) of the survey.

If no or don't know/not sure, please skip to page 13 of the survey.

*[If you have never heard of a Sigmoidoscopy, please SKIP to page 13 of the survey.]*

**Have you ever had a flexible sigmoidoscopy?** \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know/Not sure

**If yes, when did you have your last flexible sigmoidoscopy?** \_\_\_\_\_ Month \_\_\_\_\_ Year

**If yes, how long has it been since you had your last sigmoidoscopy?**

- \_\_\_\_\_ Within the past year (12 months ago or less)
- \_\_\_\_\_ Between 1 and 2 years ago (more than 12 months but less than 24 months ago)
- \_\_\_\_\_ Between 2 and 3 years ago (more than 24 months but less than 36 months ago)
- \_\_\_\_\_ Between 3 and 5 years ago (more than 36 months but less than 60 months ago)
- \_\_\_\_\_ Between 5 and 10 years ago
- \_\_\_\_\_ More than 10 years ago
- \_\_\_\_\_ Never
- \_\_\_\_\_ Don't know/Not sure

**Are you thinking about having a sigmoidoscopy in the next 6 months or so?** \_\_\_\_\_ Yes \_\_\_\_\_ No  
 \_\_\_\_\_ Don't know

**Do you have an appointment to get a sigmoidoscopy within the next 6 months?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Has a health care provider recommended that you have a sigmoidoscopy this year to check your bowel for cancer?**

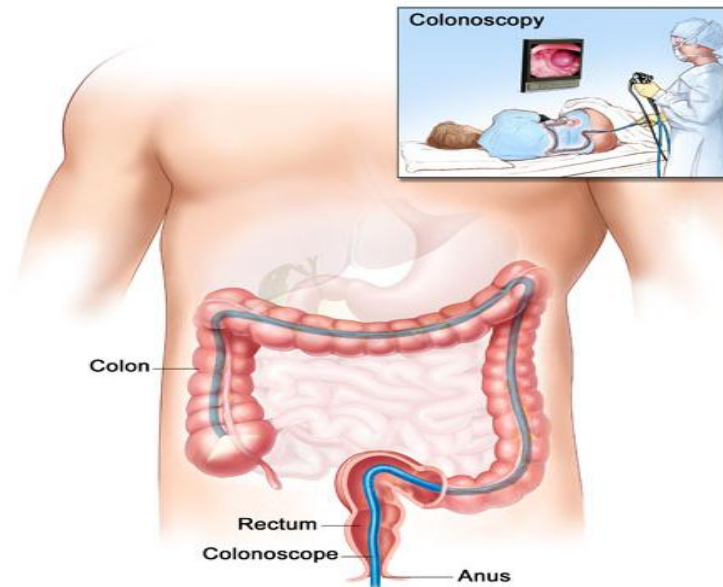
\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know/don't remember

	Not at all Confident	Not very Confident	Confident	Very Confident
How confident are you that you can schedule and complete a sigmoidoscopy?				

**We would like to ask you about a test called Colonoscopy:**

A colonoscopy is an exam in which a tube is inserted in the rectum to examine the bowel for signs of cancer or other health problems. During the colonoscopy you are given medicine **to put you to sleep.**

## Colonoscopy



Have you ever heard of a colonoscopy?     Yes     No     Don't know/Not sure

If yes, please go to the next page (page 14) of the survey.

If no or don't know/not sure, please skip to page 16 of the survey.



<b>Do you agree with the following statements?</b>	<b>Disagree</b>	<b>Agree</b>	<b>Not Sure</b>
A colonoscopy will help find colorectal cancer early.			
A colonoscopy will decrease your chances of dying from colorectal cancer.			
A colonoscopy will help you not worry as much about colorectal cancer.			
I am afraid to have a colonoscopy because I might find out something is wrong.			
A colonoscopy is embarrassing.			
I do not have time to do a colonoscopy.			
The cost would keep me from having a colonoscopy.			
I feel anxious about having a colonoscopy because I don't really understand what will be done.			
Having a colonoscopy is painful.			
<b>Do you agree with the following statements?</b>	<b>Disagree</b>	<b>Agree</b>	<b>Not Sure</b>
Having to follow a special diet and take a laxative or enema would keep me from having a colonoscopy.			
I am afraid to have a colonoscopy because of the possibility there may be bleeding or tearing of the colon.			
Having a colonoscopy might mean that a person is gay or bisexual.			
I would have trouble having a colonoscopy because I do not have health insurance.			

**These next few questions are about prostate cancer:**

<b>Please mark your answers in the boxes to the right.</b>	<b>Yes</b>	<b>No</b>	<b>Not Sure</b>
Is it possible to have prostate cancer even if a man does not have any symptoms?			
Can prostate cancer be treated without removing the prostate itself?			
Are older men more likely to get prostate cancer than younger men?			
Are more African-American men diagnosed with prostate cancer than whites?			
Are African-American men who have fathers or brothers with prostate cancer more likely to get prostate cancer than those who do not?			

	<b>At this time, doctors are unsure</b>	<b>Definitely Yes</b>	<b>Definitely No</b>	<b>I do not know</b>
Will screening, or testing for prostate cancer, prevent men from dying of prostate cancer?				

	<b>Yes</b>	<b>No</b>	<b>Not sure</b>
African American men should begin screening for prostate cancer starting at age 40.			
Prostate cancer screening may lead to unneeded biopsies and treatment.			
Not all prostate cancers will kill the man.			
Doctors and experts disagree as to whether prostate cancer screening should be recommended for all men.			







	Yes	No	Not Sure
Having a test for prostate cancer would be too uncomfortable for me, physically.			
I don't have a way to get to the place where they do the test for prostate cancer.			
The place to go for the prostate cancer test isn't open when I have time to go.			

Did Project HEAL help in your decision making about prostate cancer screening?	Not At All	A Little Bit	Somewhat	Quite a Bit	A Great Deal
Help you recognize that a decision needs to be made.					
Prepare you to make a better decision.					
Help you think about the pros and cons of each option.					
Help you think about which pros and cons are most important.					
Help you know that the decision depends on what matters to you most.					
Help you organize your own thoughts about the decision.					
Help you think about how involved you want to be in this decision.					
Help you identify questions you want to ask your doctor.					
Prepare you to talk to your doctor about what matters most to you.					
Prepare you for a follow-up visit with your doctor.					

At this time, would you say you **(choose only one)**:

- \_\_\_\_\_ haven't begun to think about making a decision about prostate cancer screening.
- \_\_\_\_\_ haven't begun to think about making a decision about prostate cancer screening, but am interested in doing so.
- \_\_\_\_\_ are considering the options about prostate cancer screening now.
- \_\_\_\_\_ are close to selecting a screening option.
- \_\_\_\_\_ have already made a screening decision, but am still willing to reconsider.
- \_\_\_\_\_ have already made a screening decision, and am unlikely to change my mind.

**We want to thank you very much for your participation!**